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| <b>Form 5500</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2015</div><br><br><b>This Form is Open to Public Inspection</b> |
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|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Annual Report Identification Information</b>                                                   |                                                                                                                                                                                                                                                                                                                                                |
| For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u> |                                                                                                                                                                                                                                                                                                                                                |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input checked="" type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                      |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                     |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                      |

|                                                                                                                                                                                                                                                                                                                                                                                               |                                          |            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                                        |                                          |            |
| <b>1a</b> Name of plan<br><u>TLC RETIREMENT SAVINGS PLAN</u>                                                                                                                                                                                                                                                                                                                                  | <b>1b</b> Three-digit plan number (PN) ▶ | <u>333</u> |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>TRANSPORT LABOR CONTRACT/ LEASING, INC.</u><br><br><u>6160 SUMMIT DRIVE SUITE 500</u><br><u>BROOKLYN CENTER, MN 55430</u> |                                          |            |
| <b>1c</b> Effective date of plan<br><u>01/01/1999</u>                                                                                                                                                                                                                                                                                                                                         |                                          |            |
| <b>2b</b> Employer Identification Number (EIN)<br><u>45-0391154</u>                                                                                                                                                                                                                                                                                                                           |                                          |            |
| <b>2c</b> Plan Sponsor's telephone number<br><u>763-585-7061</u>                                                                                                                                                                                                                                                                                                                              |                                          |            |
| <b>2d</b> Business code (see instructions)<br><u>541990</u>                                                                                                                                                                                                                                                                                                                                   |                                          |            |

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

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

|                                                                                                 |                                                   |            |                                                              |
|-------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | Filed with authorized/valid electronic signature. | 10/17/2016 | MONIQUE PARENT                                               |
|                                                                                                 | <b>Signature of plan administrator</b>            | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>         | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                   |            |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                           | 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                                  |
|                                                                                                 |                                                   |            |                                                              |

|                                                                                                                                                                                                                   |                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                          | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                           | <b>5</b> 2905                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                  |                                                                                                                                                                  |
| <b>a(1)</b> Total number of active participants at the beginning of the plan year.....                                                                                                                            | <b>6a(1)</b> 2673                                                                                                                                                |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....                                                                                                                                 | <b>6a(2)</b> 2895                                                                                                                                                |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                | <b>6b</b> 0                                                                                                                                                      |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                 | <b>6c</b> 225                                                                                                                                                    |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                       | <b>6d</b> 3120                                                                                                                                                   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                         | <b>6e</b> 0                                                                                                                                                      |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                           | <b>6f</b> 3120                                                                                                                                                   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                   | <b>6g</b> 844                                                                                                                                                    |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                       | <b>6h</b> 16                                                                                                                                                     |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                              | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>2E 2F 2G 2J 2K 2T                                 |                                                                                                                                                                  |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                       |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                              | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

|                 |                                                                                   |
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| <b>Part III</b> | <b>Form M-1 Compliance Information (to be completed by welfare benefit plans)</b> |
|-----------------|-----------------------------------------------------------------------------------|

**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 \_\_\_\_\_

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 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<br>TLC RETIREMENT SAVINGS PLAN                                                     | B Three-digit plan number (PN) ▶                     | 333 |
|                                                                                                   |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TRANSPORT LABOR CONTRACT/ LEASING, INC. | D Employer Identification Number (EIN)<br>45-0391154 |     |

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

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

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

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

SLAVIC INTEGRATED ADMINISTRATION

65-0608221

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 15 37 38 50            | TPA                                                                                               | 195202                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SLAVIC MUTUAL FUND MANAGEMENT CORP

59-2749576

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28 51                  | PORTFOLIO MGMT                                                                                    | 22742                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2015 or fiscal plan year beginning <b>01/01/2015</b> and ending <b>12/31/2015</b>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><b>TLC RETIREMENT SAVINGS PLAN</b>                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <b>►</b>                                                                                                                                                                                                                               | <b>333</b>                                                                                               |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TRANSPORT LABOR CONTRACT/ LEASING, INC.</b>                                                                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br><b>45-0391154</b>                                                                                                                                                                                                           |                                                                                                          |

| Part I Asset and Liability Statement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>    | 86238                 | 81438           |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1b(2)</b>    | 110178                | 109354          |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b>    | 12468                 | 11504           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>    | 568841                | 593874          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b>   | 27209965              | 26651688        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 27987690              | 27447858        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 27987690 | 27447858 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 621472     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 2058103    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 114965     |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2794540   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 23598      |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 23598     |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 994031     |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            | 994031    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            | -1004837  |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 2807332   |

**Expenses**

|                                                                                      |       |         |         |
|--------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                  |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 3301167 |         |
| (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) |         | 3301167 |
| f Corrective distributions (see instructions) .....                                  | 2f    |         | 57168   |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |         |         |
| h Interest expense .....                                                             | 2h    |         |         |
| i Administrative expenses: (1) Professional fees .....                               | 2i(1) |         |         |
| (2) Contract administrator fees .....                                                | 2i(2) | 195202  |         |
| (3) Investment advisory and management fees .....                                    | 2i(3) | 22742   |         |
| (4) Other .....                                                                      | 2i(4) |         |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |         | 217944  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |         | 3576279 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -768947 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  | 529078  |
| (2) From this plan .....                                 | 2l(2) |  | 299963  |

**Part III Accountant's Opinion**

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

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

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

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

☒ Yes ☐ No

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

(1) Name: CARLSON ADVISORS, LLP

(2) EIN: 41-1504933

**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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|--------|
| <b>a</b> 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.) .....                 |     | X  |     |        |
| <b>b</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.) ..... |     | X  |     |        |

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

**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) |
|--------------------------------------------------|--------------|-------------|
| CUSTOM ECOLOGY INC 401K PROFIT SHARING PLAN      | 58-2407053   | 001         |
| DTL TRANSPORTATION, INC. RETIREMENT SAVINGS PLAN | 59-1650886   | 002         |
|                                                  |              |             |
|                                                  |              |             |

**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

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2015</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                 |                                                                    |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>TLC RETIREMENT SAVINGS PLAN</u>                                                     | <b>B</b> Three-digit plan number (PN) ▶<br><u>333</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TRANSPORT LABOR CONTRACT/ LEASING, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>45-0391154</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> |  |
| <b>2</b> 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):<br><br>EIN(s): <u>27-3169253</u> |          |  |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |  |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> |  |

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

|                                                                                                                                                                                                                                                                             |                                                                                                                         |                             |                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                        | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                        |                                                                                                                         |                             |                              |
| <b>5</b> 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. |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                              | <b>6a</b>                                                                                                               |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                  | <b>6b</b>                                                                                                               |                             |                              |
| <b>c</b> 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).....                                                                                                                             | <b>6c</b>                                                                                                               |                             |                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                               |                                                                                                                         |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                          | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? ..... | <input type="checkbox"/> Yes                                                                                            | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                             |                                   |                                   |                               |                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |  |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |  | <b>14a</b> |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      |  | <b>14b</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             |  | <b>14c</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        |  |            |  |
| <b>15</b> | 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:                                                                         |  |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                |  | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           |  | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |  |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             |  | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               |  | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |  |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                  |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                        |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more  |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                 |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                |                                                          |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? .....                                                                                                                                                                                                                                    | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>20b</b> 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)? .....                                                              | <input type="checkbox"/> Design-based safe harbor method | <input type="checkbox"/> ADP/ACP test                    |
| <b>20c</b> 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))? .....                   | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>21a</b> Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b): .....                                                                                                                                              | <input type="checkbox"/> Ratio percentage test           | <input type="checkbox"/> Average benefit test            |
| <b>21b</b> 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? .....                                                                           | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |
| <b>22a</b> Has the plan been timely amended for all required tax law changes? .....                                                                                                                                                                                            | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No <input type="checkbox"/> N/A |
| <b>22b</b> 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).                                                                            |                                                          |                                                          |
| <b>22c</b> 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 _____. |                                                          |                                                          |
| <b>22d</b> 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 ____/____/____.                                                                           |                                                          |                                                          |
| <b>23</b> 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)? .....                               | <input type="checkbox"/> Yes                             | <input type="checkbox"/> No                              |

**TLC  
RETIREMENT SAVINGS PLAN  
FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITOR'S REPORT  
DECEMBER 31, 2015**

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## INDEPENDENT AUDITOR'S REPORT

Trustees  
TLC RETIREMENT SAVINGS PLAN  
6160 Summit Drive, Suite 500  
Brooklyn Center, MN 55430

Trustees:

### Report on the Financial Statements

We were engaged to audit the accompanying financial statements of TLC Retirement Savings Plan, which comprise the statements of net assets available for benefits 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 related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Plan 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 audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

### Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Mid Atlantic Trust Company, the trustee and asset custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian 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 custodian is complete and accurate.

**Disclaimer of Opinion**

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

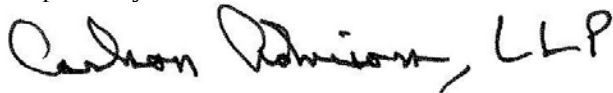
**Other Matter**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at end of year), which is the responsibility of plan management, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

**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 schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Respectfully submitted,

A handwritten signature in black ink that reads "Carlson Advisors, LLP". The signature is written in a cursive, flowing style.

CARLSON ADVISORS, LLP  
Minneapolis, Minnesota

October 5, 2016

**TLC RETIREMENT SAVINGS PLAN**  
**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**  
**DECEMBER 31, 2015 AND 2014**

|                                                    | December 31,                |                             |
|----------------------------------------------------|-----------------------------|-----------------------------|
|                                                    | 2015                        | 2014                        |
| <b>ASSETS</b>                                      |                             |                             |
| Investments, at Fair Market Value:                 |                             |                             |
| Mutual Funds                                       | \$ 26,651,688               | \$ 27,209,965               |
| Notes Receivable from Participants                 | 593,874                     | 568,841                     |
| Employees' Contributions Receivable                | 120,858                     | 122,646                     |
| Employers' Matching Contributions Receivable       | 30,223                      | 31,949                      |
| Employers' Profit Sharing Contributions Receivable | 51,215                      | 54,289                      |
|                                                    | <hr/>                       | <hr/>                       |
| Total Assets                                       | 27,447,858                  | 27,987,690                  |
| <b>LIABILITIES</b>                                 |                             |                             |
| Excess Employee Contributions Payable              | 27,401                      | 60,623                      |
|                                                    | <hr/>                       | <hr/>                       |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b>           | <u><u>\$ 27,420,457</u></u> | <u><u>\$ 27,927,067</u></u> |

See accompanying Notes to Financial Statements

**TLC RETIREMENT SAVINGS PLAN**  
**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**  
**FOR THE YEAR ENDED DECEMBER 31, 2015**

**ADDITIONS TO PLAN ASSETS**

|                                                         |                  |
|---------------------------------------------------------|------------------|
| Investment Income (Loss):                               |                  |
| Net Depreciation in Fair Market Value of Investments    | \$ (1,004,837)   |
| Dividends and Interest Income from Investments          | 994,031          |
| Total Investment Loss                                   | <u>(10,806)</u>  |
| Interest Income From Notes Receivable from Participants | <u>23,598</u>    |
| Contributions:                                          |                  |
| Employee Wage Deferrals                                 | 2,091,325        |
| Employer                                                | 621,472          |
| Employee Rollovers                                      | 114,965          |
| Total Contributions                                     | <u>2,827,762</u> |
| Total Additions                                         | <u>2,840,554</u> |

**DEDUCTIONS FROM PLAN ASSETS**

|                                    |                  |
|------------------------------------|------------------|
| Benefits Paid to Plan Participants | 3,358,335        |
| Administrative Fees                | <u>217,944</u>   |
| Total Deductions                   | <u>3,576,279</u> |

**NET DECREASE** (735,725)

**NET ASSETS AVAILABLE FOR BENEFITS –  
BEGINNING OF YEAR**

27,927,067

**TRANSFERS FROM (TO) OTHER PLANS (Note 7)**

|                                |                  |
|--------------------------------|------------------|
| Transfers from Other Plans     | 529,078          |
| Transfers to Other Plans       | <u>(299,963)</u> |
| Net Transfers from Other Plans | <u>229,115</u>   |

**NET ASSETS AVAILABLE FOR BENEFITS – END OF YEAR**

\$ 27,420,457

See accompanying Notes to Financial Statements

**TLC RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2015**

**NOTE 1      DESCRIPTION OF PLAN**

The following description of the TLC Retirement Savings Plan (the Plan) is intended to provide general information only. Participants should refer to the Plan Agreement and Summary Plan Description for a more complete description of the plan's provisions.

General

The Plan is a multiple employer 401(k) profit sharing defined contribution plan covering substantially all employees of Transport Labor Contract/Leasing, Inc. and Subsidiaries (the plan sponsor and administrator). The Plan was established on January 1, 1999, and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and all requirements of Section 401(a) and 401(k) of the Internal Revenue Code.

The plan sponsor is a professional employer organization. As such, the plan sponsor leases its employees to customers/clients. Various governmental agencies have conflicting views when interpreting co-employment relationships of lessees and lessors of employees. In accordance with industry practice, the plan sponsor covers its employees with 401(k) benefits. To reflect the co-employment relationship between Transport Labor/Contract Leasing, Inc., its adopting affiliates, the other employers/clients, and the employees, the Plan has been organized to qualify as a "multiple employer" plan as described in Section 413(c) of the Internal Revenue Code.

Eligibility

Each employee meeting minimum eligibility requirements is eligible to participate and can become a participant on the first day of the month coinciding with or next following their attainment of age 21. Each adopting employer/client of the multiple employer 401(k) plan can adopt their own eligibility requirements.

Employee Wage Deferrals and Employer Matching

Participants may elect to contribute a percent or amount of their compensation to the Plan via wage deferrals subject to a calendar year dollar limit determined annually by the Internal Revenue Service. The Plan also provides for discretionary employer matching contributions. The employer matching contribution percentage is determined individually by each adopting employer/client in the multiple employer plan. Discretionary matching allows each employer to specify the percentage or dollar amount to match.

Effective January 1, 2007, a Roth 401(k) deferral option was added so participants may make two types of contributions to the Plan – a regular 401(k) deferral or a Roth 401(k) deferral.

Employee Rollover Contributions

The Plan provides for participants and nonparticipants to roll over contributions from other qualified retirement or profit sharing plans.

**TLC RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2015**

**NOTE 1      DESCRIPTION OF PLAN – Continued**

Profit Sharing Contributions

Employer profit sharing contributions are discretionary and are determined annually by the adopting employer/client. Eligible employees, whether participating or not, receive an allocated share of the contributions if the employee has not been terminated for any reason other than death or disability. The Plan also allows for employer safe harbor contribution alternatives relative to participation and contribution limits of highly compensated employees. Contributions to the Plan are funded within the time prescribed by law.

Participant Accounts

Each participant's account is credited with an amount equal to their wage deferral. In addition, each participant's account is credited with an allocation of their employer's matching and profit sharing contributions, if any, and plan earnings during the year. Forfeitures of nonvested terminated participants shall be used to reduce the employer's contribution during the plan year and to pay for certain plan expenses. The allocation of the employer's matching contribution, if any, is based on a percentage of each participant's elected wage deferral up to a maximum percentage of gross compensation deferred by the employee. For most clients, any profit sharing contribution is allocated to participants employed on the last day of the plan year based on a ratio of each participant's compensation to all participants' compensation within that employer's plan. Allocation of plan earnings is based on the share of each participant's account to the total of all participants' accounts.

Vesting

Participants are immediately 100% vested in their wage deferrals and earnings on these deferrals. The employer/client of the plan sponsor can elect from the following three vesting options for employer's contributions:

1. Immediate vesting option – employee is fully vested at all times in any discretionary employer contributions made to the Plan.
2. Six-year vesting option – vesting occurs according to the following schedule:

| <u>Years of Service</u> | <u>Vested %</u> |
|-------------------------|-----------------|
| Less Than Two Years     | 0%              |
| Two Years               | 20%             |
| Three Years             | 40%             |
| Four Years              | 60%             |
| Five Years              | 80%             |
| Six or More Years       | 100%            |

3. Three-year cliff vesting option – vesting occurs according to the following schedule:

| <u>Years of Service</u> | <u>Vested %</u> |
|-------------------------|-----------------|
| Less Than Three Years   | 0%              |
| Three Years or More     | 100%            |

**TLC RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2015**

**NOTE 1      DESCRIPTION OF PLAN – Continued**

Participant Loans

Participant loans are permitted in accordance with the Plan's written loan policy.

Payment of Benefits

Upon termination of employment, participants are entitled to receive an amount equal to their vested account balance, determined as of the valuation date. The participants may elect to receive their benefits in a lump sum payment or defer some or all of the distribution within the provisions set forth in the plan document.

Administration

Transport Labor/Contract Leasing, Inc. is the plan administrator for the TLC Retirement Savings Plan. MidAtlantic Trust Company, custodian of the plan's investment accounts, pays the distributions and retirement benefits at the direction of the plan administrator, and provides custodial and investment management services with respect to the net assets of the Plan. Slavic Integrated Administration maintains the individual participant account records, advises the plan administrator of compliance with ERISA, is the investment advisor to the Plan, and handles other matters related to the operation of the Plan.

Forfeited Accounts

At December 31, 2015 and 2014, there were forfeited nonvested accounts totaling \$44,724 and \$43,027, respectfully. The forfeitures will be used to pay for plan expenses or reduce future employer contributions. During 2015, the Plan used \$9,993 of forfeitures to reduce employer contributions.

**NOTE 2      SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Presentation

The financial statements of the Plan are prepared using the accrual method of accounting. The financial statements and related notes are intended to conform with Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. All information required to comply with these laws has been included herein and is in conformity with those laws.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

**TLC RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2015**

**NOTE 2      SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued**

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion on fair value measurements.

Purchases and sales of investments are recorded on a trade-date basis net of broker's commissions and investment fees. The realized gain or loss on sales of investments is determined based on the average cost of investments sold and are included with unrealized appreciation (depreciation) of those investments in net appreciation in fair value of investments on the Statement of Changes in Net Assets Available for Benefits. Dividend income is recorded on the ex-dividend date. Interest is recorded as earned.

Notes Receivable from Participants

Participant Loans Receivable are valued at their unpaid principal balance, plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2015 or 2014. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

The Plan is sponsored by Transport Labor/Contract Leasing, Inc. Personnel within the sponsor's organization perform various administrative services for the Plan. The payroll and related overhead costs associated with these services are not included as plan expenses. Administrative expenses are shared by the Plan and the plan sponsor. Administrative expenses paid by the Plan are recorded in the accompanying Statement of Changes in Net Assets Available for Benefits as deductions from plan assets.

Change in Accounting Principles

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I is not applicable to the Plan. Part II eliminates the requirements to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. Part II also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III is not applicable to the Plan. The ASU is effective for fiscal years beginning after December 15, 2015, with early adoption permitted. Part II is to be applied retrospectively. Management has elected to adopt Part II early.

**TLC RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2015**

**NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – Continued**

Subsequent Events

Management has evaluated subsequent events, for transactions and events that would require recognition in the financial statements or disclosures, through October 5, 2016, which is the date the financial statements were available to be issued.

**NOTE 3 INFORMATION CERTIFIED BY THE PLAN INVESTMENT CUSTODIAN (UNAUDITED)**

In accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan has received certification from the custodian as to the accuracy and completeness of certain plan financial information. The Independent Auditors have not audited the following information contained in the financial statements and supplemental schedule to the financial statements as it has been certified by the custodian for the applicable periods:

- Investment balances
- Interest and dividends
- Net Appreciation in Fair Value of Investments
- Supplemental Schedule of Assets (Held at End of Year) – December 31, 2015
- Notes receivable from participants and interest income

**NOTE 4 FAIR VALUE MEASUREMENTS**

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

|         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Level 2 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none"> <li>◆ Quoted prices for similar assets or liabilities in active markets;</li> <li>◆ Quoted prices for identical or similar assets or liabilities in inactive markets;</li> <li>◆ Inputs other than quoted prices that are observable for the asset or liability;</li> <li>◆ Inputs that are derived principally from or corroborated by observable market data by correlation or other means.</li> </ul> <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

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

**TLC RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2015**

**NOTE 4 FAIR VALUE MEASUREMENTS – Continued**

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.

*Mutual Funds:* Consists of mutual funds valued at the net asset value (NAV) of shares held by the Plan at year end. All fixed income and equity mutual fund investments of the Plan are publicly registered and traded on national securities exchanges, and are therefore valued based on quoted market prices.

The preceding method described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to 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:

| Assets at Fair Value as of December 31, 2015 |                      |             |             |                      |
|----------------------------------------------|----------------------|-------------|-------------|----------------------|
|                                              | Level 1              | Level 2     | Level 3     | Total                |
| Mutual Funds                                 | <u>\$ 26,651,688</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 26,651,688</u> |

| Assets at Fair Value as of December 31, 2014 |                      |             |             |                      |
|----------------------------------------------|----------------------|-------------|-------------|----------------------|
|                                              | Level 1              | Level 2     | Level 3     | Total                |
| Mutual Funds                                 | <u>\$ 27,209,965</u> | <u>\$ -</u> | <u>\$ -</u> | <u>\$ 27,209,965</u> |

**NOTE 5 EXCESS EMPLOYEE CONTRIBUTIONS PAYABLE**

Certain employers in the Plan failed the discrimination test for the years ended December 31, 2015 and 2014. Excess contributions amounting to \$27,401 and \$60,623 were recorded as a liability in the accompanying statements of net assets available for benefits and as a reduction of participant-directed contributions for the years ended December 31, 2015 and 2014, respectively. The Plan reimbursed these excess contributions to its participants during 2016 and 2015.

**NOTE 6 PARTY-IN-INTEREST TRANSACTIONS**

Plan Trustee and Custodian

The Custodian is not precluded under contract provisions or by ERISA from executing investment transactions involving assets under the custodian's control. All investment activity and related investment income of the Plan is with the custodian.

Third Party Administrator and Investment Advisor

Slavic Integrated Administration maintained individual participant account records (see Note 1) as well as provided investment advisory services and received fees of \$217,944 in 2015. These transactions qualify as party-in-interest transactions.

**TLC RETIREMENT SAVINGS PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2015**

**NOTE 6      PARTY-IN-INTEREST TRANSACTIONS – Continued**

Contract Administration

Transport Labor Contract/Leasing, Inc. collected fees from clients related to services rendered in the amount of \$11,611 in 2015. These transactions qualify as party-in-interest transactions.

**NOTE 7      ASSET TRANSFERS FROM AND TO OTHER PLANS**

During 2015, several new customers with existing plans transferred assets totaling \$529,078 into the Plan, and several customers transferred assets totaling \$299,963 to other plans.

**NOTE 8      PLAN TERMINATION**

The plan sponsor has the right to discontinue its contributions or terminate the Plan at any time subject to the provisions of ERISA. All unallocated amounts shall be allocated to the accounts of all participants in accordance with the provisions of the plan document.

Upon such termination, the plan sponsor will either completely distribute all assets in the trust fund to the participants or continue the trust and distribute benefits in such a manner as though the Plan had not been terminated.

**NOTE 9      TAX STATUS**

The Internal Revenue Service has issued a favorable determination for the TLC Retirement Savings Plan. Subsequent to this determination letter by the Internal Revenue Service, the Plan was restated and amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as restated and amended, is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of December 31, 2015, there are not uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**TLC RETIREMENT SAVINGS PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2015**

**NOTE 10     RISKS AND UNCERTAINTIES**

The Plan invests in various securities including U.S. Government securities, corporate debt securities, and equities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities could occur in the near term and that such changes could materially affect the value of investments.

**NOTE 11     RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500**

Following is a reconciliation of net assets available for benefits as of December 31, 2015 and 2014 per the financial statements to Schedule H of Form 5500:

|                                                                | December 31,         |                      |
|----------------------------------------------------------------|----------------------|----------------------|
|                                                                | 2015                 | 2014                 |
| Net Assets Available for Benefits per the Financial Statements | \$ 27,420,457        | \$ 27,927,067        |
| Add: Excess Contributions Payable                              | 27,401               | 60,623               |
| Net Assets Available for Benefits per Schedule H of Form 5500  | <u>\$ 27,447,858</u> | <u>\$ 27,987,690</u> |

Following is a reconciliation of employee wage deferrals for the year ended December 31, 2015 per the financial statement to Schedule H of Form 5500:

|                                                     |                     |
|-----------------------------------------------------|---------------------|
| Employee Wage Deferrals per the Financial Statement | \$ 2,091,325        |
| Less: 2014 Excess Contributions Payable             | (60,623)            |
| Add: 2015 Excess Contributions Payable              | 27,401              |
| Employee Wage Deferrals per Schedule H of Form 5500 | <u>\$ 2,058,103</u> |

**TLC RETIREMENT SAVINGS PLAN**  
**SUPPLEMENTAL SCHEDULE OF ASSETS (HELD AT END OF YEAR)**  
**DECEMBER 31, 2015**  
**EIN: 45-0391154**  
**Plan Number: 333**  
**Schedule H, Line 4i**

| (a) | (b)<br>Identity                       | (c)<br>Description of Investment                                                | (d)<br>Cost | (e)<br>Current Value |
|-----|---------------------------------------|---------------------------------------------------------------------------------|-------------|----------------------|
|     | Vanguard                              | Total Stock Market Index Admiral                                                | **          | \$ 4,969,054         |
|     | Vanguard                              | Short-Term Federal Admiral                                                      | **          | 2,658,959            |
|     | Dodge & Cox                           | Stock Fund                                                                      | **          | 2,535,886            |
|     | T. Rowe Price                         | Growth Stock                                                                    | **          | 2,453,488            |
|     | Vanguard                              | Money Market Prime                                                              | **          | 1,589,086            |
|     | JPMorgan                              | Core Plus Bond Fund R6                                                          | **          | 1,273,331            |
|     | Vanguard                              | Small Cap Growth Index                                                          | **          | 1,095,345            |
|     | American Funds                        | New Perspective R6                                                              | **          | 1,024,653            |
|     | American Funds                        | EuroPacific R6                                                                  | **          | 859,537              |
|     | Vanguard                              | Total Bond Market Index Admiral                                                 | **          | 769,670              |
|     | Vanguard                              | Mid Cap Index Admiral                                                           | **          | 683,074              |
|     | Fidelity                              | Spartan 500 Index Adv                                                           | **          | 665,917              |
|     | Diamond Hill                          | Small Cap A                                                                     | **          | 637,200              |
|     | Vanguard                              | REIT Index Admiral                                                              | **          | 520,323              |
|     | Columbia Funds                        | Acorn Fund Z                                                                    | **          | 495,553              |
|     | Vanguard                              | Industrial Index Admiral                                                        | **          | 389,601              |
|     | Dodge & Cox                           | International Stock                                                             | **          | 379,582              |
|     | Vanguard                              | Intermediate-Term Bond Index                                                    | **          | 331,005              |
|     | Fidelity                              | Treasury Only Money Market                                                      | **          | 327,861              |
|     | DFA                                   | Emerging Markets Core Equity                                                    | **          | 318,821              |
|     | Fidelity                              | Advisor Materials I                                                             | **          | 252,870              |
|     | Vanguard                              | Target Retirement 2025                                                          | **          | 252,317              |
|     | Vanguard                              | Target Retirement 2020                                                          | **          | 229,953              |
|     | Vanguard                              | Short-Term Bond Index Admiral                                                   | **          | 227,169              |
|     | Vanguard                              | Equity Income Admiral                                                           | **          | 223,222              |
|     | First Eagle                           | SoGen Overseas Fund                                                             | **          | 221,170              |
|     | T. Rowe Price                         | New Asia                                                                        | **          | 179,527              |
|     | Vanguard                              | Inflation Protected Securities                                                  | **          | 160,439              |
|     | Fidelity                              | Small Cap Discovery                                                             | **          | 148,078              |
|     | Wells Fargo                           | Precious Metals                                                                 | **          | 117,928              |
|     | American Century                      | Mid Cap Value                                                                   | **          | 116,830              |
|     | MFS                                   | Utilities A                                                                     | **          | 103,778              |
|     | Vanguard                              | Target Retirement 2035                                                          | **          | 93,475               |
|     | Vanguard                              | Target Retirement 2040                                                          | **          | 84,023               |
|     | Vanguard                              | Trasury Money Market                                                            | **          | 47,586               |
|     | Vanguard                              | Target Retirement 2030                                                          | **          | 44,774               |
|     | DFA                                   | Int'l Small Company                                                             | **          | 42,100               |
|     | Vanguard                              | Energy Admiral                                                                  | **          | 31,240               |
|     | Vanguard                              | Target Retirement 2015                                                          | **          | 28,215               |
|     | Vanguard                              | Target Retirement 2045                                                          | **          | 24,727               |
|     | Vanguard                              | Target Retirement 2055                                                          | **          | 20,712               |
|     | Vanguard                              | Target Retirement 2050                                                          | **          | 10,997               |
|     | Dreyfus                               | 100% Treasury Money Market                                                      | **          | 10,365               |
|     | Vanguard                              | Target Retirement Income                                                        | **          | 1,648                |
|     | Vanguard                              | Target Retirement 2060                                                          | **          | 599                  |
| *   | Notes Receivable<br>from Participants | Due from January 2016 through July 2024<br>Interest ranging from 4.25% to 5.25% |             | 593,874              |
|     | Total                                 |                                                                                 |             | <u>\$ 27,245,562</u> |

\* Indicates a party-in-interest to the Plan.

Note: Column (d) cost information is not applicable for participant directed investments.

Note: The above data is based upon or developed from information certified as complete and accurate by the Custodian (MidAtlantic Trust Company).

See accompanying Independent Auditor's Report.

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

TLC RETIREMENT SAVINGS PLAN

PLAN # 333

EIN #: 45-0391154

| (a) | (b ) Identity of issue, borrower, lessor, or similar party | ( c ) Description of investment including maturity date rate of interest, collateral, par, or maturity value | (d) cost | (e) Current value |
|-----|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------|-------------------|
|     | American Century                                           | ACMVX - American Century Mid Cap Value                                                                       |          | 116,830           |
|     | American Funds                                             | RERGX - American Funds EuroPacifc R6                                                                         |          | 859,537           |
|     | American Funds                                             | RNPGX - American Funds New Perspective R6                                                                    |          | 1,024,653         |
|     | Columbia                                                   | ACRNX - Columbia Acorn Fund Z                                                                                |          | 495,553           |
|     | DFA                                                        | DFCEX - DFA Emerging Markets Core Equity                                                                     |          | 318,821           |
|     | DFA                                                        | DFISX - DFA Int'l Small Company                                                                              |          | 42,100            |
|     | Diamond Hill                                               | DHSCX - Diamond Hill Small Cap A                                                                             |          | 637,200           |
|     | Dodge & Cox                                                | DODFX - Dodge & Cox International Stock                                                                      |          | 379,582           |
|     | Dodge & Cox                                                | DODGX - Dodge & Cox Stock                                                                                    |          | 2,535,886         |
|     | Dreyfus                                                    | GTFXX - Dreyfus 100% Treasury Money Market                                                                   |          | 10,365            |
|     | Fidelity                                                   | FDLXX - Fidelity Treasury Only Money Market                                                                  |          | 327,861           |
|     | Fidelity                                                   | FMFEX - Fidelity Advisor Materials I                                                                         |          | 252,870           |
|     | Fidelity                                                   | FSCRX - Fidelity Small Cap Discovery                                                                         |          | 148,078           |
|     | Fidelity                                                   | FUSVX - Fidelity Spartan 500 Index Adv                                                                       |          | 665,917           |
|     | First Eagle                                                | SGOVX - First Eagle SoGen Overseas Fund                                                                      |          | 221,170           |
|     | JPMorgan                                                   | JCPUX - JPMorgan Core Plus Bond Fund R6                                                                      |          | 1,273,331         |
|     | MFS                                                        | MMUFX - MFS Utilities A                                                                                      |          | 103,778           |
|     | T Rowe Price                                               | PRASX - T. Rowe Price New Asia                                                                               |          | 179,527           |
|     | T Rowe Price                                               | PRGFX - T. Rowe Price Growth Stock                                                                           |          | 2,453,488         |
|     | Vanguard                                                   | VAIPX - Vanguard Inflation Protected Securities                                                              |          | 160,439           |
|     | Vanguard                                                   | VBILX - Vanguard Intermediate-Term Bond Index Ad                                                             |          | 331,005           |
|     | Vanguard                                                   | VBIRX - Vanguard Short-Term Bond Index Admiral                                                               |          | 227,169           |
|     | Vanguard                                                   | VBTLX - Vanguard Total Bond Market Index Admiral                                                             |          | 769,670           |
|     | Vanguard                                                   | VEIRX - Vanguard Equity Income Admiral                                                                       |          | 223,222           |
|     | Vanguard                                                   | VFFVX - Vanguard Target Retirement 2055                                                                      |          | 20,712            |
|     | Vanguard                                                   | VFIFX - Vanguard Target Retirement 2050                                                                      |          | 10,997            |
|     | Vanguard                                                   | VFORX - Vanguard Target Retirement 2040                                                                      |          | 84,023            |
|     | Vanguard                                                   | VGELX - Vanguard Energy Admiral                                                                              |          | 31,240            |
|     | Vanguard                                                   | VGSLX - Vanguard REIT Index Admiral                                                                          |          | 520,323           |
|     | Vanguard                                                   | VIMAX - Vanguard Mid Cap Index Admiral                                                                       |          | 683,074           |
|     | Vanguard                                                   | VINAX - Vanguard Industrial Index Admiral                                                                    |          | 389,601           |
|     | Vanguard                                                   | VMMXX - Vanguard Money Market Prime                                                                          |          | 1,589,087         |
|     | Vanguard                                                   | VSGAX - Vanguard Small Cap Growth Index Adm                                                                  |          | 1,095,345         |
|     | Vanguard                                                   | VSGDX - Vanguard Short-Term Federal Admiral                                                                  |          | 2,658,959         |
|     | Vanguard                                                   | VTHRX - Vanguard Target Retirement 2030                                                                      |          | 44,774            |
|     | Vanguard                                                   | VTINX - Vanguard Target Retirement Income                                                                    |          | 1,648             |
|     | Vanguard                                                   | VTIVX - Vanguard Target Retirement 2045                                                                      |          | 24,727            |
|     | Vanguard                                                   | VTMAX - Vanguard Total Stock Market Index Admira                                                             |          | 4,969,054         |
|     | Vanguard                                                   | VTTHX - Vanguard Target Retirement 2035                                                                      |          | 93,475            |
|     | Vanguard                                                   | VTTX - Vanguard Target Retirement 2060                                                                       |          | 599               |
|     | Vanguard                                                   | VTTVX - Vanguard Target Retirement 2025                                                                      |          | 252,317           |
|     | Vanguard                                                   | VTWXX - Vanguard Target Retirement 2020                                                                      |          | 229,953           |
|     | Vanguard                                                   | VTXVX - Vanguard Target Retirement 2015                                                                      |          | 28,215            |
|     | Vanguard                                                   | VUSXX - Vanguard Treasury Money Market                                                                       |          | 47,586            |
|     | Wells Fargo                                                | EKWAX - Wells Fargo Precious Metals                                                                          |          | 117,928           |
|     | Participant Loans                                          | 4.25% To 5.25%                                                                                               |          | 593,874           |

## Multiple-Employer Plan Participating Employer Information

| TLC RETIREMENT SAVINGS PLAN          |            | PLAN # 333                           | EIN #: 45-0391154 |
|--------------------------------------|------------|--------------------------------------|-------------------|
| ( a ) Name of participating employer | ( b ) EIN  | ( c ) Percent of Total Contributions |                   |
| S189077                              | xx-xxx8615 | 1.14%                                |                   |
| S050077                              | xx-xxx2958 | 0.16%                                |                   |
| S127077                              | xx-xxx1270 | 4.75%                                |                   |
| S157077                              | xx-xxx7092 | 0.42%                                |                   |
| S190077                              | xx-xxx0140 | 0.05%                                |                   |
| S162077                              | xx-xxx1589 | 0.67%                                |                   |
| S173077                              | xx-xxx1077 | 0.45%                                |                   |
| S170077                              | xx-xxx2654 | 0.07%                                |                   |
| S004077                              | xx-xxx1207 | 0.43%                                |                   |
| S165077                              | xx-xxx6543 | 2.25%                                |                   |
| S059077                              | xx-xxx1465 | 1.19%                                |                   |
| S005077                              | xx-xxx8548 | 0.35%                                |                   |
| S181077                              | xx-xxx4267 | 0.96%                                |                   |
| S179077                              | xx-xxx2385 | 0.08%                                |                   |
| S009077                              | xx-xxx0443 | 2.32%                                |                   |
| S085077                              | xx-xxx9361 | 0.20%                                |                   |
| S012077                              | xx-xxx6061 | 0.14%                                |                   |
| S166077                              | xx-xxx4271 | 0.22%                                |                   |
| S182077                              | xx-xxx4197 | 6.15%                                |                   |
| S011077                              | xx-xxx4880 | 0.06%                                |                   |
| S014077                              | xx-xxx8501 | 0.13%                                |                   |
| S169077                              | xx-xxx6319 | 0.68%                                |                   |
| S172077                              | xx-xxx5134 | 2.57%                                |                   |
| S147077                              | xx-xxx0473 | 4.62%                                |                   |
| S164077                              | xx-xxx7406 | 3.21%                                |                   |
| S098077                              | xx-xxx1927 | 0.90%                                |                   |
| S180077                              | xx-xxx6119 | 0.46%                                |                   |
| S185077                              | xx-xxx1379 | 0.23%                                |                   |
| S156077                              | xx-xxx0886 | 0.06%                                |                   |
| S176077                              | xx-xxx0447 | 0.71%                                |                   |
| S160077                              | xx-xxx9446 | 0.87%                                |                   |
| S093077                              | xx-xxx5566 | 0.23%                                |                   |
| S159077                              | xx-xxx6687 | 1.30%                                |                   |
| S023077                              | xx-xxx3417 | 0.07%                                |                   |
| S177077                              | xx-xxx0300 | 0.14%                                |                   |
| S192077                              | xx-xxx2811 | 0.77%                                |                   |
| S161077                              | xx-xxx2656 | 0.24%                                |                   |
| S171077                              | xx-xxx6005 | 1.42%                                |                   |
| S168077                              | xx-xxx2110 | 0.12%                                |                   |
| S167077                              | xx-xxx1483 | 6.97%                                |                   |
| S081077                              | xx-xxx5391 | 0.05%                                |                   |
| S096077                              | xx-xxx4361 | 1.67%                                |                   |
| S186077                              | xx-xxx0044 | 0.06%                                |                   |
| S028077                              | xx-xxx0016 | 0.33%                                |                   |
| S030077                              | xx-xxx7392 | 0.09%                                |                   |
| S103077                              | xx-xxx3875 | 0.21%                                |                   |
| S174077                              | xx-xxx0274 | 0.68%                                |                   |
| S152077                              | xx-xxx6694 | 0.75%                                |                   |
| S033077                              | xx-xxx4385 | 0.38%                                |                   |
| S187077                              | xx-xxx0678 | 0.04%                                |                   |
| S193077                              | xx-xxx5959 | 0.05%                                |                   |
| S194077                              | xx-xxx8060 | 0.01%                                |                   |

| ( a ) Name of participating employer | ( b ) EIN  | ( c ) Percent of Total Contributions |
|--------------------------------------|------------|--------------------------------------|
| S140077                              | xx-xxx1346 | 0.42%                                |
| S031077                              | xx-xxx4324 | 1.31%                                |
| S183077                              | xx-xxx3441 | 0.49%                                |
| S125077                              | xx-xxx9027 | 0.59%                                |
| S143077                              | xx-xxx5554 | 0.32%                                |
| S116077                              | xx-xxx0656 | 4.00%                                |
| S153077                              | xx-xxx4844 | 4.07%                                |
| S188077                              | xx-xxx7089 | 0.28%                                |
| S163077                              | xx-xxx6892 | 0.72%                                |
| S039077                              | xx-xxx9527 | 0.81%                                |
| S124077                              | xx-xxx7345 | 9.81%                                |
| S184077                              | xx-xxx4782 | 0.10%                                |
| S178077                              | xx-xxx1255 | 0.60%                                |
| S062077                              | xx-xxx7125 | 0.18%                                |
| S148077                              | xx-xxx1616 | 0.02%                                |
| S001077                              | xx-xxx1154 | 21.07%                               |
| S158077                              | xx-xxx2555 | 0.55%                                |
| S191077                              | xx-xxx0115 | 1.00%                                |
| S048077                              | xx-xxx8442 | 0.85%                                |
| S049077                              | xx-xxx3807 | 0.73%                                |