

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☒ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☐ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1983</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1983</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1983</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>PITT OHIO EXPRESS, LLC</u> <u>15-27TH STREET</u> <u>PITTSBURGH, PA 15222</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>25-1841122</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>412-232-3015</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>484110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>25-1841122</u>	2c Plan Sponsor's telephone number <u>412-232-3015</u>	2d Business code (see instructions) <u>484110</u>	
2b Employer Identification Number (EIN) <u>25-1841122</u>					
2c Plan Sponsor's telephone number <u>412-232-3015</u>					
2d Business code (see instructions) <u>484110</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2015	SHERRIE TAYLOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:		4b EIN	
a Sponsor's name		4c PN	
5 Total number of participants at the beginning of the plan year		5	3433
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	3105
a(2) Total number of active participants at the end of the plan year		6a(2)	3324
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	191
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	3515
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	3515
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	2490
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	254
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1)	☐	Insurance	
(2)	☐	Code section 412(e)(3) insurance contracts	
(3)	☒	Trust	
(4)	☐	General assets of the sponsor	
(1)	☐	Insurance	
(2)	☐	Code section 412(e)(3) insurance contracts	
(3)	☒	Trust	
(4)	☐	General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1)	☒	(1)	☒
R (Retirement Plan Information)		H (Financial Information)	
(2)	☐	(2)	☐
MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		I (Financial Information – Small Plan)	
(3)	☐	(3)	☐
SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		A (Insurance Information)	
		(4)	☒
		(5)	☒
		(6)	☐
			C (Service Provider Information)
			D (DFE/Participating Plan Information)
			G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PITT OHIO EXPRESS, LLC	D Employer Identification Number (EIN) 25-1841122	

Part I	Service Provider Information (see instructions)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

PRIME SOLUTIONS ADVISORS LLC

1910 COCHRAN RD. MANOR OAK 1
SUITE 620
PITTSBURGH, PA 15220

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	INVESTMENT ADVISOR	495109	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

GREAT-WEST LIFE & ANNUITY INSURANCE

8515 EAST ORCHARD ROAD
GREENWOOD VILLAGE, CO 80111

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	RECORDKEEPER	36045	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

PITT OHIO EXPRESS, LLC

15 27TH STREET
PITTSBURGH, PA 15222

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	OTHER	7893	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PITT OHIO EXPRESS, LLC</u>		D Employer Identification Number (EIN) <u>25-1841122</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	0	0
	(2) Participant contributions.....	1b(2)	0	0
	(3) Other.....	1b(3)	0	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	0	0
	(2) U.S. Government securities	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	0	0
	(B) All other.....	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)	0	0
	(B) Common.....	1c(4)(B)	0	0
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property).....	1c(6)	0	0
	(7) Loans (other than to participants)	1c(7)	0	0
	(8) Participant loans.....	1c(8)	2396946	2628631
	(9) Value of interest in common/collective trusts	1c(9)	11560968	11408541
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	0	0
	(12) Value of interest in 103-12 investment entities.....	1c(12)	0	0
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	151404114	170313721
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	165362028	184350893

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	165362028	184350893
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	9522432	
(B) Participants	2a(1)(B)	7680901	
(C) Others (including rollovers)	2a(1)(C)	716455	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		17919788
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	93699	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		93699
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	4924326	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		4924326
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		96869
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		4132522
c Other income.....	2c		187014
d Total income. Add all income amounts in column (b) and enter total.....	2d		27354218

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7812307	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		7812307
f Corrective distributions (see instructions).....	2f		29195
g Certain deemed distributions of participant loans (see instructions).....	2g		107688
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	539047	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		539047
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		8488237

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		18865981
l Transfers of assets:			
(1) To this plan.....	2l(1)		122884
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SCHNEIDER DOWNS & COMPANY

(2) EIN: 25-1860952

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PITT OHIO EXPRESS, LLC</u>	D Employer Identification Number (EIN) <u>25-1841122</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>20-3691708</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

Pittsburgh, Pennsylvania

Financial Statements and
Supplementary Financial Information
As of December 31, 2014 and 2013
and for the year ended December 31, 2014

and Independent Auditors' Report Thereon



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INDEPENDENT AUDITORS' REPORT

The Participants and Administrative Committee
of Pitt Ohio Express, LLC Profit Sharing Plan
Pittsburgh, Pennsylvania

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pitt Ohio Express, LLC Profit Sharing Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the year ended December 31, 2014 and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis of Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Great-West Trust Company, LLC, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certification from the custodian as of December 31, 2014 and 2013 and for the year ended December 31, 2014 that the information provided to the Plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis of Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedule of assets (held at end of year) as of December 31, 2014 and schedule of reportable transactions for the year ended December 31, 2014 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

A handwritten signature in blue ink that reads "Schneider Down & Co, Inc." The signature is written in a cursive, flowing style.

Pittsburgh, Pennsylvania
October 9, 2015

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2014	2013
ASSETS		
Investments, at fair value:		
Nonparticipant-directed:		
Shares of registered investment companies	\$ 99,799,430	\$ 90,343,110
Money market funds	8,897,862	7,697,475
	<u>108,697,292</u>	<u>98,040,585</u>
Participant-directed:		
Shares of registered investment companies	61,616,428	53,363,529
Collective investment fund	11,445,103	11,593,938
	<u>73,061,531</u>	<u>64,957,467</u>
RECEIVABLES		
Employer contributions	298,393	811,266
Notes receivable from participants	2,628,631	2,396,946
	<u>2,927,024</u>	<u>3,208,212</u>
 Total Assets	 184,685,847	 166,206,264
LIABILITIES		
Excess contributions payable	7,490	24,652
 NET ASSETS REFLECTING INVESTMENT AT FAIR VALUE	 184,678,357	 166,181,612
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(36,562)</u>	<u>(32,970)</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u><u>\$ 184,641,795</u></u>	 <u><u>\$ 166,148,642</u></u>

See accompanying notes to the financial statements.

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2014

	<u>Nonparticipant- Directed</u>	<u>Participant- Directed</u>	<u>Total</u>
ADDITIONS:			
Investment income:			
Net appreciation in fair value of investments	\$ 4,459,320	-	\$ 4,459,320
Interest and dividend income	1,235,028	\$ 3,786,166	5,021,194
	<u>5,694,348</u>	<u>3,786,166</u>	<u>9,480,514</u>
Interest income on notes receivable from participants	-	94,354	94,354
Contributions:			
Employer	8,886,972	-	8,886,972
Participants	-	7,680,901	7,680,901
Rollover	-	716,454	716,454
	<u>8,886,972</u>	<u>8,397,355</u>	<u>17,284,327</u>
Total Additions	14,581,320	12,277,875	26,859,195
DEDUCTIONS:			
Net depreciation in fair value of investments	-	\$326,799	\$326,799
Benefits paid to participants	3,985,485	3,700,081	7,685,566
Administrative expenses	173,899	179,778	353,677
Transfers	278,102	(278,102)	-
	<u>4,437,486</u>	<u>3,928,556</u>	<u>8,366,042</u>
Total Deductions	4,437,486	3,928,556	8,366,042
Net Increase	10,143,834	8,349,319	18,493,153
NET ASSETS AVAILABLE FOR BENEFITS:			
Beginning of year	<u>98,851,851</u>	<u>67,296,791</u>	<u>166,148,642</u>
End of year	<u>\$ 108,995,685</u>	<u>\$ 75,646,110</u>	<u>\$ 184,641,795</u>

See accompanying notes to the financial statements.

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Pitt Ohio Express, LLC Profit Sharing Plan (Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General - The Plan is a qualified, defined contribution plan covering eligible employees of Pitt Ohio Express, LLC and certain affiliates (collectively, Companies). The Plan provides for both participant and employer contributions. Participant contributions are participant-directed, while employer contributions are directed by the Investment Committee. Upon reaching the age of 55, participants may direct their investment in employer contributions. Employees become eligible for elective deferrals after completing three months of service and the attainment of 20-1/2 years of age. Employees become eligible for matching or nonelective employer profit sharing contributions after completing one-half year of service and attainment of 20-1/2 years of age. Additionally, employees must be employed on the last day of the Plan year to receive the matching or nonelective employer profit sharing contribution.

Plan Contributions - The Plan provides for participant contributions, nonelective employer matching contributions and nonelective employer profit-sharing contributions. Participants may contribute up to the maximum percentage or dollar amount permissible under the Internal Revenue Code (IRC). Employees who become participants on or after January 1, 2010 automatically have 3% deducted from their compensation as a contribution to the Plan unless they affirmatively elect not to participate in the Plan. Additionally, unless the participant changes his/her deferral percentage, the withholding will increase by 1% annually up to a maximum of 10%. For 2014, there were no employer matching contributions. Nonelective employer profit sharing contributions are subject to approval by the Board of Directors of the Companies and limitations established by the IRC. The nonelective employer profit sharing contribution is allocated to each participant's account based on the ratio of the participant's eligible compensation to the total eligible compensation of all eligible participants. There was a 6% nonelective employer profit sharing contribution in 2014 of \$8,886,971. In addition, participants over the age of 50 are permitted an additional "catch-up" contribution. All contributions are subject to certain Internal Revenue Service (IRS) limitations.

Rollover Contributions - Participants are allowed to make rollover contributions (contributions transferred to the Plan from other qualified retirement plans), subject to certain requirements.

Participant Accounts - Each participant's account is credited with the participant's contributions, employer's contributions, earnings thereon and a share of forfeitures of terminated participants' nonvested accounts. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant compensation or account balances as defined above. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Forfeited Accounts - The nonvested balance of a terminated participant's account is allocated to the existing participants' accounts in the same manner as nonelective employer profit sharing contributions or used for Plan expenses. (See Note 8.)

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Vesting - A participant is fully vested in his/her contributions and earnings thereon at all times. A participant who terminates employment is entitled to a benefit with respect to matching and nonelective employer profit sharing contributions and earnings thereon based on the following vesting schedule:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2 years	0%
2 years but less than 3	20%
3 years but less than 4	40%
4 years but less than 5	60%
5 years but less than 6	80%
6 years or more	100%

A participant becomes 100% vested upon disability or death. A participant's fully vested benefit is payable upon death.

Notes Receivable from Participants - Participants may borrow the lesser of 1) 50% of their vested balances credited to their deferral and rollover account, or 2) \$50,000 less the highest outstanding balance of all notes during the 12 months prior to the time the new note receivable is issued. Additionally, the minimum amount borrowed cannot be less than \$1,000. All notes have a five-year maximum repayment period and bear interest at the prime lending rate (at the time of the loan as published in the Wall Street Journal) plus 1%. All notes are secured by the balance in the participant's account. Principal and interest is paid ratably through monthly payroll deductions.

Payment of Benefits - Upon termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A summary of significant accounting policies consistently applied by the Plan's management in the preparation of the accompanying financial statements follows:

Basis of Accounting - The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results could differ from those estimates.

Investments - Investments are stated at fair value, which is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 9 for discussion of fair value measurements.

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Purchases and sales of securities are reflected on a trade-date basis. Gains and losses on securities sold or redeemed are determined on the basis of average cost. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Collective Investment Fund - Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under terms of the Plan. The statements of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment for the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared using the contract value basis for fully benefit-responsive investment contracts.

Payment of Benefits - Benefit payments are recorded when paid.

Notes Receivable From Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 or 2013. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Forfeitures will be allocated to eligible participants as additional profit sharing contributions or used to offset Plan expenses. Approximately \$98,000 and \$102,000 of nonvested terminated participant accounts were forfeited during the years ended December 31, 2014 and 2013, respectively. Amounts reallocated during the year may be related to amounts forfeited in prior years. As a matter of practice, such amounts are typically reallocated to participants in the subsequent calendar year. During 2014, \$231,000 of forfeitures were allocated to eligible participants.

Administrative Expenses - Certain investment management service fees and administrative expenses of the Plan are paid from Plan assets, while others are paid for by Pitt Ohio Express, LLC. Pitt Ohio Express, LLC paid approximately \$255,000 of administrative fees on behalf of the Plan for the year ended December 31, 2014. These amounts are excluded from these financial statements.

Recently Issued Accounting Pronouncements - In May 2015, the FASB issued ASU No. 2015-07-Fair Value Measurement (Topic 820) (ASU 2015-07), which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. Removing those investments from the fair value hierarchy not only eliminates the diversity in practice resulting from the way in which investments measured at net asset value per share (or its equivalent) with future redemption dates are classified, but also ensures that all investments categorized in the fair value hierarchy are classified using a consistent approach. ASU 2015-07 is effective for nonpublic entities for fiscal years beginning after December 15, 2016 and interim periods within those fiscal years. A reporting entity should apply the amendments retrospectively to all periods presented. Early application is permitted. The Plan administrator is currently assessing the impact of ASU 2015-07 on the financial statements.

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-12 Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient. This ASU reduces the complexity in employee benefit plan reporting. Part I designates contract value as the only required measure for fully benefit-responsive investment contracts. Currently, fully benefit-responsive investment contracts are required to be measured at contract value with a reconciliation of contract value to fair value, when these measures differ, on the face of the plan financial statements. Part II eliminates the requirement to disclose individual investments representing 5% or more of net assets available for benefits for both participant-directed investments and nonparticipant-directed investments. Additionally, net appreciation or depreciation in investments for the period is no longer required to be disaggregated and disclosed by general type, however, should still be presented in the aggregate. Part II also requires that investments of employee benefit plans be grouped only by general type, eliminating the need to disaggregate the investments in multiple ways. Part III provides a practical expedient to permit plans to measure investments and investment-related accounts (e.g., a liability for a pending trade with a broker) as of a month-end date that is closest to the plan's fiscal year-end, when the fiscal period does not coincide with month-end. This ASU is effective for nonpublic entities for fiscal years beginning after December 15, 2015. A reporting entity should apply the amendments to Parts I and II retrospectively to all periods presented, while Part III should be applied prospectively. Early application is permitted. The Plan administrator is currently assessing the impact of this ASU on the financial statements.

Subsequent Events - Management evaluated subsequent events through October 9, 2015, the date on which the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

NOTE 3 - INVESTMENTS

The following represents investments at December 31 that represent 5% or more of the Plan's net assets are as follows:

	<u>2014</u>	<u>2013</u>
Participant directed:		
Federated Capital Preservation Fund IP, contract value	\$ 11,408,541	\$ 11,560,968

During 2014 and 2013, all appreciation and depreciation in fair value of investments was attributable to registered investment companies.

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 4 - INFORMATION CERTIFIED BY THE PLAN CUSTODIAN (UNAUDITED)

Other than the fair value of the investment contract and the related adjustment from fair value to contract value for fully benefit-responsive investment contracts, certain information related to investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2014 and 2013, and net appreciation (depreciation) in fair value of investments, interest and dividends for the year ended December 31, 2014, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Great-West Trust Company, LLC (Great-West), custodian of the Plan. The contract value of the investment contract was certified by the custodian.

NOTE 5 - PLAN TERMINATION

Although they have not expressed any intent to do so, the Companies have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). In the event the Plan were to be terminated, each participant's share in the Plan would become fully vested and nonforfeitable as of the date of Plan termination.

NOTE 6 - INCOME TAX STATUS

The Plan has been designed under the provisions of a Great-West profit sharing and 401(k) prototype plan. The IRS has determined and informed Great-West, by a letter dated March 31, 2008, that the prototype plan utilized by the Plan is designed in accordance with applicable sections of the IRC. The Plan is operating in reliance on the prototype plan determination letter, and the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and therefore believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

NOTE 7 - RISK AND UNCERTAINTIES

The Plan invests in various investment securities that are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

NOTE 8 - RELATED-PARTY TRANSACTIONS

The Plan paid approximately \$531,000 to a related party in 2014 for investment management and participant education services.

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 9 - FAIR VALUE MEASUREMENTS

The Plan discloses the category of assets and liabilities measured at fair value into one of three different levels, depending on the assumptions (i.e., inputs) used in the valuation. Level 1 provides the most reliable measure of fair value, whereas Level 3 generally requires significant management judgment. Financial assets and liabilities are classified in their entirety based on the lowest level of input significant to the fair value measurement.

The fair value hierarchy is defined as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in inactive markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Money Market Funds - Valued at the net asset value (NAV) of shares held by the Plan at year-end.

Registered Investment Companies - Valued at the daily closing price as reported by the fund. Registered investment companies held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The registered investment companies held by the Plan are deemed to be actively traded.

Collective Investment Fund - Valued at NAV of units of the collective investment fund. The NAV, as provided by the fund's trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. At December 31, 2014 and 2013, there were no unfunded commitments and investments are redeemable daily upon 12 months written notice to the Fund's trustee.

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 9 - FAIR VALUE MEASUREMENTS (Continued)

The preceding methods described might produce a fair value calculation that might not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

	2014			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 8,897,862	-	-	\$ 8,897,862
Registered investment companies:				
Bond funds	52,744,867	-	-	52,744,867
Growth funds	36,767,092	-	-	36,767,092
Value funds	31,280,712	-	-	31,280,712
Blend funds	23,480,249	-	-	23,480,249
Equity funds	15,815,789	-	-	15,815,789
Real estate funds	1,327,149	-	-	1,327,149
Total registered investment companies	161,415,858	-	-	161,415,858
Collective investment fund	-	\$ 11,445,103	-	11,445,103
Total investments at fair value	\$ 170,313,720	\$ 11,445,103	-	\$ 181,758,823
	2013			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 7,697,475	-	-	\$ 7,697,475
Registered investment companies:				
Bond funds	48,037,300	-	-	48,037,300
Growth funds	33,541,014	-	-	33,541,014
Value funds	27,780,539	-	-	27,780,539
Blend funds	19,205,414	-	-	19,205,414
Equity funds	14,141,593	-	-	14,141,593
Real estate funds	1,000,779	-	-	1,000,779
Total registered investment companies	143,706,639	-	-	143,706,639
Collective investment fund	-	\$ 11,593,938	-	11,593,938
Total investments at fair value	\$ 151,404,114	\$ 11,593,938	-	\$ 162,998,052

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2014 AND 2013

NOTE 9 - FAIR VALUE MEASUREMENTS (Continued)

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The Plan evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended December 31, 2014 or 2013, there were no significant transfers in or out of Levels 1, 2 or 3.

NOTE 10 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2014 and 2013 to Form 5500:

	<u>2014</u>	<u>2013</u>
Net assets available for benefits per the financial statements	\$ 184,641,795	\$ 166,148,642
Employer receivable	(298,392)	(811,266)
Excess contribution payable	<u>7,490</u>	<u>24,652</u>
Net assets available for benefits per the Form 5500	<u>\$ 184,350,893</u>	<u>\$ 165,362,028</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements for the year ended December 31, 2014 to Form 5500:

	<u>2014</u>
Net increase in net assets available for benefit per the financial statements	\$ 18,493,153
Employer receivable - 2014	(298,392)
Employer receivable - 2013	811,266
Excess contribution payable - 2014	7,490
Excess contribution payable - 2013	<u>(24,652)</u>
Net increase in net assets available for benefits per the Form 5500	<u>\$ 18,988,865</u>

SUPPLEMENTARY FINANCIAL INFORMATION

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

EIN: 25-1841122

PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Shares of Registered Investment Companies:				
Non-participant directed:				
	Victory	Fund for Income I	\$ 8,536,249	\$ 8,445,561
	Pioneer	Bond Y	6,706,095	6,660,580
	Dodge	Cox Income	6,636,180	6,574,125
	JP Morgan	Core Bond R6	6,542,186	6,559,162
	Vanguard	500 Index Signal	6,177,092	6,328,577
	Sentinel	Common Stock I	6,069,704	5,657,902
	Pioneer	Equity Income Y	5,615,749	5,335,063
	Vanguard	Windsor I Fund-Admiral	5,182,694	4,908,710
	Franklin	Growth Adv	4,620,399	4,814,570
	American	Inflation Adjusted Bond Instl	4,768,907	4,619,398
	Harbor Capital	Capital Appreciation Instl	4,729,539	4,500,951
	Allianz	NFJ Small Cap Value Instl	5,585,878	4,387,355
	American	Euro Pacific Growth R6	4,207,770	3,941,771
	Artisan	Mid Cap Value Investor	3,311,915	2,921,206
	T. Rowe Price	Growth Stock	2,892,455	2,701,407
	Loomis	Bond Instl	2,880,631	2,700,913
	AllianceBernstein	Global Bond I	2,544,892	2,510,298
	Eaton Vance	Income Fund of Boston I	2,503,372	2,406,649
	Franklin Templeton	Global Bond Adv	2,479,207	2,311,930
	T. Rowe Price	Mid Cap Growth	1,982,433	1,912,411
	Ivy	Mid Cap Growth I	1,942,996	1,816,922
	Federated	International Leader Inst	1,825,115	1,728,801
	Pioneer	Strategic Income Y	1,711,590	1,655,458
	MFS	International Diversification R4	1,683,091	1,554,516
	Pioneer	Oak Ridge Small Cap Growth Y	1,543,849	1,490,058
	Columbia	Acorn International Z	1,550,908	1,355,136
	Subtotal		104,230,896	99,799,430

See independent auditors' report.

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

EIN: 25-1841122

PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Balance Forward		\$ 104,230,896	\$ 99,799,430
	Participant-directed:			
	Franklin	Growth Adv	-	8,452,452
	American Funds	Euro Pacific Growth R6	-	7,545,276
	Vanguard	Windsor II Fund-Admiral	-	6,856,308
	Wells Fargo	Advantage Core Bond Instl	-	6,326,621
	American Century	Heritage Inst	-	5,925,524
	Sentinel	Common Stock I	-	4,268,682
	American Beacon	Small Cap Value Instr	-	3,833,776
	Oppenheimer	Developing Markets I	-	3,234,162
	Artisan	Mid Cap Value Investor	-	3,038,294
	PIMCO	All Asset Inst	-	2,928,961
	Templeton	Global Bond Adv	-	2,883,700
	Janus	Tritton I	-	2,177,909
	Vanguard	Short Term Bond Index Signal	-	1,432,149
	Virtus	Real Estate Securities I	-	1,327,149
	Principal	High Yield Instl	-	688,866
	Fidelity Advisor	Materials I	-	367,117
	Permanent	Portfolio	-	329,482
	Subtotal			61,616,428
	Total Shares of Registered Investment Companies			161,415,858
	Investment Contracts:			
	Federated Capital Preservation	Fund IP	-	11,445,103
	Money Market Funds:			
	Federated	Federated Prime Value Obligations Instl	-	8,897,862
*	Notes Receivable	Notes receivable from participants (with rates of interest of		
	From Participants	4.25% and various maturity dates through 2019)		2,628,631
				\$ 184,387,454

* Party-in-interest

See independent auditors' report.

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

EIN: 25-1841122

PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Shares of Registered Investment Companies:				
Non-participant directed:				
	Victory	Fund for Income I	\$ 8,536,249	\$ 8,445,561
	Pioneer	Bond Y	6,706,095	6,660,580
	Dodge	Cox Income	6,636,180	6,574,125
	JP Morgan	Core Bond R6	6,542,186	6,559,162
	Vanguard	500 Index Signal	6,177,092	6,328,577
	Sentinel	Common Stock I	6,069,704	5,657,902
	Pioneer	Equity Income Y	5,615,749	5,335,063
	Vanguard	Windsor I Fund-Admiral	5,182,694	4,908,710
	Franklin	Growth Adv	4,620,399	4,814,570
	American	Inflation Adjusted Bond Instl	4,768,907	4,619,398
	Harbor Capital	Capital Appreciation Instl	4,729,539	4,500,951
	Allianz	NFJ Small Cap Value Instl	5,585,878	4,387,355
	American	Euro Pacific Growth R6	4,207,770	3,941,771
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	T. Rowe Price	Growth Stock	2,892,455	2,701,407
	Loomis	Bond Instl	2,880,631	2,700,913
	AllianceBernstein	Global Bond I	2,544,892	2,510,298
	Eaton Vance	Income Fund of Boston I	2,503,372	2,406,649
	Franklin Templeton	Global Bond Adv	2,479,207	2,311,930
	T. Rowe Price	Mid Cap Growth	1,982,433	1,912,411
	Ivy	Mid Cap Growth I	1,942,996	1,816,922
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	Pioneer	Strategic Income Y	1,711,590	1,655,458
	MFS	International Diversification R4	1,683,091	1,554,516
	Pioneer	Oak Ridge Small Cap Growth Y	1,543,849	1,490,058
	Columbia	Acorn International Z	1,550,908	1,355,136
	Subtotal		104,230,896	99,799,430

See independent auditors' report.

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

EIN: 25-1841122

PLAN NUMBER: 001

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(Continued)

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Balance Forward		\$ 104,230,896	\$ 99,799,430
	Participant-directed:			
	Franklin	Growth Adv	-	8,452,452
	American Funds	Euro Pacific Growth R6	-	7,545,276
	Vanguard	Windsor II Fund-Admiral	-	6,856,308
	Wells Fargo	Advantage Core Bond Instl	-	6,326,621
	American Century	Heritage Inst	-	5,925,524
	Sentinel	Common Stock I	-	4,268,682
	American Beacon	Small Cap Value Instr	-	3,833,776
	Oppenheimer	Developing Markets I	-	3,234,162
	Artisan	Mid Cap Value Investor	-	3,038,294
	PIMCO	All Asset Inst	-	2,928,961
	Templeton	Global Bond Adv	-	2,883,700
	Janus	Tritton I	-	2,177,909
	Vanguard	Short Term Bond Index Signal	-	1,432,149
	Virtus	Real Estate Securities I	-	1,327,149
	Principal	High Yield Instl	-	688,866
	Fidelity Advisor	Materials I	-	367,117
	Permanent	Portfolio	-	329,482
	Subtotal			61,616,428
	Total Shares of Registered Investment Companies			161,415,858
	Investment Contracts:			
	Federated Capital Preservation	Fund IP	-	11,445,103
	Money Market Funds:			
	Federated	Federated Prime Value Obligations Instl	-	8,897,862
*	Notes Receivable	Notes receivable from participants (with rates of interest of		
	From Participants	4.25% and various maturity dates through 2019)		2,628,631
				\$ 184,387,454

* Party-in-interest

See independent auditors' report.

PITT OHIO EXPRESS, LLC PROFIT SHARING PLAN

EIN: 25-1841122

PLAN NUMBER: 001

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

(a) Identity Of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Profit/Loss
<i>Single transaction in excess of 5% of plan assets</i>					
Federated	Federated Prime Value Obligations Instl	-	\$ 8,311,233	\$ 8,311,233	-
Victory	Victory Fund for Income I	-	8,485,225	8,973,272	\$ (488,047)
<i>Series of transactions in excess of 5% of plan assets</i>					
Federated	Federated Prime Value Obligations Instl	(A) \$ 14,016,399	14,016,399	-	-
Federated	Federated Prime Value Obligations Instl	(B) -	12,813,732	12,813,732	-
Victory	Victory Fund for Income I	(C) -	8,756,640	9,256,467	(499,827)

(A) Consists of 47 purchase transactions

(B) Consists of 2 sales transactions

(C) Consists of 20,427 purchase transactions

See notes to the financial statements.

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Multiple Employer Plan Participating Employer Information

Name of Plan:

► Pitt Ohio Express, LLC Profit Sharing Plan

Employer Identification Number: ► 25-1841122

Plan number: ► 001

Plan year (beginning/ending): ► 01/01/2014 - 12/31/2014

(a) Name of participating Employer	(b) EIN	(c) Percent of Total Contributions
ECM Transport, LLC	20-1920616	2.50%
Pitt Ohio Express LLC	25-1841122	92%
Martera, Inc.	25-1115153	3%
Thought Drivers, LLC	20-5814747	1%
Pitt Ohio Ground, LLC	27-1286921	1%
United States Cargo and Courier Service, LLC	27-5369317	0.50%

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

GA

**Pitt Ohio Express 401(k) Plan
01-JAN-14 to 31-DEC-14**

23-JAN-15 03:03:32

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RERGX			6,486,946.44	7,545,276.36
1ODVIX			3,316,701.40	3,234,162.06
1FMFEX			366,059.42	367,117.41
1PHRIX			1,185,681.33	1,327,148.76
1AVFIX			3,382,862.44	3,833,776.22
1JSMGX			1,868,335.93	2,177,909.88
1ATHIX			6,442,153.14	5,925,524.48
1ARTQX			2,787,148.06	3,038,294.33
1FCGAX			5,777,776.43	8,452,451.88
1SICWX			3,691,810.13	4,268,682.45
1VWNAX			5,645,481.47	6,856,308.07
1PRPFX			379,940.58	329,479.41
1PAAIX			3,005,057.20	2,928,961.44
1PHYTX			726,750.29	688,865.52
1TGBAX			2,987,432.60	2,883,699.50
1VBIRX			1,441,603.03	1,432,148.65
1MBFIX			6,192,837.06	6,326,621.11
1FECPIN			11,282,557.05	11,282,559.48
			66,967,134.00	72,898,987.01
PARTICIPANT LOANS	VARIOUS	4.250-6.000	2,627,031.03	2,628,630.75
FORFEITURES			125,982.32	125,982.32

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 251841122

LEGEND

INVESTMENT OPTION:

1RERGX	American Funds EuroPacific Gr R6	1ODVIX	Oppenheimer Developing Markets I
1FMFEX	Fidelity Advisor Materials I	1PHRIX	Virtus Real Estate Securities I
1AVFIX	American Beacon Small Cp Val Inst	1JSMGX	Janus Triton I
1ATHIX	American Century Heritage Inst	1ARTQX	Artisan Mid Cap Value Investor
1FCGAX	Franklin Growth Adv	1SICWX	Sentinel Common Stock I
1VWNAX	Vanguard Windsor II Fund - Admiral	1PRPFX	Permanent Portfolio
1PAAIX	PIMCO All Asset Instl	1PHYTX	Principal High Yield Inst
1TGBAX	Templeton Global Bond Adv	1VBIRX	Vanguard Short-Term Bond Index Adm
1MBFIX	Wells Fargo Advantage Core Bond Instl	1FECPIN	Federated Capital Preservation Fund IP

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Pitt Ohio Express Profit Sharing Plan
01-JAN-14 to 31-DEC-14

23-JAN-15 04:52:52

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1PITTPS			99,466,397.92	99,799,430.92
			99,466,397.92	99,799,430.92
FORFEITURES			8,897,862.02	8,897,862.02

Attachment to Form 5500, Schedule H, Part 4, Item I
 EIN # 251841122

LEGEND

INVESTMENT OPTION:

1RERGX	American Funds EuroPacific Gr R6	1ODVIX	Oppenheimer Developing Markets I
1FMFEX	Fidelity Advisor Materials I	1PHRIX	Virtus Real Estate Securities I
1AVFIX	American Beacon Small Cp Val Inst	1JSMGX	Janus Triton I
1ATHIX	American Century Heritage Inst	1ARTQX	Artisan Mid Cap Value Investor
1FCGAX	Franklin Growth Adv	1SICWX	Sentinel Common Stock I
1VWNAX	Vanguard Windsor II Fund - Admiral	1PRPFX	Permanent Portfolio
1PAAIX	PIMCO All Asset Instl	1PHYTX	Principal High Yield Inst
1TGBAX	Templeton Global Bond Adv	1VBIRX	Vanguard Short-Term Bond Index Adm
1MBFIX	Wells Fargo Advantage Core Bond Instl	1FECPIN	Federated Capital Preservation Fund IP
1PITTPS	Profit Sharing Plan		

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year

CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year