

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A	This return/report is for: <div style="display: flex; justify-content: space-between;"> <div> ☐ a multiemployer plan </div> <div> ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) </div> </div>
	☒ a single-employer plan <div style="margin-left: 150px;">☐ a DFE (specify) _____</div>
B	This return/report is: <div style="display: flex; justify-content: space-between;"> <div> ☒ the first return/report </div> <div> ☐ the final return/report </div> </div>
	☐ an amended return/report <div style="margin-left: 150px;">☐ a short plan year return/report (less than 12 months)</div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: <div style="display: flex; justify-content: space-between;"> <div> ☒ Form 5558 </div> <div> ☐ automatic extension </div> <div> ☐ the DFVC program </div> </div>
	☐ special extension (enter description) _____

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>COMPREHENSIVE LOGISTICS CO., LLC EMPLOYEE RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) ▶ <u>001</u>
		1c	Effective date of plan <u>01/01/2017</u>
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) <u>COMPREHENSIVE LOGISTICS CO., LLC</u> <u>4944 BELMONT AVENUE</u> <u>YOUNGSTOWN, OH 44505</u>	2b	Employer Identification Number (EIN) <u>34-1821646</u>
		2c	Plan Sponsor's telephone number <u>330-539-1099</u>
		2d	Business code (see instructions) <u>488510</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2018	JOHN HOPTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor 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	5 601
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) 601
a(2) Total number of active participants at the end of the plan year	6a(2) 613
b Retired or separated participants receiving benefits	6b 0
c Other retired or separated participants entitled to future benefits	6c 18
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 631
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 0
f Total. Add lines 6d and 6e	6f 631
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 173
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 4
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: 2A 2E 2F 2G 2J 2K 2S 2T 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 COMPREHENSIVE LOGISTICS CO., LLC EMPLOYEE RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMPREHENSIVE LOGISTICS CO., LLC	D Employer Identification Number (EIN) 34-1821646	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

NEWPORT GROUP, INC.

27-2037969

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMIN	6570	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <hr/> 2017 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>COMPREHENSIVE LOGISTICS CO., LLC EMPLOYEE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMPREHENSIVE LOGISTICS CO., LLC</u>	D Employer Identification Number (EIN) <u>34-1821646</u>	

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE FUND

b Name of sponsor of entity listed in (a): PRINCIPAL GLOBAL INVESTORS TRUST COMPANY

c EIN-PN <u>93-6274329-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>393509</u>
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>COMPREHENSIVE LOGISTICS CO., LLC EMPLOYEE RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMPREHENSIVE LOGISTICS CO., LLC</u>	D Employer Identification Number (EIN) <u>34-1821646</u>	

Part I	Asset and Liability Statement
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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)	0	223647
(9) Value of interest in common/collective trusts.....	1c(9)	0	393509
(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)	0	4187176
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	0	4804332

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	0	4804332
---	-----------	---	---------

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)	66260	
(B) Participants	2a(1)(B)	260223	
(C) Others (including rollovers)	2a(1)(C)	15110	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		341593
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)	5221	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		5221
(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)	108545	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		108545
(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)		2518
(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)		176530
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		634407

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	249070	
(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)		249070
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)	740	
(2) Contract administrator fees	2i(2)	6570	
(3) Investment advisory and management fees	2i(3)	4145	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		11455
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		260525

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		373882
l Transfers of assets:			
(1) To this plan.....	2l(1)		4430450
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: GRANT THORNTON

(2) EIN: 36-6055558

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
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		500000
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	X		

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.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under 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).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan COMPREHENSIVE LOGISTICS CO., LLC EMPLOYEE RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMPREHENSIVE LOGISTICS CO., LLC		D Employer Identification Number (EIN) 34-1821646
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): 27-4411131		
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		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



Financial Statements and Report of Independent
Certified Public Accountants

Comprehensive Logistics Co., LLC
Employee Retirement Plan

December 31, 2017

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Report of Independent Certified Public Accountants

Trustees
Comprehensive Logistics Co., LLC
Employee Retirement Plan

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Cleveland, OH 44114-1718
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twitter.com/GrantThorntonUS

Report on the financial statements

We were engaged to audit the accompanying financial statements of Comprehensive Logistics Co., LLC Employee Retirement Plan (the “Plan”), which comprise the statement of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note C, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of December 31, 2017, and for the year ended December 31, 2017, stating that the certified information provided to the Plan administrator 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.

Supplementary information

The supplemental schedule of assets (held at end of year) as of December 31, 2017 is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on form and content in compliance with DOL rules and regulations

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



Cleveland, Ohio
October 15, 2018

Comprehensive Logistics Co., LLC
Employee Retirement Plan

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2017

ASSETS

Investments, at fair value	\$ 4,580,685
----------------------------	--------------

Notes receivable from participants	<u>223,647</u>
------------------------------------	----------------

NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 4,804,332</u></u>
--	-----------------------------------

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

Comprehensive Logistics Co., LLC
Employee Retirement Plan

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

For the year ended December 31, 2017

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of mutual funds	\$ 179,037
Dividends and interest	<u>108,545</u>

Net investment income	287,582
-----------------------	---------

Interest income on notes receivable from participants	5,221
---	-------

Contributions:

Participants	260,223
Company	66,260
Rollover	<u>15,110</u>

Total contributions	<u>341,593</u>
---------------------	----------------

Total additions	634,396
-----------------	---------

Deductions from net assets attributed to:

Benefits paid to participants	249,060
Administrative expenses	<u>11,455</u>

Total deductions	<u>260,515</u>
------------------	----------------

NET INCREASE	373,881
---------------------	----------------

Transfer from Falcon Transport Co. Employee Benefit Plan	4,430,451
--	-----------

Net assets available for benefits:

Beginning of year	-
End of year	<u><u>\$ 4,804,332</u></u>

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

Comprehensive Logistics Co., LLC
Employee Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2017

NOTE A – PLAN DESCRIPTION

The following description of the Comprehensive Logistics Co., LLC Employee Retirement 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 Plan is a defined contribution plan generally covering all eligible employees of Comprehensive Logistics Co., LLC (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan was formed effective January 1, 2017.

Eligibility

An employee becomes eligible to participate in the Plan upon completion of three months of service and attainment of age 21. An employee may begin to participate after such requirements are satisfied.

Contributions

Participants can elect to defer up to 100% of their pre-tax compensation subject to Plan provisions and maximum amounts permitted by law. Participants may also make Roth elective deferrals. 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 plans (rollover). Unless a participant makes an affirmative election, the participant’s automatic deferral amount is 3% of compensation for each payroll period. The automatic deferral amount will increase by 1% of compensation to a maximum of 6% of compensation on July 1 of each Plan year.

The Company makes matching contributions in an amount equal to 25% of the first 6% of the participant’s eligible compensation contributed to the Plan, with the exception of participants who are eligible to participate and are a part of the Dearborn United Automobile Workers (“UAW”). The Company makes matching contributions in an amount equal to 100% of the first 3% and 50% of the next 3% of the Dearborn UAW participant’s eligible compensation contributed to the Plan.

Participant Accounts

A separate account is maintained for each participant in the Plan, reflecting participant and Company contributions and allocation of the Plan’s earnings and losses. The Plan includes provisions whereby participants can direct investment of their account balances between the various investment options offered by the Plan. Participants can change their investment options or transfer funds on a daily basis.

Comprehensive Logistics Co., LLC
Employee Retirement Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2017

NOTE A – PLAN DESCRIPTION - CONTINUED

Transfer from Falcon Transport Co. Employee Benefit Plan

During 2016, Comprehensive Logistics Co., LLC was part of a consolidated group of companies and was ultimately divested and has been operating on a stand-alone basis since November 2016. Effective January 1, 2017, this Plan formed and the former employees of the consolidated group that became employees of Comprehensive Logistics Co., LLC had their balances transferred to the Plan in July 2017. The total amount of transfers was \$4,430,451 and have been reflected as transfers on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2017.

Vesting

All contributions made by participants become immediately vested.

Vesting in employer matching and employer profit sharing contributions is based on years of vesting service as follows:

<u>Years of Vesting Service</u>	<u>% of Vesting in Company Contribution</u>
1	0%
2	34%
3	67%
4	100%

Notes Receivable from Participants

The Plan allows participants to borrow against their vested account balance in the Plan. Participants may borrow up to their vested account balance. No more than one loan per participant may be outstanding at any time. No loan of less than \$1,000 will be made. The loans are repayable over a reasonable period of time. The loans are secured by the balance in the participant's accounts and bear a fixed interest at prime plus 2% as of the loan date. At December 31, 2017, interest rates on the loans outstanding was 5.25% - 6.25%. Principal and interest is primarily paid ratably through payroll deductions.

Payment of Benefits

A participant or his or her beneficiary may receive a lump sum payment of his or her vested account balance upon retirement, disability, termination, or death prior to retirement. Participants may also withdraw amounts from their accounts under certain defined conditions.

Comprehensive Logistics Co., LLC
Employee Retirement Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2017

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Benefits Committee determines the Plan's valuation policies utilizing information provided by its investment advisor and trustee. See Note D for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan is reduced and a benefit payment is recorded.

Use of Estimates

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

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Comprehensive Logistics Co., LLC
Employee Retirement Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2017

NOTE C – INFORMATION CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Newport Group, Inc., (the "Trustee") has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments at fair value and notes receivable from participants, as shown in the Statement of Net Assets Available for Benefits as of December 31, 2017.
- Net investment income and interest income on notes receivable from participants, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2017.
- Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017.

The Plan's independent accountants did not perform any auditing procedures with respect to the certified information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE D – FAIR VALUE MEASUREMENTS

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

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

Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Comprehensive Logistics Co., LLC
Employee Retirement Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2017

NOTE D – FAIR VALUE MEASUREMENTS - CONTINUED

Following is a description of the valuation methodologies used for assets measured at fair value.

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

Collective trust fund: Valued at the NAV of units held by the Plan at year-end after adjustments to reflect all fund investments at fair value, including direct and indirect interest in fully benefit-responsive investment contracts, as reported in the audited financial statements of the fund. The NAV represents the Plan's fair value since this is the amount at which the Plan transacts with the funds and is used as a practical expedient to estimate fair value.

The Investment Committee of the Company, which is comprised of certain advisors and members of the Company, uses a third-party service as the primary basis for valuation of the Fund. The Investment Committee meets periodically with the Plan's advisors and trustee to review fund performance, including that of all funds in the Plan.

The Morley Stable Value Fund (the "Fund") is a collective trust fund that is managed to maintain a certain amount of liquidity. Therefore, in the normal course of business there would be no events or conditions that would limit the ability to transact at contract value. However, there may be market value events or conditions that do limit the ability to transact at contract value. These include, but are not limited to, Fund administration being amended or changed, termination or partial termination of the Fund, failure to meet certain tax qualifications, transfers to competing options without meeting the equity provisions of the Fund and plan sponsor withdrawals without the appropriate notice to the Fund and/or issuer.

The following tables set forth by level, with the fair value hierarchy, the Plan's assets at fair value at December 31, 2017.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 4,187,176	\$ -	\$ -	\$ 4,187,176
Total assets in the fair value hierarchy	<u>\$ 4,187,176</u>	<u>\$ -</u>	<u>\$ -</u>	4,187,176
Investments at net asset value:				
Collective trust fund (a)				<u>393,509</u>
Total assets at fair value				<u>\$ 4,580,685</u>

- (a) The collective trust fund is measured at fair value using NAV as the practical expedient and has not been classified in the fair value hierarchy

Comprehensive Logistics Co., LLC
Employee Retirement Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2017

NOTE D – FAIR VALUE MEASUREMENTS - CONTINUED

The table below presents additional information for the Plan's investment whose fair value is estimated using the practical expedient of reported NAV.

	<u>Fair Value* at December 31, 2017</u>	<u>Unfunded Commitments</u>	<u>Terms</u>	<u>Redemption Restrictions</u>	<u>Notice Period</u>
Morley Stable Value Fund	\$ 393,509	\$ -	Daily ^(b)	None ^(b)	None ^(b)

* Estimated using NAV for the fund.

- (b) Contributions to the fund may be made daily at the contract value and are considered made immediately after the daily valuation. Qualified plan participants are allowed to withdrawal at any time without penalty, regardless of their frequency or amount. The Fund requires participants to invest in a non-competing fund for at least 90 days before transferring to a competing fund option. Any plan sponsor or plan fiduciary initiated withdrawal from the Fund are not subject to a written notice of the intent to withdraw assets from the Fund.

NOTE E – TAX STATUS

Effective January 1, 2017, the Plan adopted a standardized prototype plan document sponsored by the Trustee. The Trustee, obtained an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014, which states that the prototype document satisfies the applicable requirements of the Internal Revenue Code ("IRC"). The Plan itself has not received a determination letter from the IRS. The Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified and the related Trust established under the Plan is tax exempt as of the financial statement date; and no provision for income taxes has been included the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE F– RELATED PARTY TRANSACTIONS

In 2017, the Plan was under contract with an administrator (Newport Group, Inc.) who is affiliated with the Trustee of the Plan. Fees paid by the Plan for the administrative services provided were \$4,958 in 2017.

NOTE G – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

Comprehensive Logistics Co., LLC
Employee Retirement Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2017

NOTE H – RISKS AND UNCERTAINTIES

Investment securities, in general, are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is 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.

NOTE I - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 15, 2018, the date the financial statements were available to be issued and has determined that there were no subsequent events that have occurred through the date of to recognize or disclose in these financial statements.

Supplementary Information

Comprehensive Logistics Co., LLC
Employee Retirement Plan

**SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

As of December 31, 2017

EIN: 34-1821646

Plan No.: 001

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity	Fair Value
AB BOND INFLATION STRAT - ADV	Mutual Fund	\$ 6,900
AM BEACON BRIDGEWAY LG CAP VALUE	Mutual Fund	263,517
BRANDES INTERNATIONAL SMALL CAP EQUITY	Mutual Fund	44,021
CLEARBRIDGE LARGE CAP GROWTH FUND - I	Mutual Fund	358,749
DFA GLOBAL REAL ESTATE SECURITIES	Mutual Fund	599
FIRST EAGLE GOLD - I	Mutual Fund	574
GOLDMAN SACHS SMALL CAP EQUITY INSIGHTS	Mutual Fund	18,739
GS EMERGING MRKTS EQ INSIGHTS FUND INT	Mutual Fund	53,451
JPMORGAN SMALL CAP VALUE - R6	Mutual Fund	76,086
LORD ABBETT HIGH YIELD - I	Mutual Fund	82,554
MASSMUTUAL SELECT MID CAP GROWTH II	Mutual Fund	33,244
METROPOLITAN WEST TOTAL RETURN BOND	Mutual Fund	52,132
MFS UTILITIES - R4	Mutual Fund	7,674
OPPENHEIMER INTERNATIONAL GROWTH - I	Mutual Fund	63,711
PIMCO INCOME INSTITUTIONAL	Mutual Fund	1,776
T.ROWE PRICE GLOBAL MULTI-SECTOR BOND	Mutual Fund	27,868
TIAA-CREF SMALL CAP BLEND INDEX FUND	Mutual Fund	68,253
TRANSAMERICA INTERNATIONAL EQUITY I	Mutual Fund	33,146
VANGUARD DEVELOPED MARKETS INDEX - ADM	Mutual Fund	98,148
VANGUARD LIFESTRATEGY CONSRV GRWTH - INV	Mutual Fund	153,161
VANGUARD LIFESTRATEGY GROWTH - INV	Mutual Fund	40,053
VANGUARD LIFESTRATEGY INCOME - INV	Mutual Fund	77,386
VANGUARD LIFESTRATEGY MOD GROWTH - INV	Mutual Fund	433,421
VANGUARD MID CAP INDEX ADM	Mutual Fund	165,212
VANGUARD TARGET RETIREMENT 2015 - INV	Mutual Fund	182,425
VANGUARD TARGET RETIREMENT 2020 - INV	Mutual Fund	38,056
VANGUARD TARGET RETIREMENT 2025 - INV	Mutual Fund	413,779
VANGUARD TARGET RETIREMENT 2030 - INV	Mutual Fund	945
VANGUARD TARGET RETIREMENT 2035 - INV	Mutual Fund	541,050
VANGUARD TARGET RETIREMENT 2040 - INV	Mutual Fund	2,471
VANGUARD TARGET RETIREMENT 2045 - INV	Mutual Fund	249,227
VANGUARD TARGET RETIREMENT 2050 - INV	Mutual Fund	360
VANGUARD TARGET RETIREMENT 2055 - INV	Mutual Fund	3,211
VANGUARD TOTAL STOCKMARKET INDEX - ADM	Mutual Fund	549,038
WELLS FARGO ADV SPECIAL MID CAP VAL - R6	Mutual Fund	46,239
Total Mural Funds		4,187,176
 MORLEY STABLE VALUE FUND CLASS 26	 Collective Trust Fund	 393,509
Total Investments		<u><u>\$ 4,580,685</u></u>
* Participants loans	5.25% - 6.25%	<u><u>\$ 223,647</u></u>

* Indicates party-in-interest.



Financial Statements and Report of Independent
Certified Public Accountants

Comprehensive Logistics Co., LLC
Employee Retirement Plan

December 31, 2017

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Report of Independent Certified Public Accountants

Trustees
Comprehensive Logistics Co., LLC
Employee Retirement Plan

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Report on the financial statements

We were engaged to audit the accompanying financial statements of Comprehensive Logistics Co., LLC Employee Retirement Plan (the “Plan”), which comprise the statement of net assets available for benefits as of December 31, 2017, and the related statement of changes in net assets available for benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's responsibility for the financial statements

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

Auditor's responsibility

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

Basis for disclaimer of opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information described in Note C, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of December 31, 2017, and for the year ended December 31, 2017, stating that the certified information provided to the Plan administrator 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.

Supplementary information

The supplemental schedule of assets (held at end of year) as of December 31, 2017 is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on form and content in compliance with DOL rules and regulations

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



Cleveland, Ohio
October 15, 2018

Comprehensive Logistics Co., LLC
Employee Retirement Plan

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2017

ASSETS

Investments, at fair value	\$ 4,580,685
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Notes receivable from participants	<u>223,647</u>
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NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 4,804,332</u></u>
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The accompanying notes are an integral part of this financial statement.

Comprehensive Logistics Co., LLC
Employee Retirement Plan

**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

For the year ended December 31, 2017

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of mutual funds	\$ 179,037
Dividends and interest	108,545

Net investment income	287,582
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Interest income on notes receivable from participants	5,221
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Contributions:

Participants	260,223
Company	66,260
Rollover	15,110

Total contributions	341,593
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Total additions	634,396
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Deductions from net assets attributed to:

Benefits paid to participants	249,060
Administrative expenses	11,455

Total deductions	260,515
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NET INCREASE	373,881
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Transfer from Falcon Transport Co. Employee Benefit Plan	4,430,451
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Net assets available for benefits:

Beginning of year	-
End of year	\$ 4,804,332

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

Comprehensive Logistics Co., LLC
Employee Retirement Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2017

NOTE A – PLAN DESCRIPTION

The following description of the Comprehensive Logistics Co., LLC Employee Retirement 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 Plan is a defined contribution plan generally covering all eligible employees of Comprehensive Logistics Co., LLC (the “Company”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”). The Plan was formed effective January 1, 2017.

Eligibility

An employee becomes eligible to participate in the Plan upon completion of three months of service and attainment of age 21. An employee may begin to participate after such requirements are satisfied.

Contributions

Participants can elect to defer up to 100% of their pre-tax compensation subject to Plan provisions and maximum amounts permitted by law. Participants may also make Roth elective deferrals. 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 plans (rollover). Unless a participant makes an affirmative election, the participant’s automatic deferral amount is 3% of compensation for each payroll period. The automatic deferral amount will increase by 1% of compensation to a maximum of 6% of compensation on July 1 of each Plan year.

The Company makes matching contributions in an amount equal to 25% of the first 6% of the participant’s eligible compensation contributed to the Plan, with the exception of participants who are eligible to participate and are a part of the Dearborn United Automobile Workers (“UAW”). The Company makes matching contributions in an amount equal to 100% of the first 3% and 50% of the next 3% of the Dearborn UAW participant’s eligible compensation contributed to the Plan.

Participant Accounts

A separate account is maintained for each participant in the Plan, reflecting participant and Company contributions and allocation of the Plan’s earnings and losses. The Plan includes provisions whereby participants can direct investment of their account balances between the various investment options offered by the Plan. Participants can change their investment options or transfer funds on a daily basis.

Comprehensive Logistics Co., LLC
Employee Retirement Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2017

NOTE A – PLAN DESCRIPTION - CONTINUED

Transfer from Falcon Transport Co. Employee Benefit Plan

During 2016, Comprehensive Logistics Co., LLC was part of a consolidated group of companies and was ultimately divested and has been operating on a stand-alone basis since November 2016. Effective January 1, 2017, this Plan formed and the former employees of the consolidated group that became employees of Comprehensive Logistics Co., LLC had their balances transferred to the Plan in July 2017. The total amount of transfers was \$4,430,451 and have been reflected as transfers on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2017.

Vesting

All contributions made by participants become immediately vested.

Vesting in employer matching and employer profit sharing contributions is based on years of vesting service as follows:

<u>Years of Vesting Service</u>	<u>% of Vesting in Company Contribution</u>
1	0%
2	34%
3	67%
4	100%

Notes Receivable from Participants

The Plan allows participants to borrow against their vested account balance in the Plan. Participants may borrow up to their vested account balance. No more than one loan per participant may be outstanding at any time. No loan of less than \$1,000 will be made. The loans are repayable over a reasonable period of time. The loans are secured by the balance in the participant's accounts and bear a fixed interest at prime plus 2% as of the loan date. At December 31, 2017, interest rates on the loans outstanding was 5.25% - 6.25%. Principal and interest is primarily paid ratably through payroll deductions.

Payment of Benefits

A participant or his or her beneficiary may receive a lump sum payment of his or her vested account balance upon retirement, disability, termination, or death prior to retirement. Participants may also withdraw amounts from their accounts under certain defined conditions.

Comprehensive Logistics Co., LLC
Employee Retirement Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2017

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Benefits Committee determines the Plan's valuation policies utilizing information provided by its investment advisor and trustee. See Note D for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2017. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan is reduced and a benefit payment is recorded.

Use of Estimates

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

Expenses

Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements. Fees related to administration of notes receivable from participants are charged directly to the participant's account and are included in administrative expenses. Investment related expenses are included in net appreciation in fair value of investments.

Comprehensive Logistics Co., LLC
Employee Retirement Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2017

NOTE C – INFORMATION CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Newport Group, Inc., (the "Trustee") has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments at fair value and notes receivable from participants, as shown in the Statement of Net Assets Available for Benefits as of December 31, 2017.
- Net investment income and interest income on notes receivable from participants, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2017.
- Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2017.

The Plan's independent accountants did not perform any auditing procedures with respect to the certified information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE D – FAIR VALUE MEASUREMENTS

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

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Level 2 – Inputs to the valuation methodology include:

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

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

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

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

Comprehensive Logistics Co., LLC
Employee Retirement Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2017

NOTE D – FAIR VALUE MEASUREMENTS - CONTINUED

Following is a description of the valuation methodologies used for assets measured at fair value.

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

Collective trust fund: Valued at the NAV of units held by the Plan at year-end after adjustments to reflect all fund investments at fair value, including direct and indirect interest in fully benefit-responsive investment contracts, as reported in the audited financial statements of the fund. The NAV represents the Plan's fair value since this is the amount at which the Plan transacts with the funds and is used as a practical expedient to estimate fair value.

The Investment Committee of the Company, which is comprised of certain advisors and members of the Company, uses a third-party service as the primary basis for valuation of the Fund. The Investment Committee meets periodically with the Plan's advisors and trustee to review fund performance, including that of all funds in the Plan.

The Morley Stable Value Fund (the "Fund") is a collective trust fund that is managed to maintain a certain amount of liquidity. Therefore, in the normal course of business there would be no events or conditions that would limit the ability to transact at contract value. However, there may be market value events or conditions that do limit the ability to transact at contract value. These include, but are not limited to, Fund administration being amended or changed, termination or partial termination of the Fund, failure to meet certain tax qualifications, transfers to competing options without meeting the equity provisions of the Fund and plan sponsor withdrawals without the appropriate notice to the Fund and/or issuer.

The following tables set forth by level, with the fair value hierarchy, the Plan's assets at fair value at December 31, 2017.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 4,187,176	\$ -	\$ -	\$ 4,187,176
Total assets in the fair value hierarchy	<u>\$ 4,187,176</u>	<u>\$ -</u>	<u>\$ -</u>	4,187,176
Investments at net asset value:				
Collective trust fund (a)				<u>393,509</u>
Total assets at fair value				<u>\$ 4,580,685</u>

- (a) The collective trust fund is measured at fair value using NAV as the practical expedient and has not been classified in the fair value hierarchy

Comprehensive Logistics Co., LLC
Employee Retirement Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2017

NOTE D – FAIR VALUE MEASUREMENTS - CONTINUED

The table below presents additional information for the Plan's investment whose fair value is estimated using the practical expedient of reported NAV.

	<u>Fair Value* at December 31, 2017</u>	<u>Unfunded Commitments</u>	<u>Terms</u>	<u>Redemption Restrictions</u>	<u>Notice Period</u>
Morley Stable Value Fund	\$ 393,509	\$ -	Daily ^(b)	None ^(b)	None ^(b)

* Estimated using NAV for the fund.

- (b) Contributions to the fund may be made daily at the contract value and are considered made immediately after the daily valuation. Qualified plan participants are allowed to withdrawal at any time without penalty, regardless of their frequency or amount. The Fund requires participants to invest in a non-competing fund for at least 90 days before transferring to a competing fund option. Any plan sponsor or plan fiduciary initiated withdrawal from the Fund are not subject to a written notice of the intent to withdraw assets from the Fund.

NOTE E – TAX STATUS

Effective January 1, 2017, the Plan adopted a standardized prototype plan document sponsored by the Trustee. The Trustee, obtained an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2014, which states that the prototype document satisfies the applicable requirements of the Internal Revenue Code ("IRC"). The Plan itself has not received a determination letter from the IRS. The Plan administrator believes that the Plan is currently designed and is being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan is qualified and the related Trust established under the Plan is tax exempt as of the financial statement date; and no provision for income taxes has been included the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE F– RELATED PARTY TRANSACTIONS

In 2017, the Plan was under contract with an administrator (Newport Group, Inc.) who is affiliated with the Trustee of the Plan. Fees paid by the Plan for the administrative services provided were \$4,958 in 2017.

NOTE G – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

Comprehensive Logistics Co., LLC
Employee Retirement Plan

NOTES TO FINANCIAL STATEMENTS – CONTINUED

December 31, 2017

NOTE H – RISKS AND UNCERTAINTIES

Investment securities, in general, are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is 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.

NOTE I - SUBSEQUENT EVENTS

The Plan has evaluated subsequent events through October 15, 2018, the date the financial statements were available to be issued and has determined that there were no subsequent events that have occurred through the date of to recognize or disclose in these financial statements.

Supplementary Information

Comprehensive Logistics Co., LLC
Employee Retirement Plan

**SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)**

As of December 31, 2017

EIN: 34-1821646
Plan No.: 001

Identity of Issuer, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity	Fair Value
AB BOND INFLATION STRAT - ADV	Mutual Fund	\$ 6,900
AM BEACON BRIDGEWAY LG CAP VALUE	Mutual Fund	263,517
BRANDES INTERNATIONAL SMALL CAP EQUITY	Mutual Fund	44,021
CLEARBRIDGE LARGE CAP GROWTH FUND - I	Mutual Fund	358,749
DFA GLOBAL REAL ESTATE SECURITIES	Mutual Fund	599
FIRST EAGLE GOLD - I	Mutual Fund	574
GOLDMAN SACHS SMALL CAP EQUITY INSIGHTS	Mutual Fund	18,739
GS EMERGING MRKTS EQ INSIGHTS FUND INT	Mutual Fund	53,451
JPMORGAN SMALL CAP VALUE - R6	Mutual Fund	76,086
LORD ABBETT HIGH YIELD - I	Mutual Fund	82,554
MASSMUTUAL SELECT MID CAP GROWTH II	Mutual Fund	33,244
METROPOLITAN WEST TOTAL RETURN BOND	Mutual Fund	52,132
MFS UTILITIES - R4	Mutual Fund	7,674
OPPENHEIMER INTERNATIONAL GROWTH - I	Mutual Fund	63,711
PIMCO INCOME INSTITUTIONAL	Mutual Fund	1,776
T. ROWE PRICE GLOBAL MULTI-SECTOR BOND	Mutual Fund	27,868
TIAA-CREF SMALL CAP BLEND INDEX FUND	Mutual Fund	68,253
TRANSAMERICA INTERNATIONAL EQUITY I	Mutual Fund	33,146
VANGUARD DEVELOPED MARKETS INDEX - ADM	Mutual Fund	98,148
VANGUARD LIFESTRATEGY CONSRV GRWTH - INV	Mutual Fund	153,161
VANGUARD LIFESTRATEGY GROWTH - INV	Mutual Fund	40,053
VANGUARD LIFESTRATEGY INCOME - INV	Mutual Fund	77,386
VANGUARD LIFESTRATEGY MOD GROWTH - INV	Mutual Fund	433,421
VANGUARD MID CAP INDEX ADM	Mutual Fund	165,212
VANGUARD TARGET RETIREMENT 2015 - INV	Mutual Fund	182,425
VANGUARD TARGET RETIREMENT 2020 - INV	Mutual Fund	38,056
VANGUARD TARGET RETIREMENT 2025 - INV	Mutual Fund	413,779
VANGUARD TARGET RETIREMENT 2030 - INV	Mutual Fund	945
VANGUARD TARGET RETIREMENT 2035 - INV	Mutual Fund	541,050
VANGUARD TARGET RETIREMENT 2040 - INV	Mutual Fund	2,471
VANGUARD TARGET RETIREMENT 2045 - INV	Mutual Fund	249,227
VANGUARD TARGET RETIREMENT 2050 - INV	Mutual Fund	360
VANGUARD TARGET RETIREMENT 2055 - INV	Mutual Fund	3,211
VANGUARD TOTAL STOCKMARKET INDEX - ADM	Mutual Fund	549,038
WELLS FARGO ADV SPECIAL MID CAP VAL - R6	Mutual Fund	46,239
Total Mural Funds		4,187,176
 MORLEY STABLE VALUE FUND CLASS 26	 Collective Trust Fund	 393,509
Total Investments		<u><u>\$ 4,580,685</u></u>
* Participants loans	5.25% - 6.25%	<u><u>\$ 223,647</u></u>

* Indicates party-in-interest.