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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
TANK TRUCK WORKERS UNION PENSION PLAN

1b Three-digit plan number (PN) ▶ 008

1c Effective date of plan 05/01/1963

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
QUALITY CARRIERS, INC.

4041 PARK OAKS BOULEVARD
SUITE 200
TAMPA, FL 33610

2b Employer Identification Number (EIN)
36-2590063

2c Plan Sponsor's telephone number
800-282-2031

2d Business code (see instructions)
484200

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.	10/14/2016	MELISSA ERNST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2016	MELISSA ERNST
	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)

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

TRUSTEES OF TANK TRUCK WORKERS UNION PENSION PLAN

4041 PARK OAKS BOULEVARD
SUITE 200
TAMPA, FL 33610

3b Administrator's EIN: 36-2590063

3c Administrator's telephone number: 800-282-2031

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**	122
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)**	0
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	0
b	Retired or separated participants receiving benefits	**6b**	69
c	Other retired or separated participants entitled to future benefits	**6c**	5
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	74
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	45
f	Total. Add lines **6d** and **6e**.	**6f**	119
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**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:
1B 1I

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) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] 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) [X] **R** (Retirement Plan Information)
- (2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) [X] **H** (Financial Information)
- (2) [ ] **I** (Financial Information – Small Plan)
- (3) [X] 1 **A** (Insurance Information)
- (4) [X] **C** (Service Provider Information)
- (5) [X] **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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
TANK TRUCK WORKERS UNION PENSION PLAN

B Three-digit plan number (PN) ▶ 008

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

D Employer Identification Number (EIN)
36-2590063

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	706699	119	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1180	295

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

NFP INSURANCE SERVICES INC
1250 S CAPITAL OF TEXAS HWY BLDG 2
W LAKE HILLS, TX 78746-6446

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1180	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

NFP ADVISOR SERVICES INC
1250 S CAPITAL OF TEXAS HWY BLDG 2
W LAKE HILLS, TX 78746-6446

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	295	PRORATED INCENTIVE NOT DEDUCTED FROM PLAN	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	**4**	0
5	Current value of plan's interest under this contract in separate accounts at year end	**5**	606245

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	**6b**	
c	Premiums due but unpaid at the end of the year	**6c**	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	**6d**	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			**7b**	
c	Additions: (1) Contributions deposited during the year	**7c(1)**			
	(2) Dividends and credits	**7c(2)**			
	(3) Interest credited during the year	**7c(3)**			
	(4) Transferred from separate account	**7c(4)**			
	(5) Other (specify below)	**7c(5)**			
	▶				
	(6) Total additions			**7c(6)**	
d	Total of balance and additions (add lines **7b** and **7c(6)**).			**7d**	
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	**7e(1)**			
	(2) Administration charge made by carrier	**7e(2)**			
	(3) Transferred to separate account	**7e(3)**			
	(4) Other (specify below)	**7e(4)**			
	▶				
	(5) Total deductions			**7e(5)**	
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			**7f**	

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
TANK TRUCK WORKERS UNION PENSION PLAN

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
QUALITY CARRIERS, INC.

D Employer Identification Number (EIN)
36-2590063

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2015

2 Assets:

a Market value	**2a**	7607720
b Actuarial value	**2b**	7609950

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	117	7636942	7636942
b For terminated vested participants	5	164740	164740
c For active participants	0	0	0
d Total	122	7801682	7801682

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.02%
6 Target normal cost	**6**	15000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

10/13/2016
Date

TIMOTHY J. NUGENT, FSA
Type or print name of actuary

14-07099
Most recent enrollment number

MILLIMAN, INC.
Firm name

610-975-5051
Telephone number (including area code)

1550 LIBERTY RIDGE DRIVE SUITE 200
WAYNE, PA 19087
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.60%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.25%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	97.54 %
15	Adjusted funding target attainment percentage	15	97.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2015	104178				
07/14/2015	104178				
10/14/2015	104178				
01/14/2016	104178				
04/14/2016	115753				
07/14/2016	115753				
			Totals ► 18(b)	648218	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	614252

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.72 %	6.11 %	6.81 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☐ Yes	☒ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	15000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	191732	448013
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	463013

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	463013
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	614252

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	151239
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).	2015
Department of Labor Employee Benefits Security Administration	▶ File as an attachment to Form 5500.	This Form is Open to Public Inspection.
Pension Benefit Guaranty Corporation		

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan	B Three-digit plan number (PN) ▶	
TANK TRUCK WORKERS UNION PENSION PLAN		008
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)	
QUALITY CARRIERS, INC.	36-2590063	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

PRINCIPAL FINANCIAL GROUP

42-0127290

(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?
13 21 28	NONE	23642	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN, INC.

91-0675641

(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?
11 17	NONE	13125	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: ROBERT LAMONTAGNE

b EIN: 91-0675641

c Position: ENROLLED ACTUARY

d Address: MILLIMAN, INC.
1550 LIBERTY RIDGE DRIVE, SUITE 200
WAYNE, PA 19087

e Telephone: 610-687-5644

Explanation: RETIREMENT

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
TANK TRUCK WORKERS UNION PENSION PLAN

B Three-digit plan number (PN) ▶ 008

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

D Employer Identification Number (EIN)
36-2590063

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL REAL ESTATE SECS SA-R5

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-095	P	532991

a Name of MTIA, CCT, PSA, or 103-12 IE: PRINCIPAL MONEY MARKET SA-R5

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
42-0127290-024	P	73254

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
TANK TRUCK WORKERS UNION PENSION PLAN

B Three-digit plan number (PN) ▶ 008

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

D Employer Identification Number (EIN)
36-2590063

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)	155287	335684
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11059	11430
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	321506	105599
(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)	553638	450906
(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)		512384
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		606245
(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)	5370055	5042564
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	1196175	

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	7607720	7064812
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7607720	7064812

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)	648218	
	(B) Participants	2a(1)(B)		
	(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)		648218
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	16	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	75565	
	(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)		75581
	(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)	107706	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		107706
	(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)	-482275	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-482275

		(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		349230
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	785657	
(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)		785657
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)	16467	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	45932	
(4) Other	2i(4)	44082	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		106481
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		892138
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-542908
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: BARLEY MCNAMERA WILD **(2)** EIN: 27-3236857

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

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

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

6a Name of trust	**6b** Trust's EIN

6c Name of trustee or custodian	**6d** Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan
TANK TRUCK WORKERS UNION PENSION PLAN

B Three-digit plan number (PN) ▶ 008

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

D Employer Identification Number (EIN)
36-2590063

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): 42-0127290

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** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No



Barley | McNamara | Wild
CERTIFIED PUBLIC ACCOUNTANTS & ASSOCIATES

Financial Statements, Supplemental Schedules and Independent Auditor's Report

Tank Truck Workers Union Pension Plan (EIN): 36-2590063 Plan #008

December 31, 2015 and 2014

Tank Truck Workers Union Pension Plan

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Barley | McNamara | Wild
CERTIFIED PUBLIC ACCOUNTANTS & ASSOCIATES

Independent Auditor's Report

To the Participants and Plan Administrator of the
Tank Truck Workers Union Pension Plan:

Report on the Financial Statements
We were engaged to audit the accompanying statements of net assets available for benefits of **Tank Truck Workers Union Pension Plan** (the "Plan") as of December 31, 2015 and 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2015 and the supplemental Schedule H, line 4i—Schedule of Assets (Held at End of Year) as of December 31, 2015 and Schedule H, Line 4j—Supplemental Schedule of Reportable Transactions for the year ended December 31, 2015. We have also audited the accompanying statements of accumulated plan benefits as of January 1, 2016 and 2015 and the related statement of changes in accumulated plan benefits for the year ended January 1, 2016. These financial statements and supplemental schedules are the responsibility of the Plan's management.

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 conducting the audit 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, we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Principal Life Insurance Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets, notes receivable from participants, and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2015 and 2014 and for the year ended December 31, 2015 that the information provided to the Plan Administrator by 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.

Barley | McNamara | Wild
CERTIFIED PUBLIC ACCOUNTANTS & ASSOCIATES

Other Matter
The supplemental schedules as of December 31, 2015 is required by the Department of Labor's (DOL) 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 this 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.

Barley, McNamara, Wild

Tampa, Florida
September 23, 2016

Tank Truck Workers Union Pension Plan

Statements of Net Assets Available for Benefits
As of December 31, 2015 and 2014

	2015	2014
Investments, at fair value:		
Cash	$ 105,599	$ 321,506
Exchange traded funds	631,274	626,242
Mutual funds	4,411,290	4,798,369
Corporate bonds	450,906	553,638
Asset-backed securities	512,384	569,933
Pooled separate accounts	606,245	571,686
Total investments	6,717,698	7,441,374
Accrued interest	11,430	11,059
Contributions receivable:		
Employer	335,684	155,287
Net assets available for benefits	$ 7,064,812	$ 7,607,720

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

Tank Truck Workers Union Pension Plan

Statements of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2015

	2015
Additions to net assets attributed to:	
Investment loss:	
Net depreciation in fair value of investments	$ (482,275)
Interest and dividends	183,287
Net investment loss	(298,988)
Contributions:	
Employer contributions received	312,534
Employer contributions receivable	335,684
Total contributions	648,218
Total additions	349,230
Deductions from net assets attributed to:	
Benefits paid to participants	785,657
Administrative expenses	106,481
Total deductions	892,138
Net decrease	(542,908)
Net assets available for benefits	
Beginning of year	7,607,720
End of year	$ 7,064,812

The accompanying notes are an integral part of this financial statement.

Tank Truck Workers Union Pension Plan

Statements of Accumulated Plan Benefits
As of January 1, 2016 and 2015

	2016	2015
Actuarial present value of accumulated plan benefits:		
Vested benefits		
Participants currently receiving payments	$ 7,264,413	$ 7,720,776
Other participants	180,577	163,645
Total actuarial present value of accumulated plan benefits	$ 7,444,990	$ 7,884,421

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

Tank Truck Workers Union Pension Plan

Statements of Changes in Accumulated Plan Benefits
For the Year Ended January 1, 2016

		2016
Actuarial present value of accumulated plan benefits as of January 1, 2015:	$	7,884,421
Increase (decrease) during the year attributable to		
Actuarial gain		(237,245)
Increase for interest due to the decrease in the discount period		487,355
Change in actuarial assumptions		96,116
Benefits paid		(785,657)
Net decrease		(439,431)
Actuarial present value of accumulated plan benefits as of January 1, 2016:	$	7,444,990

The accompanying notes are an integral part of this financial statement.

Note A – Description of Plan

The following brief description of the Tank Truck Workers Union Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined benefit pension plan covering all employees of Quality Distribution, Inc. ("the Company") who are members of the Tank Truck Workers Union. It is subject to the provisions of the Employees Retirement Income Security Act of 1974 (ERISA).

Pension Benefits

A participant's normal retirement age is the latter of age 65 or the fifth anniversary of participation. A participant's vested accrued benefit as of a given date is equal to the product of the accrued benefit multiplied by the vesting percentage as of the same date. Each participant who becomes eligible for a normal retirement benefit under the Plan will be entitled to a monthly retirement pension benefit beginning on the normal retirement date. The annual normal retirement benefit shall be the monthly benefit factor multiplied by the number of years of service multiplied by 12. The monthly benefit factor for those who retire on or after December 1, 1991 is $34.

Vesting

Participants are 100% vested upon the completion of five years of service. Prior to the completion of five years of service the vesting percent is zero.

Credit Risk

Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the valuation of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Note B – Summary of Accounting Policies

Basis of Presentation

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (US GAAP).

In May 2015, the FASB issued ASU 2015-07, Fair Value Measurement (Topic 820): Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent), which exempts investments measured using the net asset value (NAV) practical expedient in ASC 820, Fair Value Measurement, from categorization within the fair value hierarchy. The guidance requires retrospective application and is effective for public business entities for fiscal years, and interim periods within those years, beginning after December 15, 2015. For all other entities, the guidance is effective for fiscal years, and interim periods within those years, beginning after December 15, 2016. Early adoption is permitted. Management elected to early adopt the provisions of this new standard. Accordingly, the amendment was retrospectively applied resulting in changes to the footnote disclosures related to fair value measurements in Note B.

Note B – Summary of Accounting Policies (continued)

In July 2015, the FASB issued ASU 2015-12, Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965): Part (I) Fully Benefit-Responsive Investment Contracts, Part (II) Plan Investment Disclosures, Part (III) Measurement Date Practical Expedient. This three-part standard simplifies employee benefit plan reporting with respect to fully benefit-responsive investment contracts and plan investment disclosures, and provides for a measurement-date practical expedient. Parts I and II are effective for fiscal years beginning after December 15, 2015 and should be applied retrospectively, with early application permitted. Part III is effective for fiscal years beginning after December 15, 2015 and should be applied prospectively, with early application permitted. Management has elected to adopt Parts I and II early. Accordingly, the amendments were retrospectively applied resulting in changes to the footnote disclosures related to fully benefit-responsive investments. Part III is not applicable to this Plan.

As described in the Code *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans* (the Code), investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. As required by the Code, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Plan had no fully benefit-responsive investments as of December 31, 2015 and 2014.

On August 27, 2014, the FASB issued Accounting Standards Update No. 2014-15, *Disclosure of Uncertainties about an Entity's Ability to Continue as a Going Concern*, which requires management to assess a company's ability to continue as a going concern and to provide related footnote disclosures in certain circumstances. Before this new standard, there was minimal guidance in U.S. GAAP specific to going concern. Under the new standard, disclosures are required when conditions give rise to substantial doubt about a company's ability to continue as a going concern within one year from the financial statement issuance date. The new standard applies to all companies and is effective for the annual period ending after December 15, 2016, and all annual and interim periods thereafter.

Use of Estimates in the Preparation of Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts in the accompanying financial statements. Actual results could differ from those estimates.

Fair Value Measurements

The Code has established establishes a framework for measuring fair value, Fair Value Measurements. 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 are described below:

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.

Note B – Summary of Accounting Policies (continued)

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.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2015 and 2014.

Common stocks, corporate bonds, asset backed securities and U.S. government securities: Valued at the closing price reported on the active market on which the individual securities are traded.

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

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014:

	Fair Value Measurements at Reporting Date Using:		
	Assets Measured at Fair Value at 12/31/2015	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Cash	$ 105,599	$ 105,599	$ -
Mutual funds	4,411,290	4,411,290	-
Corporate bonds	450,906	450,906	-
Asset-backed securities	512,384	512,384	-
Total assets in the fair value hierarchy	5,480,179	5,480,179	-
Investments measured at net asset value	1,237,519		
Investments at fair value	$ 6,717,698		

Note B – Summary of Accounting Policies (continued)

	Fair Value Measurements at Reporting Date Using:		
	Assets Measured at Fair Value at 12/31/2014	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)
Cash	$ 321,506	$ 321,506	$ -
Mutual funds	4,798,369	4,798,369	-
Corporate bonds	553,638	553,638	-
Asset-backed securities	569,933	569,933	-
Total assets in the fair value hierarchy	6,243,446	6,243,446	-
Investments measured at net asset value	1,197,928		
Investments at fair value	$ 7,441,374		

Reclassification

Certain amounts reported for prior periods have been reclassified to be consistent with the current period presentation.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses are paid by the Plan.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are distributable under the Plan's provisions for the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances, retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits at January 1, 2016 and 2015 is determined by an actuary from Milliman, Inc. (the Actuary), by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The Pension Protection Act of 2006 required certain changes in actuarial assumptions used.

Significant actuarial assumptions and methods used were as follows as of January 1, 2016 and 2015:

- For the January 1, 2016 valuation, the assumed rate of return on investments was based on a discount rate of 6%. As required by the Pension Protection Act of 2006 the actuarial cost method used is the unit credit method for determining the plan's ERISA funding requirements and for the purpose of applying the actuarial cost method, the plan assets are valued using adjusted fair market value.
- The IRS Prescribed Mortality-Generational Annuitant, Male and Female (and Non Annuitant for participants who are not yet receiving payments) assumption is used for both pre and post-retirement males and females for the January 1, 2016 and the January 1, 2015 valuation.

Note B – Summary of Accounting Policies (continued)

- The projected unit credit actuarial cost method was used to determine liabilities and costs related to retirement, termination and pre-retirement death benefits.
- For the January 1, 2016 and 2015 valuations, marital status is estimated at 100% married for the group, and males are assumed to be four years older than females.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue existence until all accrued benefits are paid. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulates benefits.

Note C – Custodian Certification of Plan Investments (Unaudited)

The Plan Administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labors Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Principal Life Insurance Company, one of the Plan's custodians has certified that the following accounts included in the accompanying financial statements and supplemental schedules are complete and accurate.

	2015	2014
Pimco Low Duration R Fund	$ 417,426	$ 941,455
Principal Real Estate Investment	532,991	430,951
American Funds Europacific Fund	354,371	295,238
Jennison Small Company A Fund	233,232	200,833
Money Market	73,254	140,735

- Certified the balance of accounts above as of December 31, 2015 and 2014, as shown in the statements of net assets available for benefits.
- Certified investment income from accounts above for the year ended December 31, 2015, as shown in the statement of changes in net assets available for benefits, and detailed in the notes to the financial statements.
- Certified the accounts above shown in the schedule of assets (held at end of year) at December 31, 2015, as shown in the supplemental schedule.
- Certified the activity from the accounts above in the schedule of reportable transactions for the year ended December 31, 2015, as shown in the supplemental schedule.

Note D – Funding Policy

The Company's funding policy is to make quarterly or annual contributions to the Plan, which are sufficient to satisfy the minimum funding requirements of ERISA. The Company satisfied the minimum ERISA funding obligations for the year ended December 31, 2015.

Note E – Party-in-Interest Transactions

Certain Plan investments are shares of funds managed by Principal Life Insurance Company. Principal Life Insurance Company is the Trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Note F – Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed below).
c. All other vested benefits (that is, vested benefits not insured by the PBGC).
d. All non-vested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits, and certain disability and survivors' pensions.

However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees.

Note G – Tax Status of Plan

The Plan obtained a favorable determination letter dated March 20, 1996, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan's administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and was qualified and the related trust was tax-exempt as of the financial statement date. Accordingly, no provisions for Income taxes has been included in the Plan's financial statements.

The Plan Administrator evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the accompanying financial statements. The Plan is no longer subject to examination by taxing authorities for years prior to 2013.

Note H – Subsequent Events

Subsequent events have been evaluated through September 23, 2016, which is the date the financial statements were available to be issued.

Supplemental Schedules

Tank Truck Workers Union Pension Plan (EIN): 36-2590063 Plan #008

Schedule H, Line 4i - Supplemental Schedule of Assets (Held at End of Year)
As of December 31, 2015

(a)	(b) Identity of issuer	Cusip or Ticker	(c) Description of investment			(d) Cost	(e) Current value
(i) Cash							$ 105,599
(ii) Exchange Traded Funds							
	Vanguard Index FDS Formerly Vanguard	VOO	ETF	3,377	Units	619,368	631,274
	Total exchange traded funds:						**631,274**
(iii) Mutual funds							
	Russell US Strategic Equity Fund S	RSESX	MutFund	108,588	Units	1,283,688	1,274,824
	Russell Short Duration Bond S	RFBSX	MutFund	24,187	Units	464,799	458,102
	PIMCO Low Duration R Fund	PLDRX	MutFund	42,335	Units	433,376	417,426
	Russell Global Equity Class S	RGESX	MutFund	41,576	Units	351,185	416,588
	American Funds EuroPacific Growth R3 Fund	RERCX	MutFund	7,963	Units	257,391	354,371
	Russell Global Infrastructure S	RGISX	MutFund	27,310	Units	296,722	285,661
	Tocqueville International Value	TIVFX	MutFund	19,442	Units	269,078	272,966
	Dodge & Cox International Stock Fund	DODFX	MutFund	7,237	Units	319,685	263,989
	Russell Emerging Markets S	REMSX	MutFund	16,725	Units	284,135	239,496
	Prudential Jennison Small Company A Fund	PGOAX	MutFund	11,064	Units	131,561	233,232
	Russell US Small Cap Equity I	REBSX	MutFund	7,483	Units	176,501	194,635
	Total mutual funds:						**4,411,290**
(iv) Corporate bonds							
	Harrahs Oper Inc.	413627BL3	Bond	40,000	Units	40,194	30,000
	Titan International Inc	88830MAH5	Bond	34,000	Units	29,583	25,330
	Hecla Mining Corp	422704AD8	Bond	34,000	Units	32,543	24,820
	PDL Biopharma Inc	69329YAF1	Bond	31,000	Units	32,534	24,820
	Beazer Homes USA Inc	07556QBD6	Bond	28,000	Units	25,305	24,640
	Hudbay Minerals Inc	443628AB8	Bond	33,000	Units	30,753	24,173
	Advanced Micro Devices Inc	007903AX5	Bond	35,000	Units	34,976	23,800
	Mirant Americas Generation LLC	60467PAQ7	Bond	32,000	Units	31,930	23,440
	Elizabeth Arden Inc	28660GAG1	Bond	35,000	Units	32,771	22,400
	Northern Oil & Gas Inc	665531AB5	Bond	33,000	Units	32,183	21,945
	Sprint Capital Corp	852060AT9	Bond	29,000	Units	30,559	21,750
	Coeur Mining Inc	192108AY4	Bond	34,000	Units	32,284	20,315
	Forbes Energy Services	345143AC5	Bond	42,000	Units	40,281	20,160
	Earthlink Inc	270321AE2	Bond	17,000	Units	17,090	17,298
	Cash America International Inc	14754DAG5	Bond	17,000	Units	17,425	17,021
	Community Choice Financial Inc	20367QAB3	Bond	55,000	Units	33,429	14,438
	Rent A Center Inc	76009NAH3	Bond	17,000	Units	16,873	14,408
	PHI Inc	69336TAH9	Bond	18,000	Units	15,975	14,400
	Fluidigm Corp	34385PAA6	Bond	23,000	Units	15,295	14,231
	Graftech International Ltd	384313AD4	Bond	24,000	Units	20,660	13,920
	ERA Group Inc	26885GAB5	Bond	16,000	Units	15,774	13,040
	AV Homes Inc	00234PAE2	Bond	13,000	Units	13,000	12,903
	Sandridge Energy Inc	80007PAQ2	Bond	51,000	Units	43,350	5,610
	Molycorp Inc	608753AG4	Bond	49,000	Units	44,628	1,960
	Amkor Technology Inc.	031652BG4	Bond	2,000	Units	1,938	1,945
	General Cable Corp	369300AN8	Bond	2,000	Units	1,858	1,540
	Arch Coal Inc	039380AE0	Bond	47,000	Units	40,124	353
	Alpha Natural Resources Inc	02076XAD4	Bond	73,000	Units	54,112	183
	ATP Oil & Gas Corp	00208JAE8	Bond	66,000	Units	51,988	63
	Total corporate bonds:						**450,906**
(v) Asset-backed securities							
	Fnma Remic Trust 2012-152	3136AAP74	Bond	32,000	Units	33,791	32,643
	Gnma Remic Series 2009-042	38374UC74	Bond	37,000	Units	28,907	30,006
	Fnma Remic Trust 2010-009	31398MCU8	Bond	25,000	Units	25,125	28,713
	Gnma Remic Series 2010-68	38377GRY7	Bond	26,000	Units	27,788	27,908
	Fhlmc Remic Series 2804	31395APW9	Bond	85,000	Units		27,453

Tank Truck Workers Union Pension Plan (EIN): 36-2590063 Plan #008

Schedule H, Line 4i - Supplemental Schedule of Assets (Held at End of Year)
As of December 31, 2015

(a)	(b) Identity of issuer	Cusip or Ticker	(c) Description of investment			(d) Cost	(e) Current value
	Gnma Remic Series 2010-107	38377JFL2	Bond	25,000	Units	26,750	26,452
	Gnma Remic Series 2010-131	38377LTS7	Bond	24,000	Units	24,345	25,703
	Fnma Remic Trust 2010-19	31398MXN1	Bond	19,000	Units	19,261	20,999
	Fhlmc Remic Series 4384	3137BDKG0	Bond	20,000	Units	21,025	20,663
	Fhlmc Remic Series 3893	3137ADA56	Bond	19,000	Units	19,273	20,380
	Fhlmc Remic Series 2013-035	3136ADTT6	Bond	20,000	Units	20,825	20,030
	Fhlmc Remic Series 4218	3137B2UE8	Bond	19,000	Units	19,333	19,709
	Fhlmc Remic Series 4068	3137ARPA8	Bond	19,000	Units	19,499	18,573
	Gnma Remic Series 2010-98	38377JMU4	Bond	17,000	Units	18,089	18,342
	Gnma Remic Series 2010-004	38376T2N1	Bond	18,000	Units	18,608	18,338
	Fnma Remic Trust 2003-58	31393DCS8	Bond	23,000	Units	18,575	18,337
	Fhlmc Remic Series 4240	3137B3UL0	Bond	22,000	Units	17,404	17,489
	Fhlmc Remic Series 3737	3137GAUA3	Bond	14,000	Units	14,560	15,249
	Fhlmc Remic Series 3803	3137A76X3	Bond	14,000	Units	14,131	15,173
	Gnma Remic Trust 2012-91	38378E3P6	Bond	13,000	Units	13,471	12,674
	Gnma Remic Series 2010-116	38377LAQ1	Bond	10,000	Units	10,638	10,686
	Fhlmc Remic Series 4158	3137AXUU5	Bond	11,000	Units	10,771	10,341
	Fnma Remic Trust 2010-110	31398NL69	Bond	9,000	Units	9,506	9,526
	Fnma Remic Trust 2012-148	3136ABMB6	Bond	11,000	Units	9,142	9,218
	Fhlmc Remic Series 4212	3137B2PC8	Bond	8,000	Units	8,270	8,643
	Gnma Remic Series 2010-085	38374YQE6	Bond	9,000	Units	8,577	8,500
	Fhlmc Remic Series 3740	3137GAQL4	Bond	8,000	Units	8,250	8,484
	Fnma Remic Trust 2011-038	31397UBY4	Bond	5,000	Units	5,038	5,277
	Fnma Remic Trust 2012-002	3136A3XB2	Bond	13,000	Units	3,515	3,706
	Fnma Remic Trust 2014-5	3136AH6F2	Bond	3,000	Units	3,114	3,169
	Total asset-backed securities:						**512,384**
	(vi) Pooled separate accounts						
*	Principal Real Estate Investment		Pooled Sep	11,767	Units	371,336	532,991
*	Money Market Separate Acct-R5		Pooled Sep	1,503	Units	73,258	73,254
	Total pooled separate accounts:						**606,245**
	Total investments at fair value:						**$ 6,717,698**

Managed by Principal Life Insurance Company, the Trustee, party-in-interest

See Accountant's Opinion

Tank Truck Workers Union Pension Plan (EIN): 36-2590063 Plan # 008

Schedule H, Line 4j - Supplemental Schedule of Reportable Transactions
For the Year Ended December 31, 2015

Identity of Party Involved	Description of Asset	(a) Total Number of Purchases	(b) Total Number of Sales	(c) Total Value of Purchases	(d) Total Value of Sales	(e) Net Gain/ (Loss)
Pooled separate accounts:						
Principal Global Investors	Money Market Separate Account- R5	22	-	$ 805,203	$ -	$ -
Principal Global Investors	Money Market Separate Account- R5	-	39	$ -	$ 872,408	$ (335)
Mutual funds:						
Principal Financial Group	PIMCO Low Duration R Fund	18	-	$ 270,679	$ -	$ -
Principal Financial Group	PIMCO Low Duration R Fund	-	12	$ -	$ 783,589	$ (23,550)

Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

See Accountant's Opinion

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
Tank Truck Workers Union Pension Plan

B Three-digit plan number (PN) ▶ 008

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
QUALITY CARRIERS, INC.

D Employer Identification Number (EIN)
36-2590063

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2015

2 Assets:

a Market value	**2a**	7,607,720
b Actuarial value	**2b**	7,609,950

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	117	7,636,942	7,636,942
b For terminated vested participants	5	164,740	164,740
c For active participants	0	0	0
d Total	122	7,801,682	7,801,682

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.02 %
6 Target normal cost	**6**	15,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 10/13/2016

TIMOTHY J. NUGENT, FSA — Type or print name of actuary

14-07099 — Most recent enrollment number

MILLIMAN, INC. — Firm name

(610) 975-5051 — Telephone number (including area code)

1550 LIBERTY RIDGE DRIVE SUITE 200

WAYNE PA 19087 — Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 3.60%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.25%		
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	97.54 %
15	Adjusted funding target attainment percentage	15	97.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.27 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2015	104,178				
07/14/2015	104,178				
10/14/2015	104,178				
01/14/2016	104,178				
04/14/2016	115,753				
07/14/2016	115,753				
			Totals ► 18(b)	648,218	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	614,252

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	4.72 %	6.11 %	6.81 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	**31a**	15,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	191,732	448,013
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	463,013

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	463,013
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	614,252
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	151,239
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected		☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. The plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help to ensure that the plan will be adequately and systematically funded. There are several commonly-used cost methods which differ in how much of the ultimate cost is assigned to each prior and future year. Therefore, the pattern of annual contributions varies with the choice of cost method. Annual contributions are also affected by the "asset valuation method" (as well as the plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The plan's actuarial cost method used for determining the plan's ERISA funding requirements is the unit credit method, as required by the Pension Protection Act of 2006. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's future benefits.

Asset Valuation Method

For purposes of applying the actuarial cost method, plan assets are valued using the Adjusted Fair Market Value. The Adjusted Fair Market Value of Assets is equal to the average of the Fair Market Value of Assets as of January 1, 2015 and the expected Fair Market Value of Assets for each of the immediately preceding 2 years, but not less than 90% nor greater than 110% of the Fair Market Value of Assets as of January 1, 2015.

Interest Rates

For ERISA minimum funding purposes: Segment rates (based on statutory rates in effect four months prior to beginning of plan year, limited by HATFA Segment Rate Stabilization) of 4.72% per year for first 5 years, 6.11% per year for next 15 years, and 6.81% per year thereafter. The equivalent Effective Interest Rate is 6.02% per year.

For Maximum Deductible Contribution purposes: Segment rates (based on statutory rates in effect four months prior to beginning of plan year, not limited by HATFA Segment Rate Stabilization) of 1.15% per year for the first 5 years, 4.06% per year for the next 15 years, and 5.15% per year thereafter. The equivalent Effective Interest Rate is 3.92% per year.

For FASB ASC Topic 960 purposes: Discount rate of 6.5% per year

Explicit Provision for Expenses

Estimated at $15,000 for the 2015 Plan Year and added to the Normal Cost.

Mortality

For minimum funding purposes: Statutory static tables for 2015 based on RP-2000 Mortality Table projected to anticipate greater future longevity, with separate rates for non-annuitants and annuitants.

For FASB ASC Topic 960 purposes:

Healthy Lives:

Prior to Termination:

RP-2014 Employee Mortality Table for males and females (Blue Collar)

After Termination:

RP-2014 Healthy Annuitant Mortality Table for males and females (Blue Collar)

Disabled Lives:

RP-2014 Disabled Annuitant Mortality Table for males and females

Tables are adjusted for future mortality improvements on a generational basis using the MP 2014 scale.

Marital Characteristics

For participants not in pay status: 100% of participants are assumed to be married, with males 4 years older than females.

For participants in pay status: Actual birth dates of spouses are included in the census data, where relevant.

Benefits Not Valued

All benefits are valued.

Special Data Adjustments

None.

Changes in Actuarial Assumptions Since Prior Valuation

ERISA minimum funding interest rates: From 4.99%, 6.32%, and 6.99% per year to 4.72%, 6.11%, and 6.81% per year, respectively.

Maximum Deductible Contribution interest rates: From 1.37%, 4.05%, and 5.06% per year to 1.15%, 4.06%, and 5.15% per year, respectively.

ERISA minimum funding and Maximum Deductible Contribution mortality: From statutory tables for 2014 to statutory tables for 2015.

For FASB ASC Topic 960 purposes:

The mortality tables have been changed to the RP-2014 healthy annuitant tables (blue collar) with projections for future improvements using the MP-2014 scale.

This summary of plan provisions is intended to only describe the essential features of the plan. All eligibility requirements and benefit amounts shall be determined in strict accordance with the plan document itself.

Definitions

Accrued Benefit: The benefit determined under the formula used to calculate the Normal Retirement Benefit, based on years of Credited Service as of the date of determination.

Actuarially Equivalent Equality in value such that the present value of the amount under any form of payment is essentially the same as the present value of the amount under the normal form of annuity payment for single participants. For purposes other than determining lump sum amounts, Actuarially Equivalent factors are based on the 1971 Group Annuity Mortality Table for males and a 7% interest rate.

Credited Service: Service is credited according to the following schedule:

Hours of Service During the Calendar Year	Percentage of a Yearly Benefit Earned
0 – 99	0%
100 – 199	10%
200 – 299	20%
300 – 399	30%
400 – 499	40%
500 – 599	50%
600 – 699	60%
700 – 799	70%
800 – 899	80%
900 – 999	90%
1,000+	100%

Plan Effective Date: May 1, 1963 for Bridgeport participants and February 2, 1968 for Williamsport and Wilkes Barre participants. The plan was last amended effective November 1, 2001.

Plan Year: The 12-month period beginning January 1 and ending December 31.

Vesting Service: Service is credited according to the following schedule:

Hours of Service During the Calendar Year	Percentage of a Yearly Benefit Earned
0 – 99	0%
100 – 199	10%
200 – 299	20%
300 – 399	30%
400 – 499	40%
500 – 599	50%
600 – 699	60%
700 – 799	70%
800 – 899	80%
900 – 999	90%
1,000+	100%

Eligibility for Participation

An employee covered under the Tank Truck Workers Union Collective Bargaining Agreement is eligible for participation. Effective November 1, 2001, all active participants were retired or terminated and no new active participants will be added.

Normal Retirement

Normal Retirement Date: The first day of the month coincident with or next following the later of attainment of age 65 or the fifth anniversary of the date of participation.

Normal Retirement Benefit: Monthly benefit factor according to the schedule below multiplied by the number of years of Credited Service.

Retirement or Termination Date	Monthly Benefit Factor per Year of Service
On or after 12/01/1991	$34.00
12/01/1990 – 11/30/1991	$31.00
12/01/1987 – 11/30/1990	$29.00

Various other rates applied prior to 12/01/1987.

Early Retirement

Early Retirement Date: The first day of any month coincident with or next following attainment of age 55 and completion of 10 years of Vesting Service.

Effective November 1, 2001, the Early Retirement Date was reduced to age 50 with no service requirement for vested active participants in the plan as of October 31, 2001.

Early Retirement Benefit: The Accrued Benefit, reduced by 1/180 for each of the first 60 months and by 1/360 for each of the next 60 months by which the Early Retirement Date precedes the Normal Retirement Date.

Effective November 1, 2001, there will be no reduction to the Accrued Benefit for vested active participants in the plan as of October 31, 2001 who retire on or after age 50.

Deferred Retirement

Deferred Retirement Date: The first day of the month coincident with or next following the date of termination of service, if it occurs after the Normal Retirement Date.

Deferred Retirement Benefit: The greater of (i) the Accrued Benefit determined as of the Deferred Retirement Date or (ii) the Accrued Benefit determined as of the Normal Retirement Date and actuarially increased to the Deferred Retirement Date

Termination

Termination Date: The date of termination of service other than for reasons of retirement, death, or disability.

Termination Benefit: The Accrued Benefit, multiplied by the Vested Percentage below, payable at the Normal Retirement Date.

Years of Vesting Service	Vested Percentage
Less than 5	0%
5 or more	100

Preretirement Death

Preretirement Death Benefit Eligibility: Surviving spouses of participants with a vested Accrued Benefit who die before commencement of payments.

Preretirement Death Benefit: A portion of the Participant's Accrued Benefit reduced for Early Retirement as follows:

Eligibility		Portion of Early Retirement Benefit Payable to Spouse
Age	Service	
50	10	25%
51	10	30%
52	10	35%
53	10	40%
54	10	45%
55+	10	50%

As a minimum, vested participants' spouses receive 50% of the early retirement benefit payable when the participant would have been eligible for retirement.

Disability Retirement

Disability Retirement Date: The first day of the month coincident with or next following date of termination of employment due to disability provided such participant has been found to be eligible for a Disability Retirement Benefit.

Disability Retirement Benefit: The Accrued Benefit determined as of the Disability Retirement Date, unreduced for commencement of payments before the Normal Retirement Date.

Forms of Payment

Normal Forms: Life annuity if single; fully subsidized joint and 50% survivor annuity if married.

Optional Forms: Life annuity; Actuarially Equivalent life annuity with 10 years certain; Actuarially Equivalent joint and 50%, 66-2/3%, or 100% survivor annuity.

Changes in Principal Plan Provisions Since Prior Valuation

None.

Shortfall Amortization

The amount needed to amortize the Funding Shortfall to the Applicable Funding Target, in combination with prior Shortfall Amortizations, for the plan year beginning January 1, 2015 is determined below. The net Funding Shortfall for a plan year is amortized in seven level payments. The present value and amortization factors shown below are based on the interest rates for determining the Applicable Funding Target for the current plan year.

1. Present value of remaining prior Shortfall Amortizations

	Date Established	Amortization Amount	Years Remaining	Present Value Factor	Present Value
a.	January 1, 2009	$235,363	1	1.00000	$235,363
b.	January 1, 2010	209,613	2	1.95493	409,779
c.	January 1, 2011	267,922	3	2.86681	768,081
d.	January 1, 2012	(75,271)	4	3.73760	(281,333)
e.	January 1, 2013	(128,962)	5	4.56914	(589,245)
f.	January 1, 2014	(19,693)	6	5.31253	(104,620)
g.	Total	488,972			438,025

2. Shortfall Amortization for current plan year

a.	Applicable Funding Target	7,801,682
b.	Actuarial Value of Assets less Prefunding Balance	7,609,950
c.	Funding Shortfall [(a) - (b), but not less than $0]	191,732
d.	Net Funding Shortfall [if (c) > $0, (c) - (1g), otherwise n/a]	(246,293)
e.	Amortization factor	6.01312
f.	Shortfall Amortization for current plan year [(d) ÷ (e)]	(40,959)

3. Total Shortfall Amortizations
[(1g) + (2f), but not less than $0] $448,013

Tank Truck Workers Union Pension Plan (EIN): 36-2590063 Plan #008

Schedule H, Line 4i - Supplemental Schedule of Assets (Held at End of Year)
As of December 31, 2015

(a)	(b) Identity of issuer	Cusip or Ticker	(c) Description of investment			(d) Cost	(e) Current value
(i) Cash							$ 105,599
(ii) Exchange Traded Funds							
	Vanguard Index FDS Formerly Vanguard	VOO	ETF	3,377	Units	619,368	631,274
	Total exchange traded funds:						**631,274**
(iii) Mutual funds							
	Russell US Strategic Equity Fund S	RSESX	MutFund	108,588	Units	1,283,688	1,274,824
	Russell Short Duration Bond S	RFBSX	MutFund	24,187	Units	464,799	458,102
	PIMCO Low Duration R Fund	PLDRX	MutFund	42,335	Units	433,376	417,426
	Russell Global Equity Class S	RGESX	MutFund	41,576	Units	351,185	416,588
	American Funds EuroPacific Growth R3 Fund	RERCX	MutFund	7,963	Units	257,391	354,371
	Russell Global Infrastructure S	RGISX	MutFund	27,310	Units	296,722	285,661
	Tocqueville International Value	TIVFX	MutFund	19,442	Units	269,078	272,966
	Dodge & Cox International Stock Fund	DODFX	MutFund	7,237	Units	319,685	263,989
	Russell Emerging Markets S	REMSX	MutFund	16,725	Units	284,135	239,496
	Prudential Jennison Small Company A Fund	PGOAX	MutFund	11,064	Units	131,561	233,232
	Russell US Small Cap Equity I	REBSX	MutFund	7,483	Units	176,501	194,635
	Total mutual funds:						**4,411,290**
(iv) Corporate bonds							
	Harrahs Oper Inc.	413627BL3	Bond	40,000	Units	40,194	30,000
	Titan International Inc	88830MAH5	Bond	34,000	Units	29,583	25,330
	Hecla Mining Corp	422704AD8	Bond	34,000	Units	32,543	24,820
	PDL Biopharma Inc	69329YAF1	Bond	31,000	Units	32,534	24,820
	Beazer Homes USA Inc	07556QBD6	Bond	28,000	Units	25,305	24,640
	Hudbay Minerals Inc	443628AB8	Bond	33,000	Units	30,753	24,173
	Advanced Micro Devices Inc	007903AX5	Bond	35,000	Units	34,976	23,800
	Mirant Americas Generation LLC	60467PAQ7	Bond	32,000	Units	31,930	23,440
	Elizabeth Arden Inc	28660GAG1	Bond	35,000	Units	32,771	22,400
	Northern Oil & Gas Inc	665531AB5	Bond	33,000	Units	32,183	21,945
	Sprint Capital Corp	852060AT9	Bond	29,000	Units	30,559	21,750
	Coeur Mining Inc	192108AY4	Bond	34,000	Units	32,284	20,315
	Forbes Energy Services	345143AC5	Bond	42,000	Units	40,281	20,160
	Earthlink Inc	270321AE2	Bond	17,000	Units	17,090	17,298
	Cash America International Inc	14754DAG5	Bond	17,000	Units	17,425	17,021
	Community Choice Financial Inc	20367QAB3	Bond	55,000	Units	33,429	14,438
	Rent A Center Inc	76009NAH3	Bond	17,000	Units	16,873	14,408
	PHI Inc	69336TAH9	Bond	18,000	Units	15,975	14,400
	Fluidigm Corp	34385PAA6	Bond	23,000	Units	15,295	14,231
	Graftech International Ltd	384313AD4	Bond	24,000	Units	20,660	13,920
	ERA Group Inc	26885GAB5	Bond	16,000	Units	15,774	13,040
	AV Homes Inc	00234PAE2	Bond	13,000	Units	13,000	12,903
	Sandridge Energy Inc	80007PAQ2	Bond	51,000	Units	43,350	5,610
	Molycorp Inc	608753AG4	Bond	49,000	Units	44,628	1,960
	Amkor Technology Inc.	031652BG4	Bond	2,000	Units	1,938	1,945
	General Cable Corp	369300AN8	Bond	2,000	Units	1,858	1,540
	Arch Coal Inc	039380AE0	Bond	47,000	Units	40,124	353
	Alpha Natural Resources Inc	02076XAD4	Bond	73,000	Units	54,112	183
	ATP Oil & Gas Corp	00208JAE8	Bond	66,000	Units	51,988	63
	Total corporate bonds:						**450,906**
(v) Asset-backed securities							
	Fnma Remic Trust 2012-152	3136AAP74	Bond	32,000	Units	33,791	32,643
	Gnma Remic Series 2009-042	38374UC74	Bond	37,000	Units	28,907	30,006
	Fnma Remic Trust 2010-009	31398MCU8	Bond	25,000	Units	25,125	28,713
	Gnma Remic Series 2010-68	38377GRY7	Bond	26,000	Units	27,788	27,908
	Fhlmc Remic Series 2804	31395APW9	Bond	85,000	Units		27,453

Tank Truck Workers Union Pension Plan (EIN): 36-2590063 Plan #008

Schedule H, Line 4i - Supplemental Schedule of Assets (Held at End of Year)
As of December 31, 2015

(a)	(b) Identity of issuer	Cusip or Ticker	(c) Description of investment			(d) Cost	(e) Current value
	Gnma Remic Series 2010-107	38377JFL2	Bond	25,000	Units	26,750	26,452
	Gnma Remic Series 2010-131	38377LTS7	Bond	24,000	Units	24,345	25,703
	Fnma Remic Trust 2010-19	31398MXN1	Bond	19,000	Units	19,261	20,999
	Fhlmc Remic Series 4384	3137BDKG0	Bond	20,000	Units	21,025	20,663
	Fhlmc Remic Series 3893	3137ADA56	Bond	19,000	Units	19,273	20,380
	Fhlmc Remic Series 2013-035	3136ADTT6	Bond	20,000	Units	20,825	20,030
	Fhlmc Remic Series 4218	3137B2UE8	Bond	19,000	Units	19,333	19,709
	Fhlmc Remic Series 4068	3137ARPA8	Bond	19,000	Units	19,499	18,573
	Gnma Remic Series 2010-98	38377JMU4	Bond	17,000	Units	18,089	18,342
	Gnma Remic Series 2010-004	38376T2N1	Bond	18,000	Units	18,608	18,338
	Fnma Remic Trust 2003-58	31393DCS8	Bond	23,000	Units	18,575	18,337
	Fhlmc Remic Series 4240	3137B3UL0	Bond	22,000	Units	17,404	17,489
	Fhlmc Remic Series 3737	3137GAUA3	Bond	14,000	Units	14,560	15,249
	Fhlmc Remic Series 3803	3137A76X3	Bond	14,000	Units	14,131	15,173
	Gnma Remic Trust 2012-91	38378E3P6	Bond	13,000	Units	13,471	12,674
	Gnma Remic Series 2010-116	38377LAQ1	Bond	10,000	Units	10,638	10,686
	Fhlmc Remic Series 4158	3137AXUU5	Bond	11,000	Units	10,771	10,341
	Fnma Remic Trust 2010-110	31398NL69	Bond	9,000	Units	9,506	9,526
	Fnma Remic Trust 2012-148	3136ABMB6	Bond	11,000	Units	9,142	9,218
	Fhlmc Remic Series 4212	3137B2PC8	Bond	8,000	Units	8,270	8,643
	Gnma Remic Series 2010-085	38374YQE6	Bond	9,000	Units	8,577	8,500
	Fhlmc Remic Series 3740	3137GAQL4	Bond	8,000	Units	8,250	8,484
	Fnma Remic Trust 2011-038	31397UBY4	Bond	5,000	Units	5,038	5,277
	Fnma Remic Trust 2012-002	3136A3XB2	Bond	13,000	Units	3,515	3,706
	Fnma Remic Trust 2014-5	3136AH6F2	Bond	3,000	Units	3,114	3,169
	Total asset-backed securities:						**512,384**
	(vi) Pooled separate accounts						
*	Principal Real Estate Investment		Pooled Sep	11,767	Units	371,336	532,991
*	Money Market Separate Acct-R5		Pooled Sep	1,503	Units	73,258	73,254
	Total pooled separate accounts:						**606,245**
	Total investments at fair value:						**$ 6,717,698**

Managed by Principal Life Insurance Company, the Trustee, party-in-interest

See Accountant's Opinion

Tank Truck Workers Union Pension Plan (EIN): 36-2590063 Plan # 008

Schedule H, Line 4j - Supplemental Schedule of Reportable Transactions
For the Year Ended December 31, 2015

Identity of Party Involved	Description of Asset	(a) Total Number of Purchases	(b) Total Number of Sales	(c) Total Value of Purchases	(d) Total Value of Sales	(e) Net Gain/ (Loss)
Pooled separate accounts:						
Principal Global Investors	Money Market Separate Account- R5	22	-	$ 805,203	$ -	$ -
Principal Global Investors	Money Market Separate Account- R5	-	39	$ -	$ 872,408	$ (335)
Mutual funds:						
Principal Financial Group	PIMCO Low Duration R Fund	18	-	$ 270,679	$ -	$ -
Principal Financial Group	PIMCO Low Duration R Fund	-	12	$ -	$ 783,589	$ (23,550)

Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

See Accountant's Opinion