

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 <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>MV TRANSPORTATION, INC 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>04/01/1997</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>04/01/1997</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>04/01/1997</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>MV TRANSPORTATION, INC</u> <u>5910 N. CENTRAL EXPRESSWAY</u> <u>SUITE 1145</u> <u>DALLAS, TX 75206</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>94-2491705</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>972-391-4600</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>485110</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>94-2491705</u>	2c Plan Sponsor's telephone number <u>972-391-4600</u>	2d Business code (see instructions) <u>485110</u>	
2b Employer Identification Number (EIN) <u>94-2491705</u>					
2c Plan Sponsor's telephone number <u>972-391-4600</u>					
2d Business code (see instructions) <u>485110</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.	10/15/2015	JANE SIMMONS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	JANE SIMMONS
	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 10352
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) 10158
a(2) Total number of active participants at the end of the plan year	6a(2) 9714
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 276
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 9990
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 9990
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 1196
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 341
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 3D 2T	
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

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

A Name of plan <u>MV 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>MV TRANSPORTATION, INC</u>	D Employer Identification Number (EIN) <u>94-2491705</u>	

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 <u>MERRILL LYNCH,PIERCE,FENNER & SMITH</u>

13-5674085

(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)

ASCENSUS

11-3665754

(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?
37 64 99 15 60 50	NONE	44073	Yes ☒ No ☐	Yes ☒ 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

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 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>MV 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>MV TRANSPORTATION, INC</u>		D Employer Identification Number (EIN) <u>94-2491705</u>

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		
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)	837411	937741
(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)	529456	558648
(9) Value of interest in common/collective trusts	1c(9)		
(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)	7472914	8551224
(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	8839781	10047613

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8839781	10047613
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	381933	
(B) Participants	2a(1)(B)	1529271	
(C) Others (including rollovers)	2a(1)(C)	14259	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1925463

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	90	
(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)	26779	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		26869

(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)	130548	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		130548

(3) Rents	2b(3)		
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(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)		
(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)		291318
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2374198

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1097672	
(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)		1097672
f Corrective distributions (see instructions)	2f		24621
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)	44073	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		44073
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1166366

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1207832
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: MARCUM, LLP

(2) EIN: 11-1986323

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.)

	Yes	No	Amount
4a	X		170440
4b		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.)

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

<div>A Name of plan MV TRANSPORTATION, INC 401(K) PLAN</div>	<div>B Three-digit plan number (PN) ► 001</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500 MV TRANSPORTATION, INC</div>	<div>D Employer Identification Number (EIN) 94-2491705</div>

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): 45-0404698		
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): _____

MV TRANSPORTATION, INC. 401(k) PLAN
FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
DECEMBER 31, 2014 AND 2013

MV TRANSPORTATION, INC. 401(k) PLAN

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INDEPENDENT AUDITORS' REPORT

To the Administrative Committee
MV Transportation, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of MV Transportation, Inc. 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's 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 Ascensus, as agent for Ascensus Trust Company, the trustee of the Plan (the "Trustee"), except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the agent on behalf of the trustee as of December 31, 2014 and 2013 and for the year ended December 31, 2014, that the information provided to the plan administrator by the agent on behalf of the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Schedule H, Line 4a – Schedule of Delinquent Participant Contributions for the year ended December 31, 2014 and Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2014, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the 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.

Marcum LLP

San Francisco, CA
October 15, 2015

MV TRANSPORTATION, INC. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND 2013

	<u>2014</u>	<u>2013</u>
Assets		
Investments, at Fair Value		
Mutual funds	\$ 8,551,224	\$ 7,472,914
Money market funds	<u>937,741</u>	<u>837,411</u>
Total Investments	<u>9,488,965</u>	<u>8,310,325</u>
Receivables		
Notes receivable from participants	<u>558,648</u>	<u>529,456</u>
Total Receivables	<u>558,648</u>	<u>529,456</u>
Total Assets	<u>10,047,613</u>	<u>8,839,781</u>
Liabilities		
Corrective distributions payable	<u>117,221</u>	<u>27,499</u>
Total Liabilities	<u>117,221</u>	<u>27,499</u>
Net Assets Available for Benefits	<u>\$ 9,930,392</u>	<u>\$ 8,812,282</u>

The accompanying notes are an integral part of these financial statements.

MV TRANSPORTATION, INC. 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED DECEMBER 31, 2014

Additions To Net Assets Attributed To:

Contributions

Employee	\$ 1,423,104
Employer	370,879
Rollovers	<u>14,259</u>

Total Contributions \$ 1,808,242

Investment Income

Net appreciation in fair value of investments	291,287
Dividend	130,664
Interest income	<u>90</u>

Total Investment Income 422,041

Interest Income on Notes Receivable From Participants 26,694

Total Additions 2,256,977

Deductions From Net Assets Attributed To:

Benefits paid to participants	1,094,794
Administrative expenses	<u>44,073</u>

Total Deductions 1,138,867

Net Increase in Net Assets Available for Benefits 1,118,110

Net Assets Available for Benefits - Beginning 8,812,282

Net Assets Available for Benefits - Ending \$ 9,930,392

The accompanying notes are an integral part of these financial statements.

MV TRANSPORTATION, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 1 - DESCRIPTION OF PLAN

The following description of the MV Transportation, Inc. 401(k) Plan (“the Plan”) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

GENERAL

The Plan is a defined contribution plan sponsored by MV Transportation, Inc. (“the Sponsor” or “the Company”). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was amended and restated effective as of August 20, 2012. The Sponsor is the plan administrator. The plan administrator is responsible for all matters including, but not limited to, eligibility, rights to benefits, interpreting Plan documents, and maintaining participants’ accounts. The Trustee of the Plan is Ascensus Trust Company (formerly known as Frontier Trust Company) (the “Trustee”). The Company also sponsors other qualified plans. From time to time the Plan will make or receive transfers from these other qualified plans. The Board of Trustees is responsible for oversight of the Plan. The Plan’s Investment Committee determines the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the Plan’s Board of Trustees.

ELIGIBILITY AND PARTICIPATION

Participation in the Plan is voluntary. The Sponsor employs people at over 100 locations in 24 states. Employees of any United States Branch or Office of the Company who have attained the age of 18 and one month of service are eligible to participate unless they are specifically excluded from participating by the Plan Agreement. Certain classes of employees may be excluded from participation in the Plan or may be excluded from eligibility for employer match based on provisions of their regional contract or union contract.

An eligible employee may elect to participate in the Plan effective as of the first day of the month following satisfaction of the Plan’s requirements.

CONTRIBUTIONS

Participants

Each year, participants may contribute up to 100% of their compensation, as defined by the Plan, on a tax-deferred basis, up to a maximum amount allowed by the Internal Revenue Code. Maximum allowed deferral amounts were \$17,500 for calendar year 2014 and 2013. Employees over the age of 50 are allowed to defer an additional \$5,500 for each calendar year also. Section 401(k) of the Internal Revenue Code (the “Code”) and the Plan limits the amount certain highly compensated individuals may contribute, based on amounts contributed by lower compensated individuals.

MV TRANSPORTATION, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

CONTRIBUTIONS (CONTINUED)

Employer

The Company, at its discretion, may make a matching contribution for employees not excluded by contract in an amount not to exceed 100% of the eligible employee's qualified deferral. Participants who have attained 18 years of age and have completed 6 consecutive months of service are eligible to receive matching contributions. For matching purposes, each eligible employee's qualified deferral is matched up to 6% of eligible compensation, subject to limitations. Beginning in 2002, the Company elected to make matching contributions of 10% of the employee's qualified deferral. Total matching contributions for the year ended December 31, 2014 were \$370,879.

Rollovers

With the approval of the Plan administrator, participants are permitted to deposit distributions received from other qualified plans ("rollovers").

PARTICIPANT ACCOUNTS

Separate accounts are established and maintained for each participant, whereby the participant self-directs their investments.

Each participant's account is credited with the participant's salary deferral contribution and allocations of (a) the Company's matching contributions, if any, and (b) the Plan earnings and gains and losses less charges of allocated administrative expenses. Allocations are based on participant earnings, account balances, or specific participant transactions, 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 to the Plan and earnings thereon and are entitled to receive the full value of their accounts upon termination of employment services with the Company. Participants vest in employer contributions based upon completed years of service according to the following schedule:

Years of Service	Percent Vested
1	20%
2	40%
3	60%
4	80%
5	100%

MV TRANSPORTATION, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

FORFEITURES

Forfeitures are used to reduce future Company matching contributions to the Plan. As of December 31, 2014 and 2013, there were no forfeited non-vested accounts for both years and there were no forfeitures used for the years ended December 31, 2014 and 2013.

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 balance. Each loan is generally repaid through payroll deductions within five years, except for loans for the purchase of a principal residence, which may be repaid over a period of time not exceed thirty years. The loan is secured by the balance in the participant's account and bears interest at prime plus 2% per annum. Interest rates on outstanding loans at December 31, 2014 and 2013 ranged from 5.25% to 10%.

BENEFIT PAYMENTS AND WITHDRAWALS

Upon termination of service due to death, disability, retirement, or other reasons, vested benefits due to the participants or their beneficiaries will be distributed in accordance with the Plan. The Plan also allows for hardship withdrawals of part or all of a participant's deferral account as outlined in the Plan.

ADMINISTRATIVE EXPENSES

Administrative expenses are paid out of the net assets available for benefit unless paid by the Company. Expenses paid by the Company are excluded from these financial statements. For the year ended December 31, 2014, the administrative expenses, comprised of record keeping fees charged by Ascensus, were paid out of the net assets available for benefits and were allocated among accounts of the participants in the Plan, proportionately based on the value of the participants' account balances or an equal dollar value based on the number of participants in the Plan. Fees related to the administration of notes receivable from participants are charges directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation of fair value of investments.

PLAN TERMINATION

Although it has not expressed an intention to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

MV TRANSPORTATION, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles generally accepted in the United States of America (US GAAP).

USE OF ESTIMATES

The preparation of financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

NOTES RECEIVABLE FROM PARTICIPANTS

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2014 and 2013. If any scheduled loan repayment is not made by the end of the calendar quarter following the calendar quarter that the missed payment was due, the loan is considered to be in default. The participant loan balance is reduced and a benefit payment is recorded based upon the terms of the plan document. During the years ended December 31, 2014 and 2013, there were no loans in default. Loans become due and payable in full in the event of the participant's termination of employment, death, disability, or retirement, as defined by the Plan.

INVESTMENT VALUATION AND INCOME RECOGNITION

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

PAYMENTS OF BENEFITS

Benefits are recorded when paid.

MV TRANSPORTATION, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

RISKS AND UNCERTAINTIES

The Plan provides for various investment options in any combination of mutual funds and other 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 investments 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.

NOTE 3 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ("FASB") *Accounting Standards Codification ("ASC") 820, Fair Value Measurements and Disclosures ("FASB ASC 820")*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include:

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

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

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

MV TRANSPORTATION, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

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

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

Mutual Funds and Money Market Funds: Valued at the daily closing price as reported by the Fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Large growth	\$1,452,119	\$ --	\$ --	\$1,452,119
World allocation	1,288,963	--	--	1,288,963
Foreign large blend	1,255,668	--	--	1,255,668
Intermediate-term bond	1,184,034	--	--	1,184,034
Large blend	1,035,066	--	--	1,035,066
Large value	860,846	--	--	860,846
Intermediate government	420,280	--	--	420,280
Mid-cap value	291,801	--	--	291,801
Mid-cap growth	176,419	--	--	176,419
Small value	159,854	--	--	159,854
Small growth	111,820	--	--	111,820
Diversified emerging markets	111,032	--	--	111,032
Target date	109,523	--	--	109,523
High yield	88,343	--	--	88,343
Foreign large growth	<u>5,456</u>	<u>--</u>	<u>--</u>	<u>5,456</u>
Total Mutual Funds	8,551,224	--	--	8,551,224
Money Market Funds	<u>937,741</u>	<u>--</u>	<u>--</u>	<u>937,741</u>
Total Assets at Fair Value	<u>\$9,488,965</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$9,488,965</u>

MV TRANSPORTATION, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

	Assets at Fair Value as of December 31, 2013			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Large growth	\$1,346,535	\$ --	\$ --	\$1,346,535
World allocation	1,289,426	--	--	1,289,426
Foreign large blend	1,232,309	--	--	1,232,309
Intermediate-term bond	1,003,210	--	--	1,003,210
Large blend	816,738	--	--	816,738
Large value	727,924	--	--	727,924
Intermediate government	286,182	--	--	286,182
Mid-cap value	251,769	--	--	251,769
Mid-cap growth	141,698	--	--	141,698
Small value funds	123,174	--	--	123,174
Diversified emerging markets	90,319	--	--	90,319
Small growth	84,270	--	--	84,270
High yield	51,236	--	--	51,236
Target date	25,754	--	--	25,754
Foreign large growth	<u>2,370</u>	<u>--</u>	<u>--</u>	<u>2,370</u>
Total Mutual Funds	7,472,914	--	--	7,472,914
Money Market Funds	<u>837,411</u>	<u>--</u>	<u>--</u>	<u>837,411</u>
Total Assets at Fair Value	<u>\$8,310,325</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$8,310,325</u>

NOTE 4 - INVESTMENTS

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator instructed the Plan's independent auditors not to perform, and they did not perform, auditing procedures with respect to the information certified by Ascensus as agent for Ascensus Trust Company (formerly known as Frontier Trust Company), the Trustee, at December 31, 2014 and 2013, except for comparing the information certified by the Trustee to information included in the Plan's financial statements and supplemental schedule. The information certified by the Trustee as of December 31, 2014 and 2013 and for the year ended December 31, 2014 is as follows:

MV TRANSPORTATION, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 4 - INVESTMENTS (CONTINUED)

a) Investments

	2014	2013
Mutual funds at fair value	<u>\$8,551,224</u>	<u>\$7,472,914</u>
Money market funds at fair value	<u>\$ 937,741</u>	<u>\$ 837,411</u>

b) Investment income

	Year Ended December 31, 2014
Interest income	<u>\$ 90</u>
Dividend income	<u>\$130,664</u>
Net appreciation in fair value of investments	<u>\$291,287</u>

The following presents the fair value of individual investments that represent 5% or more of the Plan's net assets available for benefits at December 31, 2014 and 2013:

	2014	2013
BlackRock Global Allocation Fund Inc.	\$1,288,963	\$1,289,426
JPMorgan Large Cap Growth A	\$1,142,357	\$1,087,030
BlackRock S&P 500 Stock Institutional	\$1,035,066	\$ 816,738
Retirement Reserves	\$ 870,575	\$ 786,871
PIMCO Total Return A	\$ 651,773	\$ 639,399
American Funds EuroPacific GrowthR3	\$ 490,218	\$ 478,510
GM Delaware Corporate Bond Fund A	\$ 487,510	\$ *

During the year ended December 31, 2014, the Plan's mutual funds (including gains, losses on investments bought and sold, as well as held during the year) appreciated in net value by \$291,287.

* The investment balance does not represent five percent (5%) or more of the Plan's net assets available for benefits for the respective plan year end.

MV TRANSPORTATION, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 5 - INCOME TAX STATUS

The Plan is based on a prototype plan agreement. The prototype plan obtained its latest opinion letter on March 31, 2008, in which the Internal Revenue Service ("IRS") stated that the form of the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code and also informed the Company that the prototype plan will not receive a determination letter. The Plan has been amended since the issuance of that opinion letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

US GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken uncertain tax positions that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service.

The Plan administrator has analyzed tax positions taken by the Plan and has concluded that, as of December 31, 2014 and 2013, there are no uncertain tax positions taken, or expected to be taken, that would require recognition of a liability (or asset) or that would require disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions. However, currently no audits for any tax periods are in progress.

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

The records of the Plan indicate that there are no party-in-interest transactions other than participant loan activities. These transactions are covered by an exemption from the "prohibited transactions" provisions of ERISA and the Code. Total administrative fees paid to Ascensus were \$44,073.

NOTE 7 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2013, the Plan Sponsor determined that certain remittances of employee deferrals and/or loan repayments were not made timely in accordance with Department of Labor guidelines totaling \$170,440. This amount includes \$24,326 for loan repayments. The Plan is in the process of correcting these late remittances through the Voluntary Fiduciary Correction Program.

MV TRANSPORTATION, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

	December 31,	
	2014	2013
Net assets available for benefits per the financial statements	\$ 9,930,392	\$8,812,282
Add: corrective distributions payable	<u>117,221</u>	<u>27,499</u>
Net Assets Available for Benefits Per The Form 5500	<u>\$10,047,613</u>	<u>\$8,839,781</u>

The following is a reconciliation of employee contributions per the financial statements for the year ended December 31, 2014, to the Form 5500:

Employee contributions per the financial statements	\$1,423,104
Add: corrective distributions payable, December 31, 2014	<u>106,167</u>
Employee Contributions Per The Form 5500	<u>\$1,529,271</u>

The following is a reconciliation of employer contributions per the financial statements for the year ended December 31, 2014, to the Form 5500:

Employer contributions per the financial statements	\$370,879
Add: corrective distributions payable, December 31, 2014	<u>11,054</u>
Employer Contributions Per The Form 5500	<u>\$ 381,933</u>

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2014, to the Form 5500:

Benefits paid to participants per the financial statements	\$1,094,794
Add: portion of corrective distributions payable, December 31, 2013	<u>2,878</u>
Employer Contributions Per The Form 5500	<u>\$ 1,097,672</u>

MV TRANSPORTATION, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 2014 AND 2013

NOTE 8 - RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500 (CONTINUED)

The following is a reconciliation of corrective distributions per the financial statements for the year ended December 31, 2014, to the Form 5500:

Corrective distributions per the financial statements	\$ -
Add: portion of corrective distributions payable, December 31, 2013	<u>24,621</u>
Employer Contributions Per The Form 5500	<u>\$ 24,621</u>

NOTE 9 - SUBSEQUENT EVENTS

The Plan's management has evaluated subsequent events through October 15, 2015, the date the financial statements were available to be issued, and no events have occurred that would require adjustments or disclosure in these financial statements.

MV TRANSPORTATION, INC. 401(k) PLAN

SCHEDULE H -LINE 4a-

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

EIN: 94-2491705

PN: 001

FOR THE YEAR ENDED DECEMBER 31, 2014

Date of Delinquent Participant Contributions	Participant Contributions Transferred Late to Plan	Check Here if late participant loan repayments are included	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
			Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2013	\$ 170,440	X	\$ 170,440	\$ --	\$ --	\$ --
Total	\$ 170,440		\$ 170,440	\$ --	\$ --	\$ --

See independent auditors' report.

MV TRANSPORTATION, INC. 401(k) PLAN

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

EIN: 94-2491705

PN: 001

DECEMBER 31, 2014

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Collateral, Par, or Maturity Value		Cost	Fair Value
Mutual Funds				
BlackRock	BlackRock Global Allocation Fund Inc.		**	\$ 1,288,963
JP Morgan	JPMorgan Large Cap Growth A		**	1,142,357
BlackRock	BlackRock S&P 500 Stock Institutional		**	1,035,066
PIMCO	PIMCO Total Return A		**	651,773
American Funds	American Funds EuroPacific GrowthR3		**	490,218
Delaware	GM Delaware Corporate Bond Fund A		**	487,722
MFS	MFS Value A		**	406,927
Wells Fargo	GM Wells Fargo Adv Govt SecA		**	400,410
Thornburg	Thornburg International Value A		**	332,540
JP Morgan	GM JPMorgan Large Cap Growth A		**	309,762
American Funds	GM American Funds EuroPacific GrowthR3		**	227,487
MFS	GM MFS Value A		**	206,159
Thornburg	GM Thornburg International Value R4		**	205,423
Hotchkis and Wiley	GM Hotchkis and Wiley Mid Cap Value Fund A		**	204,328
Colombia	GM Colombia Dividend Opportunity A		**	184,820
ING	GM ING MidCap Opportunities A		**	160,235
Delaware	GM Delaware Small Cap Value A		**	131,814
Hotchkis and Wiley	Hotchkis and Wiley Mid Cap Value Fund A		**	87,473
Oppenheimer	GM Oppenheimer Developing Markets Fund A		**	82,009
Eagle	GM Eagle Small Cap Growth A		**	71,594
Colombia	Colombia Dividend Opportunity A		**	62,940
PIMCO	GM PIMCO High Yield A		**	44,951
Delaware	Delaware Corporate Bond Fund A		**	44,540
PIMCO	PIMCO High Yield A		**	43,391
Eagle	Eagle Small Cap Growth A		**	40,226
Manning & Napier	Manning & Napier Target 2030 K		**	39,108
Manning & Napier	Manning & Napier Target 2020 K		**	37,432

See independent auditors' report.

MV TRANSPORTATION, INC. 401(k) PLAN

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

EIN: 94-2491705

PN: 001

DECEMBER 31, 2014

(a)	(b)	(c)	(d)	(e)
Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Collateral, Par, or Maturity Value		Cost	Fair Value
Mutual Funds				
Oppenheimer	Oppenheimer Developing Markets Fund A		**	29,024
Manning & Napier	Manning & Napier Target 2040 K		**	28,159
Delaware	Delaware Small Cap Value A		**	28,040
Wells Fargo	Wells Fargo Adv Govt SecA		**	19,871
ING	ING MidCap Opportunities A		**	16,184
Thornburg	Thornburg International Value R4		**	5,455
Manning & Napier	Manning & Napier Target 2050 K		**	4,823
Total Mutual Funds			**	<u>8,551,224</u>
Money Market Funds				
Merrill Lynch	Retirement Reserves		**	870,575
Merrill Lynch	GM ML Retirement Reserves Money Fd Class 1		**	67,166
Total Money Market Funds				<u>937,741</u>
Total Investments				9,488,965
Participant Loans				
	Loans to participants, maturing from January 2015 to February 2038, with annual interest rates ranging between 5.25% and 10%.			
* Participant loans				<u>558,648</u>
Total				<u>\$ 10,047,613</u>

* A party-in-interest for which a statutory exemption exists.

** Cost information is not required for participant directed investments.

See independent auditors' report.

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MV TRANSPORTATION, INC 401(K) PLAN

EIN: 94-2491705

Plan Sponsor's Name MV TRANSPORTATION, INC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Merrill Lynch	Retirement Reserves	0	870,575
	BlackRock	BlackRock Global Allocation Inv A	0	1,288,963
	Merrill Lynch	GM Retirement Reserves Money Fd Class 1	0	67,166
	Thornburg	Thornburg International Value Fund	0	332,540
	Wells Fargo	Wells Fargo Adv Govt SecA	0	19,871
	Wells Fargo	GM Wells Fargo Adv Govt SecA	0	400,410
	Delaware	Delaware Corporate Bond Fund A	0	44,540

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MV TRANSPORTATION, INC 401(K) PLAN

EIN: 94-2491705

Plan Sponsor's Name MV TRANSPORTATION, INC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Delaware	GM Delaware Corporate Bond Fund A	0	487,722
	PIMCO	PIMCO Total Return A	0	651,773
	PIMCO	PIMCO High Yield A	0	43,391
	PIMCO	GM PIMCO High Yield A	0	44,951
	JPMorgan	JPMorgan Large Cap Growth A	0	1,142,357
	JPMorgan	GM JPMorgan Large Cap Growth A	0	309,762
	MFS	MFS Value A	0	406,927

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MV TRANSPORTATION, INC 401(K) PLAN

EIN: 94-2491705

Plan Sponsor's Name MV TRANSPORTATION, INC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	MFS	GM MFS Value A	0	206,159
	Columbia	Columbia Dividend Opportunity A	0	62,940
	Columbia	GM Columbia Dividend Opportunity A	0	184,820
	Hotchkis and Wiley	Hotchkis and Wiley Mid Cap Value Fund A	0	87,473
	Hotchkis and Wiley	GM Hotchkis and Wiley Mid Cap Value A	0	204,328
	Eagle	Eagle Small Cap Growth A	0	40,226
	Eagle	GM Eagle Small Cap Growth A	0	71,594

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MV TRANSPORTATION, INC 401(K) PLAN

EIN: 94-2491705

Plan Sponsor's Name MV TRANSPORTATION, INC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Delaware	Delaware Small Cap Value A	0	28,040
	Delaware	GM Delaware Small Cap Value A	0	131,814
	Thornburg	Thornburg International Value R4	0	5,455
	Thornburg	GM Thornburg International Value R4	0	205,423
	American Funds	American Funds EuroPacific GrowthR3	0	490,218
	American Funds	GM American Funds EuroPacific GrowthR3	0	227,487
	Oppenheimer	Oppenheimer Developing Markets Fund A	0	29,024

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name MV TRANSPORTATION, INC 401(K) PLAN

EIN: 94-2491705

Plan Sponsor's Name MV TRANSPORTATION, INC

PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	GM Oppenheimer Developing Markets Fund A	0	82,009
	Manning & Napier	Manning & Napier Target 2020 K	0	37,432
	Manning & Napier	Manning & Napier Target 2030 K	0	39,108
	Manning & Napier	Manning & Napier Target 2040 K	0	28,159
	Manning & Napier	Manning & Napier Target 2050 K	0	4,823
	Voya	Voya MidCap Opportunities A	0	16,184
	Voya	GM Voya MidCap Opportunities A	0	160,235

Plan Name	<u>MV TRANSPORTATION, INC 401(K) PLAN</u>	EIN:	<u>94-2491705</u>
Plan Sponsor's Name	<u>MV TRANSPORTATION, INC</u>	PN:	<u>001</u>

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