Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

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

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

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

D Check box if filing under:
- ☒ Form 5558
- ☐ automatic extension
- ☐ the DFVC program
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
GEANTO'S TRUCKING 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/15/2016

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

630 SUPREME DRIVE
BENSENVILLE, IL 60106

2b Employer Identification Number (EIN) 36-3511288

2c Plan Sponsor's telephone number 630-595-5320

2d Business code (see instructions) 484120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/06/2018	STEVE WACK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	179
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	175
a(2) Total number of active participants at the end of the plan year	**6a(2)**	165
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	5
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	171
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f Total. Add lines **6d** and **6e**.	**6f**	171
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	51
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE H (Form 5500)

Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A Name of plan
GEANTO'S TRUCKING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GEANTO'S TRUCKING COMPANY

D Employer Identification Number (EIN)
36-3511288

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2255	2280
(2) Participant contributions	1b(2)	4785	4717
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	35302	224254
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	42342	231251
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	42342	231251

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	55553	
	(B) Participants	2a(1)(B)	119087	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		174640
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(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)		16684
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		191324
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2415	
(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)		2415
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2415
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		188909
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CUKIERSKI AND COCHRANE, LLC **(2)** EIN: 36-4239322

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e		X	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	4n			
o	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☐ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year_____. (See instructions.)

Part V Trust Information

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2016

This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

A Name of plan
GEANTO'S TRUCKING 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
GEANTO'S TRUCKING COMPANY

D Employer Identification Number (EIN)
36-3511288

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 81-2494503

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No

22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter _____/_____/_____ and the serial number _____.

22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter _____/_____/_____.

GEANTO'S TRUCKING 401(K) PLAN

Financial Statements and
Independent Auditor's Report

September 30, 2017 and 2016

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CUKIERSKI & COCHRANE
L.L.C.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants
Geanto's Trucking 401(K) Plan
Bensenville, Illinois

We were engaged to audit the accompanying financial statements of Geanto's Trucking 401(K) Plan, which comprise the statements of net assets available for benefits – modified cash basis as of September 30, 2017 and 2016, and the related statements of changes in net assets available for benefits – modified cash basis for the years ended September 30, 2017 and 2016, 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 the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Plan management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4, which was certified by the custodian, Capital Bank and Trust Company, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended September 30, 2017 and 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

1990 East Algonquin Road, Suite 100 • Schaumburg, IL 60173 • Phone: (847) 496-7180 Fax: (847) 496-7380

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 Schedules of Assets Held for Investment Purposes as of September 30, 2017 and 2016 on pages 12 and 13, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 schedules 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 schedules, 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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplementary schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Cukierski & Cochrane, LLC

Cukierski & Cochrane, LLC
Schaumburg, Illinois
June 22, 2018

GEANTO'S TRUCKING 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
SEPTEMBER 30, 2017 AND 2016

	2017	2016
ASSETS		
Participant Directed Investments (at Fair Value)	$ 224,254	$ 35,302
Receivable - Employer Matching Contribution	2,280	2,255
Receivable - Participant Contributions	4,717	4,785
NET ASSETS AVAILABLE FOR BENEFITS	$ 231,251	$ 42,342

See Independent Auditor's Report and Accompanying Notes to Financial Statements

GEANTO'S TRUCKING 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND 2016

	2017	2016
Additions to Net Assets Attributed to:		
Investment Income (Loss):		
Net Appreciation in Fair Value of Investments	$ 16,684	$ 45
Total Investment Income (Loss)	$ 16,684	$ 45
Contributions:		
Participant Contributions	$ 119,087	$ 28,759
Employer Discretionary Matching Contributions (Note 1)	55,553	13,538
Total Contributions	$ 174,640	$ 42,297
Total Additions	$ 191,324	$ 42,342
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants or Beneficiaries	$ 2,415	$ -
Total Deductions	$ 2,415	$ -
Net Increase in Net Assets Available for Plan Benefits	$ 188,909	$ 42,342
Net Assets Available for Benefits - Beginning of Year	42,342	-
Net Assets Available for Benefits - End of Year	$ 231,251	$ 42,342

See Independent Auditor's Report and Accompanying Notes to Financial Statements

Note 1 - Description of Plan

The following description of the Geanto's Trucking Company (the Company) 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan was established on May 15, 2016, and is a defined contribution 401(k) plan covering qualifying employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility: An employee who has attained the age of 21 and has three months of continuous employment qualifies for participation in the Plan. Open enrollment occurs each April 1st and October 1st.

Contributions: Each year, the participants may contribute up to the maximum percentage allowable not to exceed the limits set forth in the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are also eligible to make catch-up contributions per the limits set forth in the Internal Revenue Code.

Employer Contributions: The Company may make matching contributions on a discretionary basis, as determined annually by the Company. Discretionary matching contributions totaled $55,553 and $13,538 during the years ended September 30, 2017 and 2016, respectively. During 2017 and 2016, the Company matched $0.50 for every $1.00 up to the first 6% of salary a participant contributed to the plan.

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

Investment Options: The Plan provides participants with twenty investment options. Plan participants may access their investments online and are allowed to change their investment options at any time.

Participant Loans: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are considered a directed investment from the participant's account under the Plan. Loan terms range from one to ten years unless used to purchase a primary residence. The loans are secured by the balance in the participant's account and bear interest. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits: Benefits are payable to a participant or the participant's designated beneficiary upon the participant's termination or retirement from the Company or disability or death. Benefits may be payable as lump sum distributions or in installments.

Note 1 - Description of Plan (Continued)

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary matching contributions plus actual earnings thereon is based on years of continuous service. A participant is 100% vested in these contributions after three years of credited service. Prior to the third year of service, the vesting percentage in the Company's discretionary matching contribution is zero.

Forfeited Accounts: Forfeitures of non-vested Company contributions are used to reduce administrative expenses or offset future employer contribution amounts. Forfeited non-vested amounts available for reallocation totaled $377 and $0 for years ended September 30, 2017 and 2016, respectively.

Note 2 - Summary of Accounting Policies

Basis of Accounting: The accounts of the Plan are maintained, and the accompanying financial statements have been prepared, on the modified cash basis of accounting. That basis differs from generally accepted accounting principles primarily because the Company has not recognized plan expenses owed and benefits payable and their related effects on net assets.

Use of Estimates in Preparation of Financial Statements: 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. It is at least reasonably possible that a significant change may occur in the near term for the estimate of investment valuation.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based on the Plan document.

Investment Valuation and Income Recognition: Investments are stated at the fair value amounts certified by the Plan custodian, Capital Bank and Trust Company, as of September 30, 2017 and 2016. 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 of fair value measurements. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses: Plan administrative expenses consist primarily of investment fees paid to the third-party administrator and professional fees. The Plan pays the investment fees while the Company pays the professional fees. Fees related to the administration of loans from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation of fair value of investments.

Payment of Benefits: Benefits are payable to a participant or the participant's designated beneficiary upon the participant's termination or retirement from the Company or disability or death. Benefits may be payable as lump sum distributions or in installments.

Note 3 – Investments – Unaudited Information Certified by Custodian

The Plan has elected the method of compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified to the completeness and accuracy of the investments as presented in the financial statements.

The accompanying statement of changes in net assets available for benefits reflects changes to the investments certified by the custodian during the years ended September 30, 2017 and 2016.

At September 30, 2017 and 2016, the Plan's investments were held by the custodian. The Schedules of Assets Held for Investment Purposes as of September 30, 2017 and 2016, on pages 11 and 12, respectively, are a summary of the Plan's financial information that is included in the financial statements based on information certified by the custodian as complete and accurate in accordance with section 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 following investments represent 5% or more of the Plan's net assets at September 30, 2017 and 2016.

Investment Option	2017	2016
The Investment Company of America	$ 38,863	$ 5,703
The Growth Fund of America	28,502	4,214
American Funds 2050 Target Date Retirement Fund	27,935	4,061
American Funds 2025 Target Date Retirement Fund	26,585	4,535
The Bond Fund of America	20,910	3,292
Capital Income Builder	19,601	2,969
American Funds 2045 Target Date Retirement Fund	14,203	2,411
Aggregate Total of Other Investments	47,655	8,117
Total Investments	$ 224,254	$ 35,302

Note 4 - Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures, as amended by ASU 2010-06,* provides the 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 inputs within the fair value hierarchy are defined 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.

Note 4 - Fair Value Measurement (Continued)

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the assets or liability.

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

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

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Collective trust fund: Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner (Level 2 inputs).

The following is a summary of Plan Investments measured at fair value as of September 30, 2017:

	Fair Value	Quoted Market Price (Level 1)
Money Market Fund	$ 377	$ 377
Mutual Funds:		
Target Date	$ 94,349	$ 94,349
Growth and Income	42,917	42,917
Growth	34,360	34,360
Bond	30,951	30,951
Equity	20,433	20,433
Balanced	867	867
Total Mutual Funds	$ 223,877	$ 223,877
Total	$ 224,254	$ 224,254

Note 4 – Fair Value Measurement (Continued)

The following is a summary of Plan Investments measured at fair value as of September 30, 2016:

	Fair Value	Quoted Market Price (Level 1)
Mutual Funds:		
Target Date	$ 15,984	$ 15,984
Growth and Income	6,276	6,276
Growth	4,956	4,956
Bond	4,828	4,828
Equity	3,079	3,079
Balanced	179	179
Total Mutual Funds	$ 35,302	$ 35,302
Total	$ 35,302	$ 35,302

Note 5 - Risks and Uncertainties

The Plan provides for various investment options in mutual funds. The underlying investment securities are exposed to various risks, such as interest rate, market, and credit risks. Because of the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and participants' individual account balances.

Note 6 - Tax Status

The Internal Revenue Service has determined and informed the Company that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 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 September 30, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition off a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits relative to the Plan for any tax periods in progress.

Note 7 – Notes Receivable from Participants

The Plan presents Notes Receivable from Participants at the unpaid balance plus any accrued but unpaid interest, which approximates fair value. If a participant ceases to make loan payments and the administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded. These loan benefit payments are recorded as distributions based on the terms of the plan document. As of September 30, 2017 and 2016, there are no outstanding loans from participants.

Note 8 - Plan Termination

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

Note 9 – Related Party Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. During the year ended September 30, 2017, transactions with parties-in-interest consisted of custodian and administration fees.

Note 10- Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for Benefits per the financial statements at September 30, 2017 and 2016, to Form 5500:

	2017	2016
Net Assets Available for Benefits per the Financial Statements	$ 231,251	$ 42,342
Net Assets Available for Benefits per the Form 5500	$ 231,251	$ 42,342

Note 11 – Fidelity Bond Coverage

The Company did not have fidelity bond coverage during the Plan years ending September 30, 2017 and 2016. The Company obtained a fidelity bond in sufficient value to meet DOL requirements subsequent to year end.

Note 12 – Subsequent Events

Subsequent events were evaluated through June 22, 2018, which is the date these financial statements were available to be issued. As of that date, except for obtaining the bond coverage as noted in note 11, no other material events occurred which require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

GEANTO'S TRUCKING 401(K) PLAN
SCHEDULE 1 - FORM 5500, SCHEDULE H, LINE 4I -
ASSETS HELD FOR INVESTMENT PURPOSES
SEPTEMBER 30, 2017

Employer Identification Number: 36-3511288
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	[c] Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
*	American Funds from	AMCAP Fund		$ 2,521
*	Capital Bank and Trust	The Investment Company of America		38,863
*	Company	The Growth Fund of America		28,502
*		The Income Fund of America		832
*		The Bond Fund of America		20,910
		Fidelity Contra		2,536
*		American Balanced Fund		867
*		Capital Income Builder		19,601
*		EuroPacific Growth Fund		801
*		American High-Income Trust		1,400
*		Government Securities Fund		8,641
*		Capital World Growth and Income Fund		4,054
*		American Funds 2020 Target Date Retirement Fund		8,856
*		American Funds 2025 Target Date Retirement Fund		26,585
*		American Funds 2035 Target Date Retirement Fund		9,158
*		American Funds 2040 Target Date Retirement Fund		1,560
*		American Funds 2045 Target Date Retirement Fund		14,203
*		American Funds 2050 Target Date Retirement Fund		27,935
*		Strategic Income Opportunities Fund		6,052
*		Money Market Fund		377
		TOTAL ASSETS HELD FOR INVESTMENT		$ 224,254

* Includes parties-in-interest

(1) Cost information not required for participant-directed investments

GEANTOS' TRUCKING 401(K) PLAN
SCHEDULE 1 - FORM 5500, SCHEDULE H, LINE 4I -
ASSETS HELD FOR INVESTMENT PURPOSES
SEPTEMBER 30, 2016

Employer Identification Number: 36-3511288
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	[c] Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
*	American Funds from	AMCAP Fund		$ 315
*	Capital Bank and Trust	The Investment Company of America		5,703
*	Company	The Growth Fund of America		4,214
*		The Income Fund of America		110
*		The Bond Fund of America		3,292
		Fidelity Contra		314
*		American Balanced Fund		179
*		Capital Income Builder		2,969
*		EuroPacific Growth Fund		113
*		American High-Income Trust		227
*		Government Securities Fund		1,309
*		Capital World Growth and Income Fund		573
*		American Funds 2025 Target Date Retirement Fund		4,535
*		American Funds 2030 Target Date Retirement Fund		409
*		American Funds 2035 Target Date Retirement Fund		2,051
*		American Funds 2040 Target Date Retirement Fund		638
*		American Funds 2045 Target Date Retirement Fund		2,411
*		American Funds 2050 Target Date Retirement Fund		4,061
*		American Funds 2055 Target Date Retirement Fund		1,879
		TOTAL ASSETS HELD FOR INVESTMENT		$ 35,302

* Includes parties-in-interest

(1) Cost information not required for participant-directed investments

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

► **Complete all entries in accordance with the Instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2016

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2016 or fiscal plan year beginning 10/01/2016 and ending 09/30/2017

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

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

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

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

Part II Basic Plan Information --- enter all requested information

1a Name of plan
Geanto's Trucking 401(k) Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 05/15/2016

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

Geanto's Trucking Company

630 Supreme Drive

US Bensenville IL 60106

2b Employer Identification Number (EIN)
36-3511288

2c Plan Sponsor's telephone number
(630) 595-5320

2d Business code (see instructions)
484120

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

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

SIGN HERE	Steven D. Wade	7/6/2018	Steven D. Wade
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Steven D. Wade	7/6/2018	Steven D. Wade
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)
Skip this question

Preparer's telephone number
Skip this question

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	
5 Total number of participants at the beginning of the plan year	**5**	179
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	175
a(2) Total number of active participants at the end of the plan year	**6a(2)**	165
b Retired or separated participants receiving benefits	**6b**	1
c Other retired or separated participants entitled to future benefits	**6c**	5
d Subtotal. Add lines **6a(2), 6b,** and **6c**.	**6d**	171
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	171
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	51
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

2E 2F 2G 2J 2K 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information - Small Plan)
- **(3)** [ ] ____ **A** (Insurance Information)
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [ ] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) . . . . . ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filling requirements? (See instructions and 29 CFR 2520.101-2.) . . ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 _____

GEANTO'S TRUCKING 401(K) PLAN

Financial Statements and
Independent Auditor's Report

September 30, 2017 and 2016

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CUKIERSKI & COCHRANE
L.L.C.
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Participants
Geanto's Trucking 401(K) Plan
Bensenville, Illinois

We were engaged to audit the accompanying financial statements of Geanto's Trucking 401(K) Plan, which comprise the statements of net assets available for benefits – modified cash basis as of September 30, 2017 and 2016, and the related statements of changes in net assets available for benefits – modified cash basis for the years ended September 30, 2017 and 2016, 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 the modified cash basis of accounting as described in Note 2; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Plan management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3 and 4, which was certified by the custodian, Capital Bank and Trust Company, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended September 30, 2017 and 2016, that the information provided to the plan administrator by the custodian is complete and accurate.

1990 East Algonquin Road, Suite 100 • Schaumburg, IL 60173 • Phone: (847) 496-7180 Fax: (847) 496-7380

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 Schedules of Assets Held for Investment Purposes as of September 30, 2017 and 2016 on pages 12 and 13, which are the responsibility of plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. 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 schedules 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 schedules, 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.

Basis of Accounting

We draw attention to Note 2 of the financial statements, which describes the basis of accounting. The financial statements and supplementary schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Cukierski & Cochrane, LLC

Cukierski & Cochrane, LLC
Schaumburg, Illinois
June 22, 2018

GEANTO'S TRUCKING 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
SEPTEMBER 30, 2017 AND 2016

	2017	2016
ASSETS		
Participant Directed Investments (at Fair Value)	$ 224,254	$ 35,302
Receivable - Employer Matching Contribution	2,280	2,255
Receivable - Participant Contributions	4,717	4,785
NET ASSETS AVAILABLE FOR BENEFITS	$ 231,251	$ 42,342

See Independent Auditor's Report and Accompanying Notes to Financial Statements

GEANTO'S TRUCKING 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS
FOR THE YEARS ENDED SEPTEMBER 30, 2017 AND 2016

	2017	2016
Additions to Net Assets Attributed to:		
Investment Income (Loss):		
Net Appreciation in Fair Value of Investments	$ 16,684	$ 45
Total Investment Income (Loss)	$ 16,684	$ 45
Contributions:		
Participant Contributions	$ 119,087	$ 28,759
Employer Discretionary Matching Contributions (Note 1)	55,553	13,538
Total Contributions	$ 174,640	$ 42,297
Total Additions	$ 191,324	$ 42,342
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants or Beneficiaries	$ 2,415	$ -
Total Deductions	$ 2,415	$ -
Net Increase in Net Assets Available for Plan Benefits	$ 188,909	$ 42,342
Net Assets Available for Benefits - Beginning of Year	42,342	-
Net Assets Available for Benefits - End of Year	$ 231,251	$ 42,342

See Independent Auditor's Report and Accompanying Notes to Financial Statements

Note 1 - Description of Plan

The following description of the Geanto's Trucking Company (the Company) 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General: The Plan was established on May 15, 2016, and is a defined contribution 401(k) plan covering qualifying employees of the Company. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility: An employee who has attained the age of 21 and has three months of continuous employment qualifies for participation in the Plan. Open enrollment occurs each April 1st and October 1st.

Contributions: Each year, the participants may contribute up to the maximum percentage allowable not to exceed the limits set forth in the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are also eligible to make catch-up contributions per the limits set forth in the Internal Revenue Code.

Employer Contributions: The Company may make matching contributions on a discretionary basis, as determined annually by the Company. Discretionary matching contributions totaled $55,553 and $13,538 during the years ended September 30, 2017 and 2016, respectively. During 2017 and 2016, the Company matched $0.50 for every $1.00 up to the first 6% of salary a participant contributed to the plan.

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

Investment Options: The Plan provides participants with twenty investment options. Plan participants may access their investments online and are allowed to change their investment options at any time.

Participant Loans: Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan transactions are considered a directed investment from the participant's account under the Plan. Loan terms range from one to ten years unless used to purchase a primary residence. The loans are secured by the balance in the participant's account and bear interest. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits: Benefits are payable to a participant or the participant's designated beneficiary upon the participant's termination or retirement from the Company or disability or death. Benefits may be payable as lump sum distributions or in installments.

Note 1 - Description of Plan (Continued)

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's discretionary matching contributions plus actual earnings thereon is based on years of continuous service. A participant is 100% vested in these contributions after three years of credited service. Prior to the third year of service, the vesting percentage in the Company's discretionary matching contribution is zero.

Forfeited Accounts: Forfeitures of non-vested Company contributions are used to reduce administrative expenses or offset future employer contribution amounts. Forfeited non-vested amounts available for reallocation totaled $377 and $0 for years ended September 30, 2017 and 2016, respectively.

Note 2 - Summary of Accounting Policies

Basis of Accounting: The accounts of the Plan are maintained, and the accompanying financial statements have been prepared, on the modified cash basis of accounting. That basis differs from generally accepted accounting principles primarily because the Company has not recognized plan expenses owed and benefits payable and their related effects on net assets.

Use of Estimates in Preparation of Financial Statements: 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. It is at least reasonably possible that a significant change may occur in the near term for the estimate of investment valuation.

Notes Receivable from Participants: Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant notes are reclassified as distributions based on the Plan document.

Investment Valuation and Income Recognition: Investments are stated at the fair value amounts certified by the Plan custodian, Capital Bank and Trust Company, as of September 30, 2017 and 2016. 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 of fair value measurements. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative Expenses: Plan administrative expenses consist primarily of investment fees paid to the third-party administrator and professional fees. The Plan pays the investment fees while the Company pays the professional fees. Fees related to the administration of loans from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in the net appreciation of fair value of investments.

Payment of Benefits: Benefits are payable to a participant or the participant's designated beneficiary upon the participant's termination or retirement from the Company or disability or death. Benefits may be payable as lump sum distributions or in installments.

Note 3 – Investments – Unaudited Information Certified by Custodian

The Plan has elected the method of compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the custodian has certified to the completeness and accuracy of the investments as presented in the financial statements.

The accompanying statement of changes in net assets available for benefits reflects changes to the investments certified by the custodian during the years ended September 30, 2017 and 2016.

At September 30, 2017 and 2016, the Plan's investments were held by the custodian. The Schedules of Assets Held for Investment Purposes as of September 30, 2017 and 2016, on pages 11 and 12, respectively, are a summary of the Plan's financial information that is included in the financial statements based on information certified by the custodian as complete and accurate in accordance with section 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 following investments represent 5% or more of the Plan's net assets at September 30, 2017 and 2016.

Investment Option	2017	2016
The Investment Company of America	$ 38,863	$ 5,703
The Growth Fund of America	28,502	4,214
American Funds 2050 Target Date Retirement Fund	27,935	4,061
American Funds 2025 Target Date Retirement Fund	26,585	4,535
The Bond Fund of America	20,910	3,292
Capital Income Builder	19,601	2,969
American Funds 2045 Target Date Retirement Fund	14,203	2,411
Aggregate Total of Other Investments	47,655	8,117
Total Investments	$ 224,254	$ 35,302

Note 4 - Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures, as amended by ASU 2010-06,* provides the 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 inputs within the fair value hierarchy are defined 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.

Note 4 - Fair Value Measurement (Continued)

Level 2: Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the assets or liability.

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

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

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

Mutual funds: The fair values of mutual fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

Collective trust fund: Valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the custodian, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner (Level 2 inputs).

The following is a summary of Plan Investments measured at fair value as of September 30, 2017:

	Fair Value	Quoted Market Price (Level 1)
Money Market Fund	$ 377	$ 377
Mutual Funds:		
Target Date	$ 94,349	$ 94,349
Growth and Income	42,917	42,917
Growth	34,360	34,360
Bond	30,951	30,951
Equity	20,433	20,433
Balanced	867	867
Total Mutual Funds	$ 223,877	$ 223,877
Total	$ 224,254	$ 224,254

Note 4 – Fair Value Measurement (Continued)

The following is a summary of Plan Investments measured at fair value as of September 30, 2016:

	Fair Value	Quoted Market Price (Level 1)
Mutual Funds:		
Target Date	$ 15,984	$ 15,984
Growth and Income	6,276	6,276
Growth	4,956	4,956
Bond	4,828	4,828
Equity	3,079	3,079
Balanced	179	179
Total Mutual Funds	$ 35,302	$ 35,302
Total	$ 35,302	$ 35,302

Note 5 - Risks and Uncertainties

The Plan provides for various investment options in mutual funds. The underlying investment securities are exposed to various risks, such as interest rate, market, and credit risks. Because of the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits and participants' individual account balances.

Note 6 - Tax Status

The Internal Revenue Service has determined and informed the Company that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

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 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 September 30, 2017 and 2016, there are no uncertain positions taken or expected to be taken that would require recognition off a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits relative to the Plan for any tax periods in progress.

Note 7 – Notes Receivable from Participants

The Plan presents Notes Receivable from Participants at the unpaid balance plus any accrued but unpaid interest, which approximates fair value. If a participant ceases to make loan payments and the administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded. These loan benefit payments are recorded as distributions based on the terms of the plan document. As of September 30, 2017 and 2016, there are no outstanding loans from participants.

Note 8 - Plan Termination

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

Note 9 – Related Party Transactions

Parties-in-interest are defined under DOL regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. During the year ended September 30, 2017, transactions with parties-in-interest consisted of custodian and administration fees.

Note 10- Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for Benefits per the financial statements at September 30, 2017 and 2016, to Form 5500:

	2017	2016
Net Assets Available for Benefits per the Financial Statements	$ 231,251	$ 42,342
Net Assets Available for Benefits per the Form 5500	$ 231,251	$ 42,342

Note 11 – Fidelity Bond Coverage

The Company did not have fidelity bond coverage during the Plan years ending September 30, 2017 and 2016. The Company obtained a fidelity bond in sufficient value to meet DOL requirements subsequent to year end.

Note 12 – Subsequent Events

Subsequent events were evaluated through June 22, 2018, which is the date these financial statements were available to be issued. As of that date, except for obtaining the bond coverage as noted in note 11, no other material events occurred which require recognition or disclosure in the financial statements.

SUPPLEMENTAL SCHEDULES

GEANTO'S TRUCKING 401(K) PLAN
SCHEDULE 1 - FORM 5500, SCHEDULE H, LINE 4I -
ASSETS HELD FOR INVESTMENT PURPOSES
SEPTEMBER 30, 2017

Employer Identification Number: 36-3511288
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	[c] Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
*	American Funds from	AMCAP Fund		$ 2,521
*	Capital Bank and Trust	The Investment Company of America		38,863
*	Company	The Growth Fund of America		28,502
*		The Income Fund of America		832
*		The Bond Fund of America		20,910
		Fidelity Contra		2,536
*		American Balanced Fund		867
*		Capital Income Builder		19,601
*		EuroPacific Growth Fund		801
*		American High-Income Trust		1,400
*		Government Securities Fund		8,641
*		Capital World Growth and Income Fund		4,054
*		American Funds 2020 Target Date Retirement Fund		8,856
*		American Funds 2025 Target Date Retirement Fund		26,585
*		American Funds 2035 Target Date Retirement Fund		9,158
*		American Funds 2040 Target Date Retirement Fund		1,560
*		American Funds 2045 Target Date Retirement Fund		14,203
*		American Funds 2050 Target Date Retirement Fund		27,935
*		Strategic Income Opportunities Fund		6,052
*		Money Market Fund		377
		TOTAL ASSETS HELD FOR INVESTMENT		$ 224,254

* Includes parties-in-interest

(1) Cost information not required for participant-directed investments

GEANTOS' TRUCKING 401(K) PLAN
SCHEDULE 1 - FORM 5500, SCHEDULE H, LINE 4I -
ASSETS HELD FOR INVESTMENT PURPOSES
SEPTEMBER 30, 2016

Employer Identification Number: 36-3511288
Three-Digit Plan Number: 001

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	[c] Description of Investment, including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost (1)	(e) Current Value
*	American Funds from	AMCAP Fund		$ 315
*	Capital Bank and Trust	The Investment Company of America		5,703
*	Company	The Growth Fund of America		4,214
*		The Income Fund of America		110
*		The Bond Fund of America		3,292
		Fidelity Contra		314
*		American Balanced Fund		179
*		Capital Income Builder		2,969
*		EuroPacific Growth Fund		113
*		American High-Income Trust		227
*		Government Securities Fund		1,309
*		Capital World Growth and Income Fund		573
*		American Funds 2025 Target Date Retirement Fund		4,535
*		American Funds 2030 Target Date Retirement Fund		409
*		American Funds 2035 Target Date Retirement Fund		2,051
*		American Funds 2040 Target Date Retirement Fund		638
*		American Funds 2045 Target Date Retirement Fund		2,411
*		American Funds 2050 Target Date Retirement Fund		4,061
*		American Funds 2055 Target Date Retirement Fund		1,879
		TOTAL ASSETS HELD FOR INVESTMENT		$ 35,302

* Includes parties-in-interest

(1) Cost information not required for participant-directed investments