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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

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. . . . . ▶ [X]

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
STANDARD FORWARDING LLC UNION EMPLOYEES 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 10/02/1995

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)

STANDARD FORWARDING LLC

2925 MORTON DRIVE
EAST MOLINE, IL 61244

2b Employer Identification Number (EIN)
27-1883111

2c Plan Sponsor's telephone number
309-755-4504

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.	10/15/2018	SUZANNE THUNSTEDT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	SUZANNE THUNSTEDT
	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

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 or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	572
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)**	557
a(2) Total number of active participants at the end of the plan year	**6a(2)**	545
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	12
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	557
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f Total. Add lines **6d** and **6e**.	**6f**	558
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	144
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

2E 2F 2G 2J 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[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)	[X]	**C** (Service Provider Information)
(5)	[X]	**D** (DFE/Participating Plan Information)
(6)	[ ]	**G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
STANDARD FORWARDING LLC UNION EMPLOYEES 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STANDARD FORWARDING LLC

D Employer Identification Number (EIN)
27-1883111

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 62 63 64	SERVICE PROVIDER	6337	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
STANDARD FORWARDING LLC UNION EMPLOYEES 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
STANDARD FORWARDING LLC

D Employer Identification Number (EIN)
27-1883111

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS FARGO COLL STABLE RETURN N60

b Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.A.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
52-2251407-001	C	949561

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
STANDARD FORWARDING LLC UNION EMPLOYEES 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STANDARD FORWARDING LLC

D Employer Identification Number (EIN)
27-1883111

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	1070135	949561
(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)	4173004	4785555
(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	5243139	5735116
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5243139	5735116

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	259291	
	(C) Others (including rollovers)	2a(1)(C)	79530	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		338821
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	45715	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		45715
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		17440
(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)		770620
c Other income	2c		187
d Total income. Add all **income** amounts in column (b) and enter total	2d		1172783
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	658929	
(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)		658929
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)	21877	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		21877
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		680806
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		491977
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: ANDERSON, LOWER & WHITLOW, P.C. **(2)** EIN: 42-1394940

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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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			

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

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.)

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

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan
STANDARD FORWARDING LLC UNION EMPLOYEES 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
STANDARD FORWARDING LLC

D Employer Identification Number (EIN)
27-1883111

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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

EIN(s): 41-6257133

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

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):

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Financial Statements

December 31, 2017 and 2016

(With Independent Auditor's Report Thereon)

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

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Independent Auditor's Report

To The Trustees
Galaxy 1 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Galaxy 1 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016 and the related statements of changes in net assets available for benefits for the years then ended, 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 U.S. generally accepted accounting principles; 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 our audits in accordance with U.S. generally accepted auditing standards. 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 2 and 3, which were certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the 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 December 31, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year), Form 5500, Schedule H, Part IV, Line 4j, Schedule of Reportable Transactions and Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions as of and for the years ended December 31, 2017 and 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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 U.S. generally accepted auditing standards 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.

Anderson, Lower, Whitlow P.C.

Bettendorf, Iowa
October 15, 2018

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

	2017	2016
Assets:		
Investments (notes 2 and 3):		
Mutual funds, at fair value	**$4,785,555**	**4,173,004**
Investment contract, at contract value	**949,561**	**1,072,275**
Total investments	**5,735,116**	**5,245,279**
Liabilities – none	**-**	**-**
Net assets available for benefits	**$5,735,116**	**5,245,279**

See accompanying notes to financial statements.

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2017 and 2016

	2017	2016
Additions:		
Investment income (note 2):		
Interest and dividends	$ 45,715	51,626
Net appreciation in fair value of investments	785,919	232,156
	831,634	283,782
Contributions:		
Employee, including rollovers of $79,530 in 2017 and $-0- in 2016	338,821	217,038
Employer (note 8)	-	259
Total contributions	338,821	217,297
Other income	187	-
Total additions	1,170,642	501,079
Deductions:		
Benefits paid to participants	658,928	645,540
Administrative expenses (note 9)	21,877	21,729
Total deductions	680,805	667,269
Net increase (decrease)	489,837	(166,190)
Net assets available for benefits:		
Beginning of year	5,245,279	5,411,469
End of year	$5,735,116	5,245,279

See accompanying notes to financial statements.

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(1) Plan Description and Summary of Significant Accounting Policies

(a) Description of Plan

The following description of the Standard Forwarding, LLC Union Employees 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Standard Forwarding, LLC Union Employees 401(k) Savings Plan (the "Plan") is a defined contribution plan covering substantially all union employees of Standard Forwarding, LLC (the "Company") who have completed three months of service and reached 21 years of age. The Company controls and manages the operation and administration of the Plan. Wells Fargo Bank Iowa, N.A. ("Wells Fargo") serves as the custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may contribute a percentage of pre-tax annual compensation (subject to federal limitations) in the form of a salary reduction. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Employee contributions are invested in one or more investment fund options offered by the Plan as directed by the individual participant.

The Company does not make any contributions to the Plan other than corrective contributions as needed (see note 8).

Participant Accounts

Each participant's account is credited with the participant's contributions, and Plan earnings, and charged with the participant's withdrawals. The benefit to which a participant is entitled is the benefit that can be provided from the participant's accounts.

Participant–Directed Investments

Upon enrollment in the Plan, participants may direct their contributions in 5% increments into various investment options offered by the Plan. The Plan currently offers eight funds as investment options for participants.

Participants may change their investment options at any time. Each participant can direct the investment of all contributions to any of the investment options offered by the Plan and may request the transfer of assets resulting from those contributions between such investment options.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Payment of Benefits

On death, disability or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive as a distribution from his or her account the value of their account in installments, as a joint or survivor annuity, or in a lump sum payment.

(1) Plan Description and Summary of Significant Accounting Policies, continued

(b) Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting. The Plan evaluated subsequent events through October 9, 2018, which is the date the financial statements were available to be issued.

Investment Valuation and Income Recognition

The Plan's investments are held by Wells Fargo Bank, N.A. (Custodian). The Plan is administered by Wells Fargo Bank, N.A. who allocates Plan assets to the individual accounts of each participant as directed by the participant.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

The Plan's investments are stated at fair value, except for the fully benefit-responsive investment contract (Wells Fargo Stable Return Fund) which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in a transaction between market participants at the measurement date. The fair value of investments is based on quoted market prices of national securities exchanges. Where marketable securities are not listed on an exchange, price quotations are obtained from securities brokerage firms. Contract value represents contributions made under the contract plus earnings at the effective contract rate of 2.36% in 2017 and 1.93% in 2016 less participant withdrawals and administrative expenses. See note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis and dividends are recorded on the ex-dividend date. The net appreciation in the fair value of investments includes realized and unrealized gains and losses of investments by the Plan.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Benefits and Administrative Expenses

Benefits are recorded when paid.

Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan's sponsor and therefore, are not included in the accompanying statement of changes in net assets available for benefits.

(2) Investments (Unaudited)

The Plan's investments are held by Wells Fargo Bank, N.A. (Custodian) in trust funds. The following information as of and for the years ended December 31, 2017 and 2016 has been certified as complete and accurate by the Custodian.

	2017	2016
Investments:		
Mutual funds, at fair value:		
Wells Fargo Diversified Equity Fund	$3,445,620	2,971,697
Other mutual funds	1,339,935	1,201,307
Total mutual funds	4,785,555	4,173,004
Investment contract, at contract value -		
Wells Fargo Stable Return Fund	949,561	1,072,275
Total investments	$5,735,116	5,245,279

	2017	2016
Investment income:		
Net appreciation in fair value of investments	$785,919	232,156
Interest and dividends	45,715	51,626
	$831,634	283,782

(3) Fair Value Measurements (Unaudited)

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of quoted prices in active markets of similar assets for assets in non-active markets and Level 3 inputs consist of other valuation techniques which have the lowest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The Plan only measures fair value using Level 3 inputs when Level 1 or Level 2 inputs are not available.

Mutual Funds

The Plan measured the fair value of mutual funds using Level 1 inputs which consisted of quoted net asset values of the shares held by the Plan at year-end. These mutual funds are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The net asset value of these mutual funds are published daily and transacted at that price; and therefore, are considered actively traded.

Investment Contract

The Plan's investment contract is measured at contract value in accordance with the provisions of ASU 2015-12 regarding Plan Accounting for Employee Benefit Plans which designates contract value as the only required measure for fully benefit-responsive investment contracts.

(4) Federal Income Taxes

The Plan uses a prototype plan document sponsored by Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. received a determination letter on March 31, 2008 in which the Internal Revenue Service stated that the prototype document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan evaluates the tax benefits of a tax position using the "more likely than not" threshold. As of December 31, 2017, management is not aware of any uncertain tax positions and related tax benefits which would be material to the Plan's financial statements. The Plan files annual information returns which for years subsequent to 2013 are subject to examination by taxing authorities.

(5) 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.

(6) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level or risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

(7) Reconciliation to Form 5500

The Plan's investment contract is reported in the Form 5500 at fair value. The financial statements reflect this investment at fair value with an adjustment from fair value to contract value. The following is a reconciliation of net assets as of December 31, 2017 and 2016 per the financial statements to the Form 5500:

	2017	2016
Net assets per Form 5500	$5,735,116	5,243,139
Add: adjustment from fair value to contract value for fully benefit - responsive investment contract	-	2,140
Net assets per financial statements	$5,735,116	5,245,279

The following is a reconciliation of the net decrease in net assets for the years ended December 31, 2017 and 2016 per the financial statements to the Form 5500:

	2017	2016
Net increase (decrease) per Form 5500	$491,977	(166,109)
Deduct: change in employer contribution receivable	-	(1,663)
Add (deduct): change in adjustment from fair value to contract value for fully benefit-responsive investment contract	(2,140)	1,582
Net increase (decrease) per financial statements	$489,837	(166,190)

(8) Corrective Contribution

For the year ended December 31, 2014, there were certain employees where the authorized salary reduction amount was inadvertently not withheld from their paycheck. The Company had decided to make a corrective contribution to the Plan for those employees and recorded a contribution receivable of $1,663 as of December 31, 2014 to reflect this corrective contribution. This corrective contribution was paid October 13, 2016. Due to the timing of the payment, an additional $259 contribution was made by the Company.

(9) Party-In-Interest Transactions

Wells Fargo Bank, N.A. is the custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment administrative services amounted to $21,877 and $21,729 for the years ended December 31, 2017 and 2016, respectively.

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Schedule 1

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2017

Identity of Issuer, Borrower, Lessor, or Similar Party	Description	Number of Shares	Current Value
Wells Fargo Bank, N.A.*	Stable Return Fund	19,139	$ 949,561
Wells Fargo Bank, N.A.*	Diversified Equity Fund	132,882	3,445,620
Wells Fargo Bank, N.A.*	Moderate Balanced Fund	29,839	682,711
Wells Fargo Bank, N.A.*	Dow Jones Target 2010 Fund	1,711	18,903
Wells Fargo Bank, N.A.*	Dow Jones Target 2020 Fund	7,735	100,481
Wells Fargo Bank, N.A.*	Dow Jones Target 2030 Fund	35,066	488,476
Wells Fargo Bank, N.A.*	Dow Jones Target 2040 Fund	1,290	21,404
Wells Fargo Bank, N.A.*	Dow Jones Target 2050 Fund	3,221	27,960
			$5,735,116

* Represents party-in-interest to the Plan.

Cost information is not required for participant-directed investments and, therefore, is not presented.

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Schedule 1

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2016

Identity of Issuer, Borrower, Lessor, or Similar Party	Description	Number of Shares	Current Value
Wells Fargo Bank, N.A.*	Stable Return Fund	21,836	$1,072,275
Wells Fargo Bank, N.A.*	Diversified Equity Fund	110,637	2,971,697
Wells Fargo Bank, N.A.*	Moderate Balanced Fund	29,791	671,779
Wells Fargo Bank, N.A.*	Dow Jones Target 2010 Fund	1,458	18,019
Wells Fargo Bank, N.A.*	Dow Jones Target 2020 Fund	15,166	223,395
Wells Fargo Bank, N.A.*	Dow Jones Target 2030 Fund	16,294	265,919
Wells Fargo Bank, N.A.*	Dow Jones Target 2040 Fund	461	8,715
Wells Fargo Bank, N.A.*	Dow Jones Target 2050 Fund	1,246	13,480
			$5,245,279

* Represents party-in-interest to the Plan.

Cost information is not required for participant-directed investments and, therefore, is not presented.

STANDARD FORWARDING, LLC **Schedule 2**
UNION EMPLOYEES 401(k) SAVINGS PLAN

Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

Years Ended December 31, 2017 and 2016

Description of Assets	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
2017:						
No reportable transactions	-	$ -	$ -	$ -	$ -	$ -
2016:						
No reportable transactions	-	-	-	-	-	-

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Financial Statements

December 31, 2017 and 2016

(With Independent Auditor's Report Thereon)

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

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Independent Auditor's Report

To The Trustees
Galaxy 1 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Galaxy 1 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016 and the related statements of changes in net assets available for benefits for the years then ended, 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 U.S. generally accepted accounting principles; 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 our audits in accordance with U.S. generally accepted auditing standards. 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 2 and 3, which were certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the 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 December 31, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year), Form 5500, Schedule H, Part IV, Line 4j, Schedule of Reportable Transactions and Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions as of and for the years ended December 31, 2017 and 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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 U.S. generally accepted auditing standards 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.

Anderson, Lower, Whitlow P.C.

Bettendorf, Iowa
October 15, 2018

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

	2017	2016
Assets:		
Investments (notes 2 and 3):		
Mutual funds, at fair value	**$4,785,555**	**4,173,004**
Investment contract, at contract value	**949,561**	**1,072,275**
Total investments	**5,735,116**	**5,245,279**
Liabilities – none	**-**	**-**
Net assets available for benefits	**$5,735,116**	**5,245,279**

See accompanying notes to financial statements.

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2017 and 2016

	2017	2016
Additions:		
Investment income (note 2):		
Interest and dividends	$ 45,715	51,626
Net appreciation in fair value of investments	785,919	232,156
	831,634	283,782
Contributions:		
Employee, including rollovers of $79,530 in 2017 and $-0- in 2016	338,821	217,038
Employer (note 8)	-	259
Total contributions	338,821	217,297
Other income	187	-
Total additions	1,170,642	501,079
Deductions:		
Benefits paid to participants	658,928	645,540
Administrative expenses (note 9)	21,877	21,729
Total deductions	680,805	667,269
Net increase (decrease)	489,837	(166,190)
Net assets available for benefits:		
Beginning of year	5,245,279	5,411,469
End of year	$5,735,116	5,245,279

See accompanying notes to financial statements.

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(1) Plan Description and Summary of Significant Accounting Policies

(a) Description of Plan

The following description of the Standard Forwarding, LLC Union Employees 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Standard Forwarding, LLC Union Employees 401(k) Savings Plan (the "Plan") is a defined contribution plan covering substantially all union employees of Standard Forwarding, LLC (the "Company") who have completed three months of service and reached 21 years of age. The Company controls and manages the operation and administration of the Plan. Wells Fargo Bank Iowa, N.A. ("Wells Fargo") serves as the custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may contribute a percentage of pre-tax annual compensation (subject to federal limitations) in the form of a salary reduction. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Employee contributions are invested in one or more investment fund options offered by the Plan as directed by the individual participant.

The Company does not make any contributions to the Plan other than corrective contributions as needed (see note 8).

Participant Accounts

Each participant's account is credited with the participant's contributions, and Plan earnings, and charged with the participant's withdrawals. The benefit to which a participant is entitled is the benefit that can be provided from the participant's accounts.

Participant–Directed Investments

Upon enrollment in the Plan, participants may direct their contributions in 5% increments into various investment options offered by the Plan. The Plan currently offers eight funds as investment options for participants.

Participants may change their investment options at any time. Each participant can direct the investment of all contributions to any of the investment options offered by the Plan and may request the transfer of assets resulting from those contributions between such investment options.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Payment of Benefits

On death, disability or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive as a distribution from his or her account the value of their account in installments, as a joint or survivor annuity, or in a lump sum payment.

(1) Plan Description and Summary of Significant Accounting Policies, continued

(b) Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting. The Plan evaluated subsequent events through October 9, 2018, which is the date the financial statements were available to be issued.

Investment Valuation and Income Recognition

The Plan's investments are held by Wells Fargo Bank, N.A. (Custodian). The Plan is administered by Wells Fargo Bank, N.A. who allocates Plan assets to the individual accounts of each participant as directed by the participant.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

The Plan's investments are stated at fair value, except for the fully benefit-responsive investment contract (Wells Fargo Stable Return Fund) which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in a transaction between market participants at the measurement date. The fair value of investments is based on quoted market prices of national securities exchanges. Where marketable securities are not listed on an exchange, price quotations are obtained from securities brokerage firms. Contract value represents contributions made under the contract plus earnings at the effective contract rate of 2.36% in 2017 and 1.93% in 2016 less participant withdrawals and administrative expenses. See note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis and dividends are recorded on the ex-dividend date. The net appreciation in the fair value of investments includes realized and unrealized gains and losses of investments by the Plan.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Benefits and Administrative Expenses

Benefits are recorded when paid.

Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan's sponsor and therefore, are not included in the accompanying statement of changes in net assets available for benefits.

(2) Investments (Unaudited)

The Plan's investments are held by Wells Fargo Bank, N.A. (Custodian) in trust funds. The following information as of and for the years ended December 31, 2017 and 2016 has been certified as complete and accurate by the Custodian.

	2017	2016
Investments:		
Mutual funds, at fair value:		
Wells Fargo Diversified Equity Fund	$3,445,620	2,971,697
Other mutual funds	1,339,935	1,201,307
Total mutual funds	4,785,555	4,173,004
Investment contract, at contract value -		
Wells Fargo Stable Return Fund	949,561	1,072,275
Total investments	$5,735,116	5,245,279

	2017	2016
Investment income:		
Net appreciation in fair value of investments	$785,919	232,156
Interest and dividends	45,715	51,626
	$831,634	283,782

(3) Fair Value Measurements (Unaudited)

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of quoted prices in active markets of similar assets for assets in non-active markets and Level 3 inputs consist of other valuation techniques which have the lowest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The Plan only measures fair value using Level 3 inputs when Level 1 or Level 2 inputs are not available.

Mutual Funds

The Plan measured the fair value of mutual funds using Level 1 inputs which consisted of quoted net asset values of the shares held by the Plan at year-end. These mutual funds are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The net asset value of these mutual funds are published daily and transacted at that price; and therefore, are considered actively traded.

Investment Contract

The Plan's investment contract is measured at contract value in accordance with the provisions of ASU 2015-12 regarding Plan Accounting for Employee Benefit Plans which designates contract value as the only required measure for fully benefit-responsive investment contracts.

(4) Federal Income Taxes

The Plan uses a prototype plan document sponsored by Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. received a determination letter on March 31, 2008 in which the Internal Revenue Service stated that the prototype document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan evaluates the tax benefits of a tax position using the "more likely than not" threshold. As of December 31, 2017, management is not aware of any uncertain tax positions and related tax benefits which would be material to the Plan's financial statements. The Plan files annual information returns which for years subsequent to 2013 are subject to examination by taxing authorities.

(5) 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.

(6) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level or risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

(7) Reconciliation to Form 5500

The Plan's investment contract is reported in the Form 5500 at fair value. The financial statements reflect this investment at fair value with an adjustment from fair value to contract value. The following is a reconciliation of net assets as of December 31, 2017 and 2016 per the financial statements to the Form 5500:

	2017	2016
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Add: adjustment from fair value to contract value for fully benefit - responsive investment contract	-	2,140
Net assets per financial statements	$5,735,116	5,245,279

The following is a reconciliation of the net decrease in net assets for the years ended December 31, 2017 and 2016 per the financial statements to the Form 5500:

	2017	2016
Net increase (decrease) per Form 5500	$491,977	(166,109)
Deduct: change in employer contribution receivable	-	(1,663)
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Net increase (decrease) per financial statements	$489,837	(166,190)

(8) Corrective Contribution

For the year ended December 31, 2014, there were certain employees where the authorized salary reduction amount was inadvertently not withheld from their paycheck. The Company had decided to make a corrective contribution to the Plan for those employees and recorded a contribution receivable of $1,663 as of December 31, 2014 to reflect this corrective contribution. This corrective contribution was paid October 13, 2016. Due to the timing of the payment, an additional $259 contribution was made by the Company.

(9) Party-In-Interest Transactions

Wells Fargo Bank, N.A. is the custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment administrative services amounted to $21,877 and $21,729 for the years ended December 31, 2017 and 2016, respectively.

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Schedule 1

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2017

Identity of Issuer, Borrower, Lessor, or Similar Party	Description	Number of Shares	Current Value
Wells Fargo Bank, N.A.*	Stable Return Fund	19,139	$ 949,561
Wells Fargo Bank, N.A.*	Diversified Equity Fund	132,882	3,445,620
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Wells Fargo Bank, N.A.*	Dow Jones Target 2010 Fund	1,711	18,903
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Wells Fargo Bank, N.A.*	Dow Jones Target 2050 Fund	3,221	27,960
			$5,735,116

* Represents party-in-interest to the Plan.

Cost information is not required for participant-directed investments and, therefore, is not presented.

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Schedule 1

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2016

Identity of Issuer, Borrower, Lessor, or Similar Party	Description	Number of Shares	Current Value
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Wells Fargo Bank, N.A.*	Dow Jones Target 2010 Fund	1,458	18,019
Wells Fargo Bank, N.A.*	Dow Jones Target 2020 Fund	15,166	223,395
Wells Fargo Bank, N.A.*	Dow Jones Target 2030 Fund	16,294	265,919
Wells Fargo Bank, N.A.*	Dow Jones Target 2040 Fund	461	8,715
Wells Fargo Bank, N.A.*	Dow Jones Target 2050 Fund	1,246	13,480
			$5,245,279

* Represents party-in-interest to the Plan.

Cost information is not required for participant-directed investments and, therefore, is not presented.

STANDARD FORWARDING, LLC **Schedule 2**
UNION EMPLOYEES 401(k) SAVINGS PLAN

Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

Years Ended December 31, 2017 and 2016

Description of Assets	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
2017:						
No reportable transactions	-	$ -	$ -	$ -	$ -	$ -
2016:						
No reportable transactions	-	-	-	-	-	-

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Financial Statements

December 31, 2017 and 2016

(With Independent Auditor's Report Thereon)

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

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Independent Auditor's Report

To The Trustees
Galaxy 1 401(k) Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Galaxy 1 401(k) Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2017 and 2016 and the related statements of changes in net assets available for benefits for the years then ended, 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 U.S. generally accepted accounting principles; 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 our audits in accordance with U.S. generally accepted auditing standards. 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 2 and 3, which were certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the 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 December 31, 2017 and 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets (Held at End of Year), Form 5500, Schedule H, Part IV, Line 4j, Schedule of Reportable Transactions and Form 5500, Schedule H, Part IV, Line 4a - Schedule of Delinquent Participant Contributions as of and for the years ended December 31, 2017 and 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on 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 U.S. generally accepted auditing standards 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.

Anderson, Lower, Whitlow P.C.

Bettendorf, Iowa
October 15, 2018

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2017 and 2016

	2017	2016
Assets:		
Investments (notes 2 and 3):		
Mutual funds, at fair value	**$4,785,555**	**4,173,004**
Investment contract, at contract value	**949,561**	**1,072,275**
Total investments	**5,735,116**	**5,245,279**
Liabilities – none	**-**	**-**
Net assets available for benefits	**$5,735,116**	**5,245,279**

See accompanying notes to financial statements.

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2017 and 2016

	2017	2016
Additions:		
Investment income (note 2):		
Interest and dividends	$ 45,715	51,626
Net appreciation in fair value of investments	785,919	232,156
	831,634	283,782
Contributions:		
Employee, including rollovers of $79,530 in 2017 and $-0- in 2016	338,821	217,038
Employer (note 8)	-	259
Total contributions	338,821	217,297
Other income	187	-
Total additions	1,170,642	501,079
Deductions:		
Benefits paid to participants	658,928	645,540
Administrative expenses (note 9)	21,877	21,729
Total deductions	680,805	667,269
Net increase (decrease)	489,837	(166,190)
Net assets available for benefits:		
Beginning of year	5,245,279	5,411,469
End of year	$5,735,116	5,245,279

See accompanying notes to financial statements.

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Notes to Financial Statements

December 31, 2017 and 2016

(1) Plan Description and Summary of Significant Accounting Policies

(a) Description of Plan

The following description of the Standard Forwarding, LLC Union Employees 401(k) Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Standard Forwarding, LLC Union Employees 401(k) Savings Plan (the "Plan") is a defined contribution plan covering substantially all union employees of Standard Forwarding, LLC (the "Company") who have completed three months of service and reached 21 years of age. The Company controls and manages the operation and administration of the Plan. Wells Fargo Bank Iowa, N.A. ("Wells Fargo") serves as the custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Participants may contribute a percentage of pre-tax annual compensation (subject to federal limitations) in the form of a salary reduction. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Employee contributions are invested in one or more investment fund options offered by the Plan as directed by the individual participant.

The Company does not make any contributions to the Plan other than corrective contributions as needed (see note 8).

Participant Accounts

Each participant's account is credited with the participant's contributions, and Plan earnings, and charged with the participant's withdrawals. The benefit to which a participant is entitled is the benefit that can be provided from the participant's accounts.

Participant–Directed Investments

Upon enrollment in the Plan, participants may direct their contributions in 5% increments into various investment options offered by the Plan. The Plan currently offers eight funds as investment options for participants.

Participants may change their investment options at any time. Each participant can direct the investment of all contributions to any of the investment options offered by the Plan and may request the transfer of assets resulting from those contributions between such investment options.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon.

Payment of Benefits

On death, disability or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive as a distribution from his or her account the value of their account in installments, as a joint or survivor annuity, or in a lump sum payment.

(1) Plan Description and Summary of Significant Accounting Policies, continued

(b) Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the accrual basis of accounting. The Plan evaluated subsequent events through October 9, 2018, which is the date the financial statements were available to be issued.

Investment Valuation and Income Recognition

The Plan's investments are held by Wells Fargo Bank, N.A. (Custodian). The Plan is administered by Wells Fargo Bank, N.A. who allocates Plan assets to the individual accounts of each participant as directed by the participant.

Investments held by a defined contribution plan are required to be reported at fair value, except for fully benefit-responsive investment contracts. Contract value is the relevant measure for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants normally would receive if they were to initiate permitted transactions under the terms of the plan.

The Plan's investments are stated at fair value, except for the fully benefit-responsive investment contract (Wells Fargo Stable Return Fund) which is reported at contract value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in a transaction between market participants at the measurement date. The fair value of investments is based on quoted market prices of national securities exchanges. Where marketable securities are not listed on an exchange, price quotations are obtained from securities brokerage firms. Contract value represents contributions made under the contract plus earnings at the effective contract rate of 2.36% in 2017 and 1.93% in 2016 less participant withdrawals and administrative expenses. See note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded on the accrual basis and dividends are recorded on the ex-dividend date. The net appreciation in the fair value of investments includes realized and unrealized gains and losses of investments by the Plan.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Benefits and Administrative Expenses

Benefits are recorded when paid.

Certain expenses incurred in connection with the general administration of the Plan are paid by the Plan's sponsor and therefore, are not included in the accompanying statement of changes in net assets available for benefits.

(2) Investments (Unaudited)

The Plan's investments are held by Wells Fargo Bank, N.A. (Custodian) in trust funds. The following information as of and for the years ended December 31, 2017 and 2016 has been certified as complete and accurate by the Custodian.

	2017	2016
Investments:		
Mutual funds, at fair value:		
Wells Fargo Diversified Equity Fund	$3,445,620	2,971,697
Other mutual funds	1,339,935	1,201,307
Total mutual funds	4,785,555	4,173,004
Investment contract, at contract value -		
Wells Fargo Stable Return Fund	949,561	1,072,275
Total investments	$5,735,116	5,245,279

	2017	2016
Investment income:		
Net appreciation in fair value of investments	$785,919	232,156
Interest and dividends	45,715	51,626
	$831,634	283,782

(3) Fair Value Measurements (Unaudited)

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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 fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of quoted prices in active markets of similar assets for assets in non-active markets and Level 3 inputs consist of other valuation techniques which have the lowest priority. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. The Plan only measures fair value using Level 3 inputs when Level 1 or Level 2 inputs are not available.

Mutual Funds

The Plan measured the fair value of mutual funds using Level 1 inputs which consisted of quoted net asset values of the shares held by the Plan at year-end. These mutual funds are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The net asset value of these mutual funds are published daily and transacted at that price; and therefore, are considered actively traded.

Investment Contract

The Plan's investment contract is measured at contract value in accordance with the provisions of ASU 2015-12 regarding Plan Accounting for Employee Benefit Plans which designates contract value as the only required measure for fully benefit-responsive investment contracts.

(4) Federal Income Taxes

The Plan uses a prototype plan document sponsored by Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. received a determination letter on March 31, 2008 in which the Internal Revenue Service stated that the prototype document, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan evaluates the tax benefits of a tax position using the "more likely than not" threshold. As of December 31, 2017, management is not aware of any uncertain tax positions and related tax benefits which would be material to the Plan's financial statements. The Plan files annual information returns which for years subsequent to 2013 are subject to examination by taxing authorities.

(5) 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.

(6) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level or risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

(7) Reconciliation to Form 5500

The Plan's investment contract is reported in the Form 5500 at fair value. The financial statements reflect this investment at fair value with an adjustment from fair value to contract value. The following is a reconciliation of net assets as of December 31, 2017 and 2016 per the financial statements to the Form 5500:

	2017	2016
Net assets per Form 5500	$5,735,116	5,243,139
Add: adjustment from fair value to contract value for fully benefit - responsive investment contract	-	2,140
Net assets per financial statements	$5,735,116	5,245,279

The following is a reconciliation of the net decrease in net assets for the years ended December 31, 2017 and 2016 per the financial statements to the Form 5500:

	2017	2016
Net increase (decrease) per Form 5500	$491,977	(166,109)
Deduct: change in employer contribution receivable	-	(1,663)
Add (deduct): change in adjustment from fair value to contract value for fully benefit-responsive investment contract	(2,140)	1,582
Net increase (decrease) per financial statements	$489,837	(166,190)

(8) Corrective Contribution

For the year ended December 31, 2014, there were certain employees where the authorized salary reduction amount was inadvertently not withheld from their paycheck. The Company had decided to make a corrective contribution to the Plan for those employees and recorded a contribution receivable of $1,663 as of December 31, 2014 to reflect this corrective contribution. This corrective contribution was paid October 13, 2016. Due to the timing of the payment, an additional $259 contribution was made by the Company.

(9) Party-In-Interest Transactions

Wells Fargo Bank, N.A. is the custodian as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment administrative services amounted to $21,877 and $21,729 for the years ended December 31, 2017 and 2016, respectively.

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Schedule 1

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2017

Identity of Issuer, Borrower, Lessor, or Similar Party	Description	Number of Shares	Current Value
Wells Fargo Bank, N.A.*	Stable Return Fund	19,139	$ 949,561
Wells Fargo Bank, N.A.*	Diversified Equity Fund	132,882	3,445,620
Wells Fargo Bank, N.A.*	Moderate Balanced Fund	29,839	682,711
Wells Fargo Bank, N.A.*	Dow Jones Target 2010 Fund	1,711	18,903
Wells Fargo Bank, N.A.*	Dow Jones Target 2020 Fund	7,735	100,481
Wells Fargo Bank, N.A.*	Dow Jones Target 2030 Fund	35,066	488,476
Wells Fargo Bank, N.A.*	Dow Jones Target 2040 Fund	1,290	21,404
Wells Fargo Bank, N.A.*	Dow Jones Target 2050 Fund	3,221	27,960
			$5,735,116

* Represents party-in-interest to the Plan.

Cost information is not required for participant-directed investments and, therefore, is not presented.

STANDARD FORWARDING, LLC
UNION EMPLOYEES 401(k) SAVINGS PLAN

Schedule 1

Form 5500, Schedule H, Part IV, Line 4i – Schedule of Assets (Held at End of Year)

December 31, 2016

Identity of Issuer, Borrower, Lessor, or Similar Party	Description	Number of Shares	Current Value
Wells Fargo Bank, N.A.*	Stable Return Fund	21,836	$1,072,275
Wells Fargo Bank, N.A.*	Diversified Equity Fund	110,637	2,971,697
Wells Fargo Bank, N.A.*	Moderate Balanced Fund	29,791	671,779
Wells Fargo Bank, N.A.*	Dow Jones Target 2010 Fund	1,458	18,019
Wells Fargo Bank, N.A.*	Dow Jones Target 2020 Fund	15,166	223,395
Wells Fargo Bank, N.A.*	Dow Jones Target 2030 Fund	16,294	265,919
Wells Fargo Bank, N.A.*	Dow Jones Target 2040 Fund	461	8,715
Wells Fargo Bank, N.A.*	Dow Jones Target 2050 Fund	1,246	13,480
			$5,245,279

* Represents party-in-interest to the Plan.

Cost information is not required for participant-directed investments and, therefore, is not presented.

STANDARD FORWARDING, LLC **Schedule 2**
UNION EMPLOYEES 401(k) SAVINGS PLAN

Form 5500, Schedule H, Part IV, Line 4j – Schedule of Reportable Transactions

Years Ended December 31, 2017 and 2016

Description of Assets	Number of Transactions	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
2017:						
No reportable transactions	-	$ -	$ -	$ -	$ -	$ -
2016:						
No reportable transactions	-	-	-	-	-	-