

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>VOLUME TRANSPORTATION, INC. 401(K) PLAN</u>		1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>08/01/2012</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)	<u>VOLUME TRANSPORTATION</u> <u>ATSB, PO BOX 938</u> <u>DUBUQUE, IA 52004-0938</u>		2b Employer Identification Number (EIN) <u>58-2000798</u> 2c Plan Sponsor's telephone number <u>800-548-2995</u> 2d Business code (see instructions) <u>484120</u>
	<u>895 MAIN STREET</u> <u>DUBUQUE, IA 52004-0938</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.	10/14/2015	TERESA W. BRUNSON
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 231
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 208 6a(2) 221 6b 0 6c 28 6d 249 6e 0 6f 249 6g 74 6h 0
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: 2A 2E 2F 2G 2J 2K 2T 3D 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 _____

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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 VOLUME TRANSPORTATION, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 VOLUME TRANSPORTATION	D Employer Identification Number (EIN) 58-2000798	

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
AMERICAN TRUST & SAVINGS BANK

42-0114010

(b) Enter name and EIN or address of person who provided you disclosure 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)

JOHN HANCOCK USA

01-0233346

(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	RECORDKEEPER	3605	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

JOHN HANCOCK USA

01-0233346

(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 28 59 60 62 63 67 68	INVESTMENT MANAGEMENT	0	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AMERICAN TRUST & SAVINGS BANK

42-0114010

(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 21 26 27 28 37 38 51 64	TRUSTEE	6902	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:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center; font-weight: bold;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large; font-weight: bold;">2014</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan VOLUME TRANSPORTATION, INC. 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 VOLUME TRANSPORTATION	D Employer Identification Number (EIN) 58-2000798	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: STABLE VALUE FUND		
b Name of sponsor of entity listed in (a): AMERICAN TRUST & SAVINGS BANK		
c EIN-PN 42-6455741-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69534
a Name of MTIA, CCT, PSA, or 103-12 IE: INTERMEDIATE BOND FUND		
b Name of sponsor of entity listed in (a): AMERICAN TRUST & SAVINGS BANK		
c EIN-PN 20-1257230-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 221517
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP CORE FUND		
b Name of sponsor of entity listed in (a): AMERICAN TRUST & SAVINGS BANK		
c EIN-PN 42-6319779-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 65420
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP CORE FUND		
b Name of sponsor of entity listed in (a): AMERICAN TRUST & SAVINGS BANK		
c EIN-PN 20-1257182-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 29953
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
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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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>VOLUME TRANSPORTATION, INC. 401(K) 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>VOLUME TRANSPORTATION</u>		D Employer Identification Number (EIN) <u>58-2000798</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	2188	0
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)		
	(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)	101400	69428
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)	0	386425
	(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)	848197	464643
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	951785	920496

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	190	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	190	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	951595	920496
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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)		
(B) Participants	2a(1)(B)	84105	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		84105
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)		
(B) Other	2b(5)(B)		
(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)		646
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		25137
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		109888

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	130480	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		130480
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	10507	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		10507
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		140987

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-31099
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(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: **HENDRICKSON & ASSOCIATES, LLC**

(2) EIN: **26-4607708**

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	
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	
e Was this plan covered by a fidelity bond?	X		100000
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	
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	
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	
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		
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	
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	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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.	X		

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>VOLUME TRANSPORTATION, INC. 401(K) 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>VOLUME TRANSPORTATION</u>	D Employer Identification Number (EIN) <u>58-2000798</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>62-6249544</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): _____

AUDIT REPORT

OCTOBER 12, 2015

**FINANCIAL AUDIT OF THE
VOLUME TRANSPORTATION, INC. 401K PLAN
JANUARY 1, 2014 THROUGH DECEMBER 31, 2014**

PREPARED BY:

**LANA S. HENDRICKSON, CPA
HENDRICKSON & ASSOCIATES, LLC
6000 SHAKERAG HILL - SUITE 108
PEACHTREE CITY, GA 30269**

HENDRICKSON & ASSOCIATES, LLC

**6000 Shakerag Hill, Suite 108
Peachtree City, Georgia 30269**

FINANCIAL AUDIT

VOLUME TRANSPORTATION, INC.

JANUARY 1, 2014 THROUGH DECEMBER 31, 2014

DATED: OCTOBER 12, 2015

A financial audit determines if the financial statements are fairly presented; considers internal control over financial reporting, and determines compliance with requirements material to the financial statements. The financial audit of the Volume Transportation, Inc. 401K Plan was conducted in compliance Generally Auditing Standards by Lana S. Hendrickson, CPA.

HENDRICKSON & ASSOCIATES, LLC

6000 Shakerag Hill, Suite 108

Peachtree City, Georgia 30269

October 12, 2015

Mr. Larry Sellers
President
Volume Transportation, Inc.
6575 Marshall Blvd.
Lithonia, GA 30058

RE: 401(k) Audit Report - Volume Transportation, Inc.

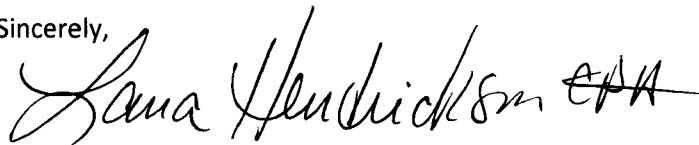
Dear Mr. Sellers:

This is our report on the financial audit of the Volume Transportation, Inc. 401K Plan for the period January 1, 2014 through December 31, 2014.

This report contains our Report Summary, Independent Auditor's report on the Financial Statements, the Plan Management's Discussion and Analysis, and the Plan's basic financial statements. The Report also contains our Independent Auditor's Report on internal control over financial reporting and on compliance and other matters; our finding, recommendation, and preliminary response.

We appreciate the courtesy and cooperation extended to us during this audit.

Sincerely,

A handwritten signature in black ink that reads "Lana Hendrickson CPA". The signature is fluid and cursive, with the "CPA" part written in a slightly different style.

Lana S. Hendrickson, CPA

/lsh

TABLE OF CONTENTS
VOLUME TRANSPORTATION, INC. 401K PLAN

INTRODUCTION

Report Summary

Report Letter

INDEPENDENT AUDITOR'S REPORT

Independent Auditor's Report on the Financial Statements

MANAGEMENT'S DISCUSSION AND ANALYSIS

Management's Discussion and Analysis

BASIC FINANCIAL STATEMENTS

Statement of Plan Net Assets

Statement of Changes in Plan Net Assets

Notes to the Financial Statements

INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL AND COMPLIANCE

Independent Auditor's Report on Internal Control Over Financial

Reporting and on Compliance and Other Matters

FINDING, RECOMMENDATION, AND PRELIMINARY RESPONSE

Internal Controls Over Fiduciary Responsibilities

Finding

1. Fiduciary Responsibilities

Shown below is an excerpt from the U.S. Department of Labor regarding Fiduciary Responsibilities:

Fiduciaries have important responsibilities and are subject to standards of conduct because they act on behalf of participants in a retirement plan and their beneficiaries.

These responsibilities include:

- Acting solely in the interest of plan participants and their beneficiaries and with the exclusive purpose of providing benefits to them;
- Carrying out their duties prudently;
- Following the plan documents (unless inconsistent with ERISA);
- Diversifying plan investments; and
- Paying only reasonable plan expenses.

The duty to act prudently is one of a fiduciary's central responsibilities under ERISA. It requires expertise in a variety of areas, such as investments. Lacking that expertise, a fiduciary will want to hire someone with the professional knowledge to carry out the investment and other functions. Prudence focuses on the process for making fiduciary decisions. Therefore, it is wise to document decisions and the basis for those decisions. For instance, in hiring any plan service provider, a fiduciary may want to survey a number of potential providers, asking for the same information and providing the same requirements. By doing so, a fiduciary can document the process and make a meaningful comparison and selection.

Diversification – another key fiduciary duty – helps to minimize the risk of large investment losses to the plan. Fiduciaries should consider each plan investment as part of the plan's entire portfolio. Once again, fiduciaries will want to document their evaluation and investment decisions.

An employer should establish and follow a formal review process at reasonable intervals to decide if it wants to continue using the current service providers or look for replacements. When monitoring service providers, actions to ensure they are performing the agreed-upon services include:

- Evaluating any notices received from the service provider about possible changes to their compensation and the other information they provided when hired (or when the contract or arrangement was renewed);
- Reviewing the service providers' performance;
- Reading any reports they provide;
- Checking actual fees charged;
- Asking about policies and practices (such as trading, investment turnover, and proxy voting); and
- Following up on participant complaints.

During the 2014 Plan Year, Management met with investment professionals two times to assess the Plan performance.

At the current time, the Company does not have a formal documented review process in place to review the Plan performance in conjunction with the investment professionals and third party service providers.

Recommendation

We recommend the Company improve its Fiduciary responsibilities by creating a formal documented process for meeting a minimum of two times per year in an effort to review and assess the Plan's financial performance as well as the performance for the investment professional and third party service providers.

The documented process should include:

- 1) Roster of people in attendance
- 2) Financial Statement Review
- 3) Year-to-Date Earnings Analysis compared to prior year
- 4) Updates on Loan Status
- 5) Documented minutes regarding agenda items discussed and reviewed.

Preliminary Response

We discussed the finding with Teresa Brunson, Controller, on October 12, 2015. Ms. Brunson agrees current processes and procedures will be reviewed and modified as necessary to improve and enhance existing controls for exercising appropriate Fiduciary Responsibilities.

INDEPENDENT AUDITOR'S REPORT

VOLUME TRANSPORTATION, INC.

OCTOBER 12, 2015

HENDRICKSON & ASSOCIATES, LLC

6000 Shakerag Hill, Suite 108

Peachtree City, Georgia 30269

October 12, 2015

Mr. Larry Sellers
President
Volume Transportation, Inc.
6575 Marshall Blvd.
Lithonia, GA 30058

RE: 401(k) Audit Report - Volume Transportation, Inc.

Dear Mr. Sellers:

We have audited the accompanying financial statements of Volume Transportation, Inc. 401(k) Plan (the Plan), which comprise the Statements of Net Assets available for benefits as of December 31, 2014, 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control.

Accordingly, we express no such Opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2014, and the changes in net assets available for benefits for the year ended December 31, 2014, in accordance with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules to identify title of schedules and period covered are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain

additional information has been subjected to the auditing procedures applied in the audits of the financial statements, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Sincerely,

A handwritten signature in black ink, reading "Lana S. Hendrickson CPA". The signature is written in a cursive, flowing style with a horizontal line extending from the end.

Lana S. Hendrickson, CPA

/lsh

MANAGEMENT'S DISCUSSION AND ANALYSIS

OCTOBER 12, 2015

This section of the Volume Transportation, Inc. 401(k) Plan's (the Plan) annual financial report presents Management Discussion and Analysis of the Plan's financial performance and provides an overview of the Plan's financial activities for the fiscal year ended December 31, 2014.

Using This Annual Financial Report

This annual financial report consists of two parts: (1) Management's Discussion and Analysis (this section) and (2) the basic Financial Statements. The Financial Statements also include Notes that explain some of the information in the Financial Statements and provide more detailed data.

Plan Overall Structure and Objective

- a. The Plan was originally established 8/1/2012;
- b. The Plan was amended December 15, 2014 to
 - a. Allow Roth deferrals
 - b. Definition of disability will be based on physician determination
 - c. Plan will exclude leased employees and independent contractors
 - d. Deemed 125 compensation will be excluded; Bonuses will also be excluded for all contribution types
 - e. Plan entry dates will be the first day of each month
 - f. Automatic deferrals will no longer apply
 - g. Matching contribution formula will be discretionary and the contribution will be calculated and funded on an annual basis
 - h. Added Nonelective contribution that will be discretionary and use a cross-tested formula - each in own classification
 - i. Plan will use forfeitures in the Plan Year in which they occur OR the Plan Year following
 - j. Nonelective contribution will follow a 5 year graded schedule (20% after 1st year and 20% for each subsequent year) - same as Match
 - k. Plan will allow for IRA rollovers for balances between \$1,000-\$5,000 (excluding rollovers); balances below \$1,000 will be cashed out
 - l. Roth deferrals will not be available for hardship distribution
 - m. Plan will allow for Ad-hoc (partial) distributions at termination and for beneficiaries
 - n. Allocation of earnings will be daily and participant directed
 - o. Allocation of Trust will be no additional valuation dates (daily)
 - p. Plan will be a Multiple Employer Plan
 - q. Plan intends to be 404(c) compliant
 - r. Plan will allow rollovers for all employees from all eligible sources
 - s. Volume Logistics, LLC will be a Participating Employer
 - t. Plan will allow for 2 outstanding loans at a time; Suspension for military and non-military leaves of absence will be permitted; Interest for participant loans will be Prime (WSJ) plus 2%; Plan will not allow for rollovers of loan notes into the Plan

c. Eligible employees are identified and given the opportunity to make an elective deferral election on the first day of the Quarter following 90 days of employment and age 21. Employees are automatically enrolled in the Plan after 90 days of employment on the first day of the Quarter following 90th day of employment, unless they elect to not be enrolled.

d. Elective deferrals are limited to the amounts under Internal Revenue Code for the calendar year through the Company's Payroll System. The Payroll System design does not allow deferrals in excess of the limit. However, excessive contributions, if any, are corrected through the Company's Payroll System.

e. Deposits made to the employee elective deferral accounts weekly via ACH transactions to American Trust.

f. Employer made matching contributions for Plan Year 2014 on September 14, 2015. The Company matched 10% of the employees' contributions up to a maximum of 3% of the employees' gross wages

Internal Controls

Requirements are placed on the third party administrator to clearly identify all financial activity to determine what should be included and excluded on the Plan's financial statements, i.e. loans written off by the Plan, deceased participant's account being distributed to beneficiaries, terminated participant procedures, etc. Volume Transportation, Inc. has a Service Level Agreement with the third party administrator responsible for appropriate internal controls.

American Trust Retirement Services performs recordkeeping services and provides quarterly reports to the Company. Also, American Trust record keeper posts all transactions and provides 404(a) disclosures annually. The third party administrator is responsible for filing the Form 5500, Annual Return / Report of Employee Benefit Plan.

Asset Allocation

All participants have the ability to direct the investments of their accounts under the Plan in accordance with the investment choices as are made available and those policies or procedures as are determined by the trustee and the administration from time to time. The Plan has no control over investment decisions made by the participants. The Plan may be invested and reinvested in various instruments as deemed appropriate by the Trustee and Plan Management.

Contacting Management

This report is designed to provide the Company, Plan participants, taxpayers, investors and creditors with a general overview of the Plan's finances and to demonstrate the Plan's accountability for the money it receives. If you have any questions about this report or need additional information, please contact Larry Sellers, 2261 Plunkett Road, N.W. Conyers, GA 30012 770-482-1400.

BASIC FINANCIAL STATEMENTS

BALANCE SHEET

	12/31/2013	12/31/2014
ASSETS		
Total Noninterest Bearing Cash	2,188	0
Total Value of Registered Investment Accounts	848,197	464,643
Total Value of Common/Collective Trusts	0	386,425
Total Value of Loan Security Accounts	101,400	69,428
TOTAL ASSETS	951,785	920,496
LIABILITIES		
Other Liabilities	190	190
TOTAL LIABILITIES	190	190
NET ASSETS	951,595	920,496

INCOME STATEMENT

	12/31/2013	12/31/2014
Total Employer Contributions	0	0
Total Employee Contributions	110,214	84,105
Total Forfeiture Re-Allocations	0	0
Total transfer of Assets from Previous Carrier	0	0
Total Transfer Loans originating from Previous Carrier	7,740	0
Total Investment gain from Common / Collective Trusts	0	646
Total Interest Earned on Loan Security Accounts	6,053	0
Investment Gain / Loss from Pooled Accounts	97,510	25,137
Distributions - Excluding Corrective Distributions	-96,988	-130,480
Deemed Distribution of Loans	0	0
Corrective Distribution of Contributions	0	0
Total Contract Administration Fees	-3,956	0
Total Third Party Administrator Service Fees	-2,745	-10,507
Total Redemption Fees	0	0
Total Investment Advisory Fees	0	0
NET VALUE ADDED TO CONTRACT ASSETS	117,827	-31099
TOTAL LOAN REPAYMENTS	48,621	40,294

NOTES TO FINANCIAL STATEMENTS

Note 1

Summary of Significant Accounting Policies

Volume Transportation, Inc. is an S Corporation, legally formed under the laws for the State of Georgia. Volume Transportation, Inc.'s 401K Plan is a defined contribution plan and covers employees of the Company.

Basis of Presentation

The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America as prescribed by the American Institute of Public Accountants.

Measurement Focus and Basis of Accounting

The Plan uses the cash basis of accounting. Employee contributions are recognized in the period in which the contributions are due. Employer contributions are recognized when due and the employer has made a formal commitment to provide the contributions.

Investments

Investments of the Plan are primarily Mutual Funds which are stated at fair value as determined by quoted market prices. Participant loans are stated at face value, which approximate market value.

Note 2

General Description of the Plan

The following brief description of the Plan provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General - The Plan was established on August 1, 2012. There were 193 total participants at the beginning of the Plan Year and 84 active participants in the Plan at December 31, 2014. The Plan was amended December 15, 2014 to change custodian from John Hancock Financial Services to American Trust & Savings Bank.

Eligibility - The Plan covers employees of Volume Transportation, Inc. The Plan excludes Collective Bargaining (Union) Employees and Non-Resident Aliens. Eligibility Requirements include: 1) achieved minimum age of 21.0 years; 2) a service requirement of a minimum of 3.0 consecutive months of service; or 3) Employed on 8/1/2012

Contributions - In accordance with Section 401(k) of the Internal Revenue Code, effective January 1, 1987, the Plan limits the amount of an individual's annual contribution.

The Company is not required to make matching contributions equal to the elective deferrals to the Plan. The Company made matching contributions for Plan Year 2014 on September 14, 2015.

Participant Account - Each participant's account is credited with his or her employee contributions; the Company contributions, if applicable; and an allocation of the Plan's earnings. Allocations are based on the participant's account balance to reflect the effect of income or losses from the particular investments.

Vesting - Vesting Schedule is shown below:

Vesting schedule for Matching Employer Account:

Years of Vesting Service	Percent Vested
Less than 1	0%
1 but less than 2	20%
2 but less than 3	40%
3 but less than 4	60%
4 but less than 5	80%
5 or more	100%

Vesting Credit – Participants will be credited with a year of service for each twelve month period from the date of hire until the date the employment terminates.

Loans to Participants - Participants may borrow up to 50% from their vested account balances of the Plan in accordance with the loan policy statements. The minimum amount of any loan is \$1,000. Participant may only have two loans outstanding at a time.

Loans to Participants - Defaulted - Defaulted loans are loans resulting from the failure of the participant to make the required loan repayments on an outstanding loan and are considered deemed distributed loans. These loans are considered a distribution to the participant for which a Federal 1099R tax form is issued. Four loans defaulted in 2014. These loans are considered a distribution to the participant for which a Federal 1099R tax form is issued.

Payment of Benefits - Participants may withdraw their funds upon leaving the Company due to normal retirement age, age 65 or the date of terminated employment. Participants may also receive a distribution from Salary Deferral (excluding Roth) contribution due to financial hardship.

Note 3**Investments – John Hancock 01/01/2014 - 12/15/2014**

All investments are participant directed. The mutual funds are registered with the SEC and the bank investment contracts and guaranteed investments contracts are regulated.

INVESTMENT TYPE	CONTRACT VALUE 12/31/2013	CONTRACT VALUE 12/15/2014 TRANSFERRED TO AMERICAN TRUST	DOLLAR CHANG
Retirement Choices at 2050	52,673.47	-	(52,673.47)
Retirement Choices at 2045	65,975.85	-	(65,975.85)
Retirement Choices at 2040	51,163.02	-	(51,163.02)
Retirement Choices at 2035	73,444.59	-	(73,444.59)
Retirement Choices at 2030	32,955.21	-	(32,955.21)
Retirement Choices at 2025	208,238.17	-	(208,238.17)
Retirement Choices at 2020	185,938.07	-	(185,938.07)
Retirement Choices at 2015	6,204.91	-	(6,204.91)
Retirement Choices at 2010	41,620.03	-	(41,620.03)
DRA U.S. Small Cap Fund	146.00	-	(146.00)
Capital World Growth & Income	22,566.83	-	(22,566.83)
Templeton World	-	-	-
New Perspective Fund	-	-	-
Growth Index Fund	1,708.68	-	(1,708.68)
Fundamental Large Cap Value	13,944.56	-	(13,944.56)
Lifestyle Aggressive	15,125.38	-	(15,125.38)
Lifestyle Growth	8,876.32	-	(8,876.32)

Lifestyle Balanced	32,539.93	- (32,539.93)
Lifestyle Moderate	4,357.21	- (4,357.21)
Lifestyle Conservative	8,549.12	- (8,549.12)
TOTAL CONTRACT VALUE	826,027.35	- (826,027.35)

Investments – Transferred to American Savings & Trust 12/15/14

All investments are participant directed. The mutual funds are registered with the SEC and the bank investment contracts and guaranteed investments contracts are regulated.

INVESTMENT TYPE	TRANSFERS	GAIN / LOSS	ENDING BALANCE
American Trust Stable Value	41,945	2	41,946
American Trust Intermed Bond	221,335	183	221,517
Loomis Sayles Core Plus Bond	121,825	-	121,825
Metropolitan W High Yield Bd	9,851	45	9,896
American Beacon Large Cap Val	33,695	(332)	33,362
American Trust Large Cap Core	65,911	(491)	65,421
Vanguard 500 Index Admiral	1,315	(14)	1,302
Goldman Sachs Mid Cap Value	17,152	(151)	17,001
Prudential Small Cap Value	8,017	(71)	7,947
Templeton Foreign Equity	84,839	425	85,264
American Trust Mid Cap Core	30,198	(245)	29,953
T Rowe Large Cap Growth	33,432	(194)	33,238
T Rowe Price Mid Cap Growth	17,152	(124)	17,025

Hartford Small Cap Growth Class Y	8,003	(37)	7,966
Oppenheimer Developing Mrkts I	20,753	(41)	20,712
Goldman Sach Absolute Return	49,166	(106)	49,060
Cohen & Steers Global Realty	8,045	(85)	7,961
Pimco Commodity Real Return	10,213	(136)	10,078
Templeton Foreign Small Co	19,176	37	19,213
TCW Emerging Markets Income	22,792	-	22,792
TOTALS	824,815	(1,335)	823,479

**INDEPENDENT AUDITOR'S REPORT ON
INTERNAL CONTROL AND COMPLIANCE**

HENDRICKSON & ASSOCIATES, LLC

6000 Shakerag Hill, Suite 108

Peachtree City, Georgia 30269

October 13, 2015

Mr. Larry Sellers
President
Volume Transportation, Inc.
6575 Marshall Blvd.
Lithonia, GA 30058

RE: Independent Auditor's Report on Internal Control Over Financial Reporting and on
Compliance and Other Matters

Dear Mr. Sellers:

We have audited the basic financial statements of Volume Transportation, Inc. as of and for the fiscal years ended December 31, 2014, as identified in the Table of Contents, and have issued our report dated October 12, 2015. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in the American Institute of Certified Public Accountants Auditing Standards.

Internal Control Over Financial Reporting

Management of the Volume Transportation, Inc. 401K Plan is responsible for establishing and maintaining effective internal control over financial reporting. In planning and performing our audit, we considered the Plan's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control over financial reporting.

Our consideration of internal control over financial reporting was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control over financial reporting that might be significant deficiencies or material weaknesses and, therefore, there can be no assurance that all deficiencies, significant deficiencies, or material weaknesses have been identified. However, as described in Finding 1, we identified a deficiency in internal control over financial reporting that we consider to be a material weakness.

A deficiency in internal control exists when the design or operation of a control does not allow management, or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. We consider the deficiency described in Finding 1 to be a material weakness.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Plan's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, non-compliance with which could have a direct and material effect on the determination of financial statement amounts. The results of our tests disclosed no instances of non-compliance or other matters that are required to be reported under American Institute of Certified Public Accountants.

This report is intended solely for the information and use of the Principals of Volume Transportation, Inc. and is not intended to be and should not be used by anyone other than these specified parties.

Sincerely,

A handwritten signature in black ink, appearing to read "Lana S. Hendrickson CPA". The signature is fluid and cursive, with a long horizontal line extending from the end.

Lana S. Hendrickson, CPA

/lsh

Volume Transportation, Inc
Volume Transportation, Inc. 401(k) Plan
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2014
Plan Number: 001
EIN: 58-2000798

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
	American Trust Intermed. Bond	Mutual Fund	N/A	\$ 221,517
	American Trust Large Cap Core	Mutual Fund	N/A	\$ 65,420
	American Trust Mid-Cap Core	Mutual Fund	N/A	\$ 29,953
	American Trust Stable Value	Mutual Fund	N/A	\$ 68,338
	American Beacon Large Cap Val	Mutual Fund	N/A	\$ 33,362
	Goldman Sachs Absolute Return	Mutual Fund	N/A	\$ 49,060
	Cohen & Steers Global Realty	Mutual Fund	N/A	\$ 7,960
	Goldman Sachs Mid-Cap Value	Mutual Fund	N/A	\$ 17,001
	Hartford Small Cap Growth Class Y	Mutual Fund	N/A	\$ 7,966
	Metropolitan W High Yield Bd	Mutual Fund	N/A	\$ 9,896
	Loomis Sayles Core Plus Bond	Mutual Fund	N/A	\$ 121,825
	Oppenheimer Developing Mrkts I	Mutual Fund	N/A	\$ 20,712

Volume Transportation, Inc
Volume Transportation, Inc. 401(k) Plan
Schedule H, Line 4i - Schedule of Assets Held at End of Year
December 31, 2014
Plan Number: 001
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Pimco Commodity Real Return	Mutual Fund	N/A	\$	10,078
T Rowe Price Mid Cap Growth	Mutual Fund	N/A	\$	17,028
Prudential Small Cap Value	Mutual Fund	N/A	\$	7,947
Templeton Foreign Equity	Mutual Fund	N/A	\$	85,264
Templeton Foreign Small Co	Mutual Fund	N/A	\$	19,213
TCW Emerging Markets Income	Mutual Fund	N/A	\$	22,792
T Rowe Large Cap Growth	Mutual Fund	N/A	\$	33,238
Vanguard 500 Index Admiral	Mutual Fund	N/A	\$	1,302
Total Assets held at end of year			\$	<u><u>849,872</u></u>