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).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1995

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
PRITCHETT TRUCKING, INC.

1050 S.E. 6TH ST
LAKE BUTLER, FL 32054

2b Employer Identification Number (EIN)
59-2129001

2c Plan Sponsor's telephone number
904-354-3721

2d Business code (see instructions)
484110

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.	10/14/2015	LINDA WILLEY
	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

PRITCHETT TRUCKING, INC/NEXTRAN CORPORATION

1986 W. BEAVER ST
JACKSONVILLE, FL 32209

3b Administrator's EIN: 59-3139839

3c Administrator's telephone number: 904-354-3721

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1202
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)**	1140
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	1135
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	82
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1217
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	1218
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	671
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	34
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:
2F 2G 2J 2K 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)

(1)	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust
(4)	☐	General assets of the sponsor

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

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

(1)	☒	**R** (Retirement Plan Information)
(2)	☐	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	☐	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	☒	**H** (Financial Information)
(2)	☐	**I** (Financial Information – Small Plan)
(3)	☐	**A** (Insurance Information)
(4)	☒	**C** (Service Provider Information)
(5)	☒	**D** (DFE/Participating Plan Information)
(6)	☐	**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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRITCHETT TRUCKING, INC.

D Employer Identification Number (EIN)
59-2129001

Part I Service Provider Information (see instructions)

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).. . . . . [X] 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

PORTNOY CPA

59-3148247

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

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

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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(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?
15 52 59 60 62 63 72	RECORDKEEPER	9325	Yes [X] No [ ]	Yes [X] No [ ]	0	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 [ ]

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

(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

(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

(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

(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

(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:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan 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
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PRITCHETT TRUCKING, INC.

D Employer Identification Number (EIN)
59-2129001

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO STABLE VALUE FUND

b Name of sponsor of entity listed in (a): INVESCO NATIONAL TRUST COMPANY

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)
27-3868124-001	C	4536193

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 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)

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 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)

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 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)

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 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)

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 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)

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

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
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRITCHETT TRUCKING, INC.

D Employer Identification Number (EIN)
59-2129001

Part I Asset and Liability Statement

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) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	350	200
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3132	220
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1209294	1326474
(9) Value of interest in common/collective trusts	1c(9)	5252057	4536193
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18235454	19481491
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	24700287	25344578
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	24700287	25344578

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.

			(a) Amount	(b) Total
	Income			
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	275935	
	(B) Participants	2a(1)(B)	1774072	
	(C) Others (including rollovers)	2a(1)(C)	914	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2050921
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)	37542	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		37542
	(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)	1627618	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1627618
	(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)		47093
(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)		-441778
c Other income	2c		6623
d Total income. Add all **income** amounts in column (b) and enter total	2d		3328019
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2529707	
(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)		2529707
f Corrective distributions (see instructions)	2f		47394
g Certain deemed distributions of participant loans (see instructions)	2g		78608
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	28019	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		28019
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2683728
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		644291
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: PORTNOY CPA **(2)** EIN: 59-3148247

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:

		Yes	No	Amount
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.)	4a		X	
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.)	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.)	4c		X	
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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
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?	4g		X	
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?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
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.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
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
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRITCHETT TRUCKING, INC.

D Employer Identification Number (EIN)
59-2129001

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** 0

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): 94-1687665

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 of 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):

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

A REPORT ON THE EXAMINATION OF FINANCIAL STATEMENTS AND SUPPLEMENTARY DATA

YEAR ENDED DECEMBER 31, 2014

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Plan Trustees and Administrator of the
Pritchett Trucking, Inc./Nextran Corporation 401(K) Plan

We were engaged to audit the statements of net assets available for benefits of the Pritchett Trucking, Inc./Nextran Corporation 401(K) Plan 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, the supplementary schedules of assets held for investment purposes as of December 31, 2014 and 2013, the supplementary schedules of reportable transactions, party-in-interest transactions, nonexempt transactions and leases and obligations in default for the year ended December 31, 2014. These financial statements and supplementary schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, 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 Bank of America, N.A. for the year ended December 31, 2014, the Trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan Administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained a certification from Bank of America, N.A. for the twelve months ended December 31, 2014, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary schedules taken as a whole. The supplementary schedules are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the Trustee, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PORTNOY CPA

September 12, 2015

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2014 AND 2013

	December 31, 2014	December 31, 2013
Assets		
Cash and Money Market accounts	$ 420	$ 3,480
Investments, at fair value	24,017,684	23,487,513
Receivables		
Employers' contributions	459	872
Participants' contributions	4,190	11,755
Notes receivable from participants	1,326,474	1,209,294
Total Assets	25,349,227	24,712,914
Liabilities		
Corrective distributions payable	60,207	47,394
Net Assets Available for Benefits	$ 25,289,020	$ 24,665,520

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART
OF THESE FINANCIAL STATEMENTS.

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2014

Additions to Net Assets Attributed to:	
Investment Income:	
Dividends	$ 1,674,711
Other income	6,676
Net appreciation (depreciation) in fair value of investments	(441,778)
	1,239,609
Interest income on notes receivable from participants	37,542
Contributions	
Employers	275,522
Participants	1,766,507
Rollovers	914
	2,042,943
Total Additions	3,320,094
Deductions from Net Assets Attributed to:	
Benefits paid to participants	2,662,373
Other expenses and forfeitures	34,221
Total Deductions	2,696,594
Net Increase	623,500
Net Assets Available for Benefits	
Beginning of year	24,665,520
End of year	$ 25,289,020

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART
OF THESE FINANCIAL STATEMENTS.

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan:

The following description of the Pritchett Trucking, Inc./Nextran Corporation 401(K) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Pritchett Trucking, Inc./Nextran Corporation 401(K) Plan is a defined contribution plan covering all full time employees of the participating Employers who have at least six months of service. The Plan is subject to the provisions of the Employer Retirement Income Security Act of 1974 (ERISA).

Participating Employers
The following Employers have adopted the provisions of the Plan:

New River Developers, Inc.
Nextran Corporation
Pritchett, Inc.
Pritchett Trucking, Inc.

Contributions
Each year, participants may contribute a portion of their pre-tax annual compensation, as determined and defined by the Plan. The Employers contributed 25% of the first 4% of base compensation that an employee contributed to the Plan for the year ended 2014. All Employer contributions are discretionary. All Employer contributions are invested at the discretion of each individual participant of the Plan. Contributions are subject to certain limitations.

Participant Accounts
Each participant's account is credited with the participant's contribution and allocations of (a) the Employers contributions and, (b) Plan earnings, and charged with an allocation of fund expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employers' contribution plus actual earnings thereon is based on years of continuous service. A participant is fully vested after five years of credited service.

Notes Receivable from Participants
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances. Loan terms range from one to fifteen years. The loans are secured by the balance in the participant's account and bear interest at prime. Principal and interest is paid ratably through payroll deductions.

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

1. Description of the Plan (Continued):

Payment of Benefits
On termination of service due to death, disability or retirement, a participant may receive the value of the vested interest in his or her account as a lump sum distribution, or one of several annuity installments.

Forfeited Accounts
At December 31, 2014, forfeited, non-vested accounts totaled $12,143. These accounts will be used to reduce future Employer contributions under the Plan.

2. Summary of Significant Accounting Policies:

Subsequent Events
Subsequent events were evaluated through September 12, 2015, which is the date the financial statements were available to be issued.

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

Basis of Accounting
The financial statements of the Plan are prepared using the accrual method of accounting.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value, other than Guaranteed Investment Contracts (GIC), which are stated at contract value as the GIC's are fully benefit-responsive. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. Net appreciation/depreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Participant loans are valued at their outstanding balances, which approximate fair value.

Payment of Benefits
Benefits are recorded when paid.

Operating Expenses
Administrative expenses are paid by the Plan. Legal and accounting expenses are paid by the participating Employers.

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

3. Investments:

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31, 2014	December 31, 2013
Blackrock Global Allocation Fund	$ 2,074,793	$ 1,937,979
Invesco Stable Value Ret CL 4	4,421,158	5,190,409
JP Morgan US Equity Fund	3,413,097	3,271,994
Oppenheimer Developing Markets Fund	-	1,313,271
Oppenheimer Global Fd GM	1,413,720	-

4. Fair Value Measurements:

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may 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 measure the fair value of certain financial instruments could result in a different fair value at the reporting date.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 or Level 3 inputs were available to the Plan. The Plan assets are recorded using fair value Level 1 only.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

The following table sets forth, by Level 1 within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2014 and 2013:

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

4. Fair Value Measurements (continued):

Level 1 Fair Value Measurements (continued)

	Fair Value December 31, 2014	Quoted Prices Level 1
Mutual Funds:		
Blend funds	$ 4,168,875	$ 4,168,875
Technology funds	493,271	493,271
Growth funds	883,229	883,229
Fixed income funds	3,493,383	3,493,383
Value funds	5,441,058	5,441,058
World funds	4,145,096	4,145,096
Natural Resource funds	47,368	47,368
Diversified funds	809,211	809,211
Total Mutual Funds	19,481,491	19,481,491
Common/Collective Trusts:		
Stable value funds	4,536,193	4,536,193
Total Assets at Fair Value	$ 24,017,684	$ 24,017,684

	Fair Value December 31, 2013	Quoted Prices Level 1
Mutual Funds:		
Blend fund	$ 3,852,278	$ 3,852,278
Growth funds	2,217,524	2,217,524
Fixed income funds	3,009,070	3,009,070
Value funds	4,004,764	4,004,764
World funds	3,783,299	3,783,299
Natural Resource funds	55,249	55,249
Diversified funds	1,313,271	1,313,271
Total Mutual Funds	18,235,455	18,235,455
Common/Collective Trusts:		
Stable value funds	5,252,058	5,252,058
Total Assets at Fair Value	$ 23,487,513	$ 23,487,513

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

5. Information Prepared and Certified by Trustees:

In 2010, the Plan entered into an investment contract with Bank of America, N.A. Bank of America, N.A. maintains investments in separate participant accounts from selected registered investment companies. These accounts are credited with actual earnings on the underlying investments and charged for Plan withdrawals and fund expenses. A summary of transactions certified by the Trustee trust company (prepared on the cash method) included in the financial statements as of December 31, 2014 and 2013 and for the year ended December 31, 2014 is as follows:

	December 31, 2014	December 31, 2013
Net Assets Available for Benefits:		
Cash and Money Market accounts	$ 200	$ 3,261
Investments, at fair value:		
Common/Collective Trusts:		
Invesco Stable Value Ret	115,035	61,649
Invesco Stable Value Ret GM	4,421,158	5,190,409
Mutual Funds:		
Alliance NFJ Sm-Cap Val	849,370	833,396
Alliance NFJ Sm-Cap Val GM	304,479	263,093
Blackrock Equity Dividend	1,136,423	1,140,998
Blackrock Equity Dividend GM	930,292	748,612
Blackrock Global Allocation Fund	2,074,793	1,937,979
Columbia Seligman Comm Fund	-	814,197
Columbia US Govt Mortg Fund	883,795	-
Columbia US Govt Mortg Fund GM	923,817	-
Delaware Investment Dividend, Inc.	316,275	401,793
Delaware Investment Dividend, Inc. GM	1,023,079	729,122
Federated Fund for US Government Secs	-	874,509
Federated Fund for US Government Secs GM	-	616,642
Goldman Sachs Mid Cap Val	843,771	617,037
Goldman Sachs Mid Cap Val GM	513,738	401,628
Ivy Science	493,271	-
Ivy High Income Fund	265,376	255,877
JP Morgan Dividend Mid Cap	463,598	374,602
JP Morgan Dividend Mid Cap GM	399,387	251,167
JP Morgan US Equity Fund	3,413,097	3,271,994
JP Morgan US Equity Fund GM	739,076	535,884
Lord Abbett Dev Growth Fund	635,925	603,999
Lord Abbett Dev Grw GM	200,883	158,031
MFS International Grth Fund	16,702	15,528
MFS International Value Fund	46,421	44,400
Oppenheimer Developing Markets Fund	809,211	1,313,271
Oppenheimer Global Fund	656,583	730,936
Oppenheimer Global Fund GM	1,413,720	1,114,384
Templeton Global Bond Fund	81,041	131,127
Van Eck Global Hard Assets	47,368	55,249
Notes receivable from participants	1,326,474	1,209,294
Total Net Assets Available for Benefits	$ 25,344,358	$ 24,700,068

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

5. Information Prepared and Certified by Trustees (continued):

	Year Ended December 31, 2014
Changes in Net Assets Available for Benefits:	
Additions (Subtractions):	
Participant contributions	$ 1,774,985
Employer contributions	275,935
Net investment gain, registered investment companies	(441,778)
Benefits paid to participants	(2,648,887)
Interest income	37,542
Dividend income	1,674,711
Plan expenses and other fees	(34,893)
Other income	6,676
Net increase in assets available for benefits	$ 644,291

6. Administration:

Certain administrative functions are performed by officers or employees of the participating Employers. No such officers or employees receive compensation from the Plan.

7. Tax Status:

The Plan is designed to constitute a qualified trust under Section 401(a) of the Internal Revenue Code and is therefore considered to be exempt from Federal income taxes under the provision of Section 501(a). The administrator is not aware of any action or event that has occurred that might affect the Plan's qualified status.

8. Plan Termination:

Although the participating employers have not expressed any intent to do so, they have the right under the Plan to discontinue their contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

9. Participant Directed Investments:

Upon enrollment in the Plan a participant may direct employee contributions to be invested in participant directed accounts. That is, the individual participant decides how those funds are allocated among various investments. At December 31, 2014 all participant directed funds were held in registered investment companies administered by Bank of America, N.A.

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

10. Reconciliation of Financial Statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements (prepared on the accrual method) for the years ended December 31, 2014 and 2013 to Form 5500 (prepared on the cash method):

	December 31, 2014	December 31, 2013
Net assets available for benefits per the financial statements	$ 25,289,020	$ 24,665,520
Contributions receivable	(4,649)	(12,627)
Corrective distributions and forfeitures	60,207	47,394
Net assets available for benefits per Form 5500	$ 25,344,578	$ 24,700,287

The following is a reconciliation of changes in net assets available for benefits per the financial statements (prepared on the accrual method) for the year ended December 31, 2014 to Form 5500 (prepared on the cash method):

	December 31, 2014
Changes in net assets available for benefits	$ 623,500
Contributions for the year ended December 31, 2013	12,627
Contributions for the year ended December 31, 2014	(4,649)
Corrective distributions, forfeitures, benefits and expenses for the year ended December 31, 2014	12,813
Changes in net assets available for benefits per Form 5500	$ 644,291

11. Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities 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 statement of net assets available for benefits.

PRITCHET TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
SUPPLEMENTARY SCHEDULES OF ASSETS HELD FOR
INVESTMENT PURPOSES AT YEAR END
DECEMBER 31, 2014 AND 2013

	Fair Value December 31, 2014	Fair Value December 31, 2013
Participant Directed Investments:		
Alliance NFJ:		
Alliance NFJ Sm-Cap	$ 1,153,849	$ 1,096,489
Franklin Templeton Investment:		
Templeton Global Bond Fund	81,041	131,127
Goldman Sachs:		
Goldman Sachs Mid Cap Value	1,357,509	1,018,665
Ivy Funds:		
Ivy High Income Fund	265,376	255,877
Ivy Science	493,271	-
JP Morgan Investment Management, Inc.:		
JP Morgan Diversified Mid Cap Val	862,985	625,769
JP Morgan US Equity Fund	4,152,173	3,807,878
Lincoln Financial Group:		
Delaware Investment Dividend, Inc.	1,339,354	1,130,915
Lord Abbett:		
Lord Abbett Dev Growth	836,808	762,030
Merrill, Lynch, Pierce, Fenner & Smith Incorporated:		
Blackrock Equity Dividend Fund	2,066,715	1,889,610
Blackrock Global Allocation Fund	2,074,793	1,937,979
Federated Fund for US Government	-	1,491,151
MFS Funds:		
MFS International Value Fund	16,702	44,400
MFS International Growth Fund	46,421	15,528
Oppenheimer Holdings, Inc.:		
Oppenheimer Developing Markets Fund	809,211	1,313,271
Oppenheimer Global Fund	2,070,303	1,845,320
Columbia Funds:		
Columbia Seligman Communications Fund	-	814,197
Columbia US Government Mortg Fund	1,807,612	-
Van Eck Associates Corp:		
Van Eck Global Hard Assets	47,368	55,249
Common/Collective Trusts:		
Invesco Stable Value Ret	4,536,193	5,252,058
	$ 24,017,684	$ 23,487,513

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
SUPPLEMENTARY SCHEDULES OF ASSETS HELD FOR
INVESTMENT PURPOSES AT YEAR END (Continued)
DECEMBER 31, 2014 AND 2013

	Interest Rate	Maturity Date	Fair Value 12/31/14	Fair Value 12/31/13
Participant Loans:				
(Secured by vested benefit)	Prime Rate	Various	$1,326,474	$1,209,294

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
SUPPLEMENTARY SCHEDULES OF REPORTABLE TRANSACTIONS, PARTY-IN-INTEREST TRANSACTIONS, NONEXEMPT TRANSACTIONS, AND LEASES AND OBLIGATIONS IN DEFAULT
YEAR ENDED DECEMBER 31, 2014

Reportable Transactions:

The Plan had no reportable transactions during the year ended December 31, 2014.

Party-in-Interest Transactions:

The Plan had no reportable party-in-interest transactions during the year ended December 31, 2014.

Non-Exempt Transactions:

The Plan had no reportable nonexempt transactions during the year ended December 31, 2014.

Leases and Obligations in Default:

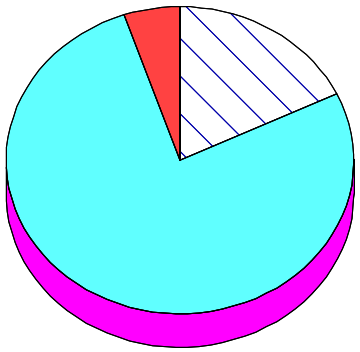
The Plan had no reportable leases and obligations in default during the year ended December 31, 2014.

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2014 - 12/31/2014

PRITCHETT TRUCKING, INC./NEXTRAN
CORPORATION 401(K) PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



- 17.90% COMMON / COLLECTIVE TRUSTS
- 5.23% LOANS
- 0.00% UNINVESTED CASH
- 76.87% MUTUAL FUNDS
- 0.00% PENDING SETTLEMENT FUNDS
- 0.00% ACCRUED INCOME

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
COMMON / COLLECTIVE TRUSTS					
INVESCO STABLE VALUE RET CL 4	4,421,157.7100	1.000	4,421,157.71	4,421,157.71	17.44%
INVESCO STABLE VAL RET CL 4 GM	115,035.4105	1.000	115,035.44	115,035.41	0.45%
TOTAL COMMON / COLLECTIVE TRUSTS			4,536,193.15	4,536,193.12	17.90%
MUTUAL FUNDS					
JPMORGAN DIV MID CAP GR A	18,440.6477	25.140	405,187.42	463,597.88	1.83%
JPMORGAN DIV MID CAP GR A GM	15,886.5176	25.140	377,196.41	399,387.05	1.58%
JP MORGAN US EQUITY FD CL A	235,223.7529	14.510	2,753,110.82	3,413,096.65	13.47%
JP MORGAN US EQTY FD A GM	50,935.6352	14.510	655,041.82	739,076.07	2.92%
DELAWARE INVSTMNT DIV INC CL A	35,259.1450	8.970	323,392.87	316,274.53	1.25%
DELAWARE INVST DIV INC CL A GM	114,055.6108	8.970	1,033,591.48	1,023,078.83	4.04%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2014 - 12/31/2014

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
IVY SCIENCE	8,828.9139	55.870	463,742.77	493,271.42	1.95%
IVY HIGH INCOME FD CL Y	32,884.2903	8.070	279,747.60	265,376.22	1.05%
COLUMBIA US GOVT MORTG FD CL A	160,107.8109	5.520	869,860.25	883,795.12	3.49%
COLUMBIA US GOVT MORTG FD CL A	167,358.2128	5.520	910,943.80	923,817.33	3.65%
BLACKROCK GLOBAL ALLOC A	104,946.5414	19.770	1,885,933.03	2,074,793.12	8.19%
BLACKROCK EQ DIVIDEND A	45,639.4671	24.900	876,217.29	1,136,422.73	4.48%
BLACKROCK EQ DIVIDEND A GM	37,361.1161	24.900	790,642.14	930,291.79	3.67%
VAN ECK GLOBAL HARD ASSETS	1,217.9996	38.890	57,356.85	47,368.00	0.19%
MFS INTERNATIONAL GRTH FD CL A	641.1335	26.050	15,883.57	16,701.53	0.07%
MFS INTERNATIONAL VALUE FD A	1,404.1485	33.060	38,799.30	46,421.15	0.18%
OPPENHEIMER DEV MKTS FD CL A	22,781.8365	35.520	696,289.78	809,210.83	3.19%
ALLIANZGI NFJ SMALL-CAP VAL A	32,998.0654	25.740	839,702.47	849,370.20	3.35%
ALLIANZGI NFJ SML-CP VAL A GM	11,829.0349	25.740	338,823.34	304,479.36	1.20%
GOLDMAN SACHS MID CAP VAL A	20,455.0600	41.250	773,558.12	843,771.23	3.33%
GOLDMAN SACHS MID CAP VAL A GM	12,454.2583	41.250	509,210.71	513,738.15	2.03%
TEMPLETON GLOBAL BOND FD CL A	6,504.0723	12.460	84,375.64	81,040.74	0.32%
OPPENHEIMER GLOBAL FUND	8,636.9784	76.020	530,342.85	656,583.10	2.59%
OPPENHEIMER GLOBAL FD GM	18,596.6913	76.020	1,286,642.73	1,413,720.47	5.58%
LORD ABBETT DEV GROWTH FD CL A	28,645.2500	22.200	656,981.01	635,924.55	2.51%
LORD ABBETT DEV GRW CL A GM	9,048.7965	22.200	212,873.21	200,883.28	0.79%
TOTAL MUTUAL FUNDS			17,665,447.28	19,481,491.33	76.87%

Balances include pending activity

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2014 - 12/31/2014

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
LOANS					
LOAN FUND	1,326,474.1500	1.000	1,326,474.15	1,326,474.15	5.23%
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	200.0000	1.000	200.00	200.00	0.00%
INVESTMENT TOTAL			23,528,314.58	25,344,358.60	100.00%
UNINVESTED CASH			0.43	0.43	0.00%
ACCRUED INCOME			219.85	219.85	0.00%
TOTAL ASSETS			23,528,534.86	25,344,578.88	100.00%

A portion of the balance displayed in the BIF Money Fund or the Merrill Lynch Bank Deposit Program (MLBD Program) may contain a pending deposit. If cash funds are invested / deposited in the BIF or MLBD Program, sweep activity details are available upon request.

Balances include pending activity