

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2018 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>05/18/2018</u>	
A	This return/report is for: ☐ a multiemployer plan ☒ a single-employer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☐ a DFE (specify) ____
B	This return/report is: ☐ the first return/report ☐ an amended return/report ☒ the final return/report ☒ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ special extension (enter description) ☐ automatic extension ☐ the DFVC program

Part II	Basic Plan Information —enter all requested information
1a	Name of plan <u>TRANS-EXPEDITE, INC. 401K PLAN</u>
1b	Three-digit plan number (PN) ▶ <u>001</u>
1c	Effective date of plan <u>01/01/2004</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>TRANS-EXPEDITE, INC.</u> <u>7 FOUNDERS BLVD STE E</u> <u>EL PASO, TX 79906-4916</u>
2b	Employer Identification Number (EIN) <u>74-3012587</u>
2c	Plan Sponsor's telephone number <u>915-779-9100</u>
2d	Business code (see instructions) <u>484200</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.	03/13/2019	KEELI JERNIGAN
	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 (2018)
v. 171027

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 169
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 137 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2R 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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 05/18/2018		
A Name of plan TRANS-EXPEDITE, INC. 401K PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRANS-EXPEDITE, INC.	D Employer Identification Number (EIN) 74-3012587	

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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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)

THE RUBEN E. GUERRA COMPANY LLC

201 E MAIN, SUITE 1200
EL PASO, TX 79932

(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?
27	INVESTMENT ADVISOR	9472	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 ☐

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 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 2018 This Form is Open to Public Inspection
For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 05/18/2018		
A Name of plan TRANS-EXPEDITE, INC. 401K PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 TRANS-EXPEDITE, INC.	D Employer Identification Number (EIN) 74-3012587	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	30196	0
(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)	61888	0
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2996717	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	3088801 0
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	3088801 0

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	135009
	(B) Participants	2a(1)(B)	150787
	(C) Others (including rollovers)	2a(1)(C)	
(2)	Noncash contributions	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	285796
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18
	(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)	1193
	(F) Other	2b(1)(F)	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	1211
(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)	5069
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	5069
(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)		
(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)		89836
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		381912

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24259	
(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)		24259
f Corrective distributions (see instructions)	2f		43449
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	8582	
(3) Investment advisory and management fees.....	2i(3)	9472	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		18054
j Total expenses. Add all expense amounts in column (b) and enter total	2j		85762

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		296150
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		3384951

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: SBNG, PC

(2) EIN: 26-1483953

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		75762
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.)		X	
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.).....		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
4e	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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?.....		X	
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?.....		X	
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.)		X	
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.)		X	
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?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
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.	X		
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)
EMPLOYER FLEXIBLE 401(K) PLAN	27-4406361	333

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 05/18/2018

A Name of plan <u>TRANS-EXPEDITE, INC. 401K 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>TRANS-EXPEDITE, INC.</u>	D Employer Identification Number (EIN) <u>74-3012587</u>

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	<u>0</u>
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): <u>20-0937408</u>		
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) 2018
v. 171027

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

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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):

TRANS-EXPEDITE, INC. 401(k) PLAN

FINANCIAL STATEMENTS

FOR THE PERIOD FROM JANUARY 1, 2018 TO
MAY 18, 2018 AND YEAR ENDED DECEMBER 31, 2017

AND INDEPENDENT AUDITORS' REPORT

INDEPENDENT AUDITORS' REPORT

The Plan Administrator and Senior Management
Trans-Expedite, Inc. 401(k) Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Trans-Expedite, Inc. 401(k) Plan, which comprise the statements of net assets available for Plan benefits as of May 18, 2018 and December 31, 2017, and the related statements of changes in net assets available for Plan benefits for the period from January 1, 2018 to May 18, 2018 and the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' 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 information summarized in the note to the financial statements entitled "Information Prepared and Certified by Custodian", which was certified by TD Ameritrade Trust Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Custodian for the period from January 1, 2018 to May 18, 2018 and the year ended December 31, 2017, that the information provided to the Plan administrator by the Custodian is complete and accurate.

The Plan Administrator and Senior Management
Trans-Expedite, Inc. 401(k) Plan

Disclaimer of Opinion

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

Other Matter - Supplemental Schedules

The supplemental schedules of Schedule H, line 4a - Schedule of Delinquent Participant Contributions and Schedule H, line 4i - Schedule of Assets (Held at End-of-Year) as of and for the year ended December 31, 2017, are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance with DOL Rules and Regulations

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

SBNG, PC

El Paso, Texas
March 5, 2019

TRANS-EXPEDITE, INC. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS

May 18, 2018 and December 31, 2017

<u>ASSETS</u>	<u>2018</u>	<u>2017</u>
Investments, at fair value:		
Money market funds	\$	\$ 30,196
Self-directed brokerage account		356,954
Interest in registered investment companies	<u> </u>	<u>2,639,763</u>
	<u> </u>	<u>3,026,913</u>
Receivables:		
Employer contributions		135,009
Participant contributions		13,469
Notes receivable from participants	<u> </u>	<u>61,888</u>
Total receivables	<u> </u>	<u>210,366</u>
Total assets	<u> </u>	<u>3,237,279</u>
 <u>LIABILITIES AND NET ASSETS</u> <u>AVAILABLE FOR PLAN BENEFITS</u>		
Accounts payable	<u> </u>	<u>43,449</u>
Total liabilities	<u> </u>	<u>43,449</u>
Net assets available for Plan benefits	<u>\$</u>	<u>\$3,193,830</u>

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

TRANS-EXPEDITE, INC. 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

**Period from January 1, 2018 to May 18, 2018 and
Year Ended December 31, 2017**

	<u>2018</u>	<u>2017</u>
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	\$ 5,087	\$ 223,650
Net appreciation in fair value of investments	<u>89,836</u>	<u>282,821</u>
	<u>94,923</u>	<u>506,471</u>
Interest income on notes receivable from participants	<u>1,193</u>	<u>2,063</u>
Contributions:		
Participant contributions	137,318	417,282
Employer contributions		135,650
Rollover contributions		<u>31,332</u>
	<u>137,318</u>	<u>584,264</u>
Total additions	<u>233,434</u>	<u>1,092,798</u>
Deductions from net assets attributed to:		
Benefits paid to participants	24,259	347,121
Corrective distributions		43,449
Administrative expenses	<u>18,054</u>	<u>20,706</u>
Total deductions	<u>42,313</u>	<u>411,276</u>
Net change in net assets available for Plan benefits	191,121	681,522
Net assets available for Plan benefits:		
Beginning of year	3,193,830	2,512,308
Transfer of assets from Plan	<u>(3,384,951)</u>	<u> </u>
End of year	<u>\$</u>	<u>\$3,193,830</u>

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

TRANS-EXPEDITE, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS

DESCRIPTION OF PLAN

The following description of the Trans-Expedite, Inc. 401(k) 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 was adopted January 1, 2004. The Plan is a defined contribution plan covering all full time employees of Trans-Expedite, Inc. (“the Company”) who have attained age eighteen and completed one year with 1,000 hours of service. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). TD Ameritrade Trust Company is the Custodian of the Plan. The Plan administrator is responsible for oversight of the Plan. The Trustees determine the appropriateness of the Plan’s investment offerings, monitors investment performance and reports to the Plan administrator.

Contributions – Each year, participants may contribute a percentage of pretax annual compensation at any level allowable under the provisions of the Internal Revenue Code, as defined by the Plan. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may make discretionary match contributions for all active participants. For the 2017 Plan year, the Company allocated an amount equal to 35% of the participant’s elective deferral, not to exceed 3% of the participant’s compensation, and paid the matching contribution in May 2018. The Company did not make an allocation for matching contributions for the period from January 1, 2018 to May 18, 2018. The matching Company contribution is invested into the various investment options selected by the participants. Contributions are subject to certain IRS limitations.

Participant Accounts – Each participant's account is credited with the participant's contribution and the Company's matching contributions as well as an allocation of the Plan's earnings and administrative expenses, if applicable. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from that participant's vested account.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon and are always 100% vested in the value of their rollover from another qualified plan. Vesting in the Company's discretionary matching contributions, plus actual earnings thereon, is according to a graduated schedule based on years of continued service. Under the current adoption agreement executed by the Company, all participants will become 100% vested after completing six years of credited service.

(Continued)

TRANS-EXPEDITE, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

DESCRIPTION OF PLAN (CONTINUED)

Notes Receivable from Participants – Subject to limitations, a participant may borrow from the vested portion of his or her elective account. The minimum amount of any loan is \$1,000 and the maximum amount is the lesser of one-half of their vested account balance or \$50,000 reduced by the highest outstanding loan balance in the participant's account during the prior twelve month period. The loans are secured by the balance in the participant's accounts. Up to 50% of a participant's vested account balance may be used as collateral for any loan. Outstanding participant loans have interest rates of Wall Street Prime, which was 3.25% as of December 31, 2017, with the rate set at the time of loan withdrawal until maturity. Principal and interest are paid through payroll deductions. Loans to participants are reported at their unpaid balances plus any accrued, but unpaid, interest. For the year ended December 31, 2017, there were defaulted loans amounting to \$17,707. There were no defaulted loans for the period from January 1, 2018 to May 18, 2018.

Payment of Benefits – Upon retirement, death, disability, or termination of service, a participant (or participant's beneficiary in the event of death) may elect to receive a lump-sum distribution equal to the participant's vested account balance. In addition, hardship distributions are permitted if certain criteria are met.

Forfeited Accounts – Forfeitures of the Company's contributions and earnings thereon resulting from participants leaving the Company prior to vesting are retained in a forfeiture account. Forfeitures of Company contributions may be applied first to the payment of Plan administration expenses and then shall be applied to reduce the contributions of the Company. The forfeiture balance at the end of each Plan year must be applied by the end of the following Plan year in accordance with Plan provisions. The balance in the Plan's forfeiture account as of December 31, 2017 was \$492. There was no balance in the Plan's forfeiture account as of May 18, 2018. For the period from January 1, 2018 to May 18, 2018 and year ended December 31, 2017, administrative expenses of \$4,142 and \$1,392, respectively, were paid using the balance of forfeited nonvested accounts and are included in administrative expenses.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The financial statements of the Plan are prepared using the accrual method of accounting.

Accounting Estimates – The preparation of the Plan's financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for Plan benefits at the date of the financial statements and the changes in net assets available for Plan benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

(Continued)

TRANS-EXPEDITE, INC. 401(k) PLAN

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition – Mutual funds are stated at fair value as determined by quoted market prices, which represents the net asset value of shares held by the Plan at year-end. Money market funds are stated at amortized cost, which approximates fair value. The self-directed brokerage account is stated at fair value as determined by quoted market prices of the underlying assets, which represents the net asset value of shares held by the Plan at year-end. 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. Notes receivable from participants are valued at cost, which approximates fair value.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus 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. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document. No allowance for credit losses has been recorded as of May 18, 2018 and December 31, 2017.

Excess Contributions Payable – Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. Excess contributions payable as of December 31, 2017 was \$43,449. There were no excess contributions payable as of May 18, 2018. For the year ended December 31, 2017, the Plan distributed \$43,449 in excess contributions to the applicable participants' accounts in March 2018.

Net Appreciation (Depreciation) in Fair Value of Investments – Net appreciation (depreciation) consists of the unrealized appreciation (depreciation) of the investments and the excess (deficiency) of net proceeds over market value of the related investment at the beginning of the year.

Payment of Benefits – Benefits are recorded when paid.

Administrative Expenses – Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses paid by the Company are excluded from these financial statements. Fees related to the 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 (depreciation) of fair value of investments. For the period from January 1, 2018 to May 18, 2018 and year ended December 31, 2017, administrative expenses amounting to \$18,054 and \$20,706, respectively, were paid by the Plan.

Risks and Uncertainties – The Plan provides for various investment options in any combination of investment securities based upon participant requests. Investment securities are exposed to various risks such as interest rate market and credit. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near-term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for Plan benefits.

(Continued)

TRANS-EXPEDITE, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

INFORMATION PREPARED AND CERTIFIED BY CUSTODIAN

Certain information related to investments, not including notes receivable from participants, disclosed in the accompanying financial statements and supplemental schedule of Schedule H, line 4i - Schedule of Assets (Held at End-of-Year), including investments from participants held at December 31, 2017, and net appreciation (depreciation) in fair value of investments, interest and dividends for the period from January 1, 2018 to May 18, 2018 and year ended December 31, 2017, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by TD Ameritrade Trust Company, the Custodian of the Plan.

FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

FASB ASC 820 (formerly SFAS No. 157) establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. In general, fair value determined by Level 1 inputs utilize quoted prices (unadjusted) in active markets the Plan has the ability to access for identical assets or liabilities. Fair value determined by Level 2 inputs utilize inputs other than quoted prices included in Level 1 that are observable for the asset or liability, either directly or indirectly. Level 2 inputs include quoted prices for similar assets and liabilities in active markets and inputs other than quoted prices observable for the asset or liability, such as interest rate and yield curves observable at commonly quoted intervals. Level 3 inputs are unobservable inputs for the asset or liability, and include situations where there is little, if any, market activity for the asset or liability.

In instances in which the inputs used to measure fair value may fall into different levels of the fair value hierarchy, the level in the fair value hierarchy within which the fair value measurement in its entirety has been determined is based on the lowest level input significant to the fair value measurement in its entirety. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the asset or liability.

(Continued)

TRANS-EXPEDITE, INC. 401(k) PLAN
NOTES TO FINANCIAL STATEMENTS
(CONTINUED)

FAIR VALUE MEASUREMENTS (CONTINUED)

The following tables set forth, by level within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2017:

<u>Fair Value Measurements Using:</u>			
	<u>Fair Value</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Observable Inputs Other Than Quoted Prices (Level 2)</u>
<u>December 31, 2017</u>			
Money market funds	\$ 30,196	\$	\$ 30,196
Self-directed brokerage account	356,954		356,954
Mutual funds	<u>2,639,763</u>	<u>2,639,763</u>	<u> </u>
Total	<u>\$3,026,913</u>	<u>\$2,639,763</u>	<u>\$387,150</u>

Level 1 Fair Value Measurements

The fair value of the mutual fund accounts are based on quoted net asset values of the shares held by the Plan at year-end. The mutual funds held by the Plan are open-end mutual funds registered with the U.S. Securities and Exchange Commission. The funds must publish their daily net asset value and transact at that price. The mutual funds held by the Plan are considered to be actively traded.

Level 2 Fair Value Measurements

The fair value of money market funds is based on amortized cost, which approximates fair value. The fair value of the self-directed brokerage account is determined by quoted market prices of the underlying assets, which represents the net asset value of shares held by the Plan at year-end.

(Continued)

TRANS-EXPEDITE, INC. 401(k) PLAN

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements to Schedule H of Form 5500:

	<u>2017</u>
Net assets available for Plan benefits per the financial statements	\$3,193,830
Employer contribution receivable allocated to participants	(135,009)
Employee contribution receivable allocated to participants	(13,469)
Excess contribution distributions allocated to highly compensated employees	<u>43,449</u>
Net assets available for benefits per Schedule H of Form 5500	<u><u>\$3,088,801</u></u>

The following is a reconciliation of total additions per the financial statements to Schedule H of Form 5500:

	<u>2018</u>	<u>2017</u>
Total additions per financial statements	\$233,434	\$1,092,798
Employee contribution receivable allocated to participants at December 31, 2017	13,469	(13,469)
Employer contribution receivable allocated to participants at December 31, 2017	135,009	(135,009)
Employee contribution receivable allocated to participants at December 31, 2016		11,896
Employer contribution receivable allocated to participants at December 31, 2016	<u> </u>	<u>125,795</u>
Net additions per Form 5500	<u><u>\$381,912</u></u>	<u><u>\$1,082,011</u></u>

(Continued)

TRANS-EXPEDITE, INC. 401(k) PLAN

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

**RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500
(CONTINUED)**

The following is a reconciliation of total deductions per the financial statements to Schedule H of Form 5500:

	<u>2018</u>	<u>2017</u>
Total deductions per financial statements	\$42,313	\$411,276
Excess contribution distributions allocated to highly compensated employees at December 31, 2017	43,449	(43,449)
Excess contribution distributions allocated to highly compensated employees at December 31, 2016	<u> </u>	<u>19,836</u>
Net deductions per Form 5500	<u>\$85,762</u>	<u>\$387,663</u>

EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Plan has notes receivable from participants, which are secured solely by a portion of the participants' vested account balance, in accordance with the Plan document. These transactions qualify as exempt party-in-interest transactions. The balance of notes receivable from participants as of December 31, 2017 was \$61,888. There were no notes receivable from participants as of May 18, 2018.

Certain Plan transaction processing, year-end compliance testing and form 5500 preparation is performed by DWC ERISA Consultants, LLC ("DWC"). DWC is the third-party administrator as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Fees paid by the Plan and Company for these services amounted to \$3,642 and \$4,090 for the period from January 1, 2018 to May 18, 2018 and the year ended December 31, 2017, respectively.

Certain Plan recordkeeping services are performed by Aspire Financial Services, LLC ("Aspire"). Aspire is the recordkeeper as defined by the Plan and, therefore, these transactions qualify as exempt party-in-interest transactions. Aspire provides certain administrative services to the Plan pursuant to a Plan service agreement between the Company and Aspire. Aspire receives revenue from mutual fund service providers for services Aspire provides to the funds. This revenue is used to offset certain amounts owed to Aspire for its administrative services to the Plan. If the revenue received by Aspire from such mutual fund service providers exceeds the amount owed under the Plan service agreement, Aspire remits the excess to the Plan's trust. Such amounts may be applied to pay Plan administrative expenses or allocated to the accounts of the participants. For the period from January 1, 2018 to May 18, 2018 and the year ended December 31, 2017, there were no excess amounts. The Plan or Company may make a payment to Aspire for administrative expenses not covered by revenue sharing. Fees paid by the Plan and Company to Aspire for administrative services amounted to \$2,154 and \$244 for the period from January 1, 2018 to May 18, 2018 and the year ended December 31, 2017, respectively.

(Continued)

TRANS-EXPEDITE, INC. 401(k) PLAN

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

EXEMPT PARTY-IN-INTEREST TRANSACTIONS (CONTINUED)

SBNG, PC, the auditor of the Company and Plan, charges fees for the audit and attest services it provides, which are paid by the Company. Fees paid by the Company for the Plan's audit fees amounted to \$7,564 for the year ended December 31, 2017. There were no fees paid to SBNG, PC during the period from January 1, 2018 to May 18, 2018.

These party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

NON-EXEMPT PARTY-IN-INTEREST TRANSACTIONS

For the period from January 1, 2018 to May 18, 2018 and Plan years 2017, 2015, 2014, and 2012, the Company did not remit certain participant contributions to the Custodian in a timely manner based on when the participant contributions were withheld from participant paychecks as required under Department of Labor (DOL) Regulation §2510.3-103. Late 401(k) contributions and loan repayments for Plan years 2018, 2017, 2015, 2014 and 2012 were \$1,746, \$44,609, \$2,714, \$16,113, and \$10,580, respectively.

For the Plan period from January 1, 2018 to May 18, 2018, the Plan had not credited participant accounts with the amount of investment income that would have been earned had the participant contributions been remitted on a timely basis and had not submitted an application under the VFCP as of the report date. Late contributions for the 2018 Plan year are disclosed as contributions not corrected in the accompanying May 18, 2018 supplemental schedule of Schedule H, Line 4a - Schedule of Delinquent Participant Contributions

For Plan year 2017, the Plan had not credited participant accounts with the amount of investment income that would have been earned had the participant contributions been remitted on a timely basis and had not submitted an application under the VFCP as of the report date. Late contributions for the 2017 Plan year are disclosed as contributions not corrected in the accompanying May 18, 2018 and December 31, 2017 supplemental schedules of Schedule H, Line 4a - Schedule of Delinquent Participant Contributions.

The Plan submitted an application in January 2018 under the Voluntary Fiduciary Correction Program (VFCP) with the U.S. Department of Labor (DOL) for the 2015, 2014 and 2012 Plan years, and participant accounts were credited with the amount of investment income that would have been earned had the participant contributions been remitted on a timely basis. Lost earnings of \$230 were credited to participant accounts during various dates in 2015, 2014 and 2013 for the 2015, 2014 and 2012 Plan years, respectively. Late contributions for the 2015, 2014 and 2012 Plan years were fully corrected under the VFCP by a letter dated March 16, 2018 from the U.S. Department of Labor. The late contributions are disclosed as fully corrected under VFCP PTE 2002-51 in the accompanying May 18, 2018 supplemental schedule of Schedule H, Line 4a - Schedule of Delinquent Participant Contributions. Contributions corrected outside of VFCP are disclosed in the December 31, 2017 schedule since the VFCP application was sent in January 2018.

(Continued)

TRANS-EXPEDITE, INC. 401(k) PLAN

**NOTES TO FINANCIAL STATEMENTS
(CONTINUED)**

INCOME TAX STATUS

The Plan has not requested determination from the Internal Revenue Service as to the Plan's tax-exempt status. The IRS has determined and informed DWC ERISA Consultants, LLC ("DWC") by a letter dated March 31, 2014 that the volume submitter plan from which the Plan was drafted is designed in accordance with applicable sections of the Internal Revenue Code. Although the Plan has been amended since receiving the letter, Plan management believes that the Plan is designed to operate in accordance with all applicable provisions of the Internal Revenue Code. Therefore, management believes that the Plan is qualified and that the related trust is exempt from taxation under the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require the Plan administrator to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain tax position that more likely than not would not be sustained upon examination by the IRS. As of May 18, 2018 and December 31, 2017, there were no uncertain tax positions. The Plan files a Form 5500. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. The Plan is no longer subject to U.S. federal and state income tax examinations by authorities for the years before December 31, 2014.

PLAN MERGER

Effective May 18, 2018, the net assets available for Plan benefits and participants of the Plan were merged into the multiple-employer Employer Flexible 401(k) Plan. Plan assets of \$3,384,951, which represent all assets of the Plan as of May 18, 2018, were transferred into the Employer Flexible 401(k) Plan.

SUBSEQUENT EVENTS

Subsequent events were evaluated through March 5, 2019, which is the date the financial statements were available to be issued.

SUPPLEMENTARY INFORMATION

TRANS-EXPEDITE, INC. 401(k) PLAN
EIN 74-3012587
PLAN NUMBER 001
FORM 5500

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

May 18, 2018

	<u>Total Delinquent Contributions that Constitute Non-Exempt Prohibited Transactions</u>			
	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP PTE 2002-51</u>
Participant Contributions Remitted Late to Plan Plan Year 2018*	\$ 1,746	\$	\$	\$
Participant Contributions Remitted Late to Plan Plan Year 2017*	44,609			
Participant Contributions Remitted Late to Plan Plan Year 2015*				2,714
Participant Contributions Remitted Late to Plan Plan Year 2014*				16,113
Participant Contributions Remitted Late to Plan Plan Year 2012*	_____	_____	_____	<u>10,580</u>
	<u>\$46,355</u>	\$ <u>_____</u>	\$ <u>_____</u>	<u>\$29,407</u>

*Loan Repayments Included
in Contributions Remitted
Late to Plan

See independent auditor's report.

TRANS-EXPEDITE, INC. 401(k) PLAN
EIN 74-3012587
PLAN NUMBER 001
FORM 5500

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

December 31, 2017

	<u>Total Delinquent Contributions that Constitute Non-Exempt Prohibited Transactions</u>			
	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP PTE 2002-51</u>
Participant Contributions Remitted Late to Plan Plan Year 2017*	\$44,609	\$	\$	\$
Participant Contributions Remitted Late to Plan Plan Year 2015*		2,714		
Participant Contributions Remitted Late to Plan Plan Year 2014*		16,113		
Participant Contributions Remitted Late to Plan Plan Year 2012*	_____	<u>10,580</u>	_____	_____
	<u>\$44,609</u>	<u>\$29,407</u>	\$ _____	\$ _____

*Loan Repayments Included
in Contributions Remitted
Late to Plan

See independent auditor's report.

TRANS-EXPEDITE, INC. 401(k) PLAN
EIN 74-3012587
PLAN NUMBER 001
FORM 5500

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

December 31, 2017

(a) Party <u>In-Interest</u>	(b) Identity of <u>Issue</u>	(c) Description of <u>Investment</u>	(d) <u>Cost</u>	(e) Current <u>Value</u>
*	American Funds The New Economy Fund Class R-4	Investment in common stocks with potential for growth and securities of innovative companies, managed by American Funds.		\$673,300
*	Vanguard Selected Value Fund Investor Shares	Investment in undervalued stocks of mid-size U.S. companies, managed by Vanguard.		\$376,276
*	TD Ameritrade Self-Directed Brokerage Account	Self-directed brokerage account, managed by TD Ameritrade, Inc.		\$356,954
*	American Funds The Income Fund of America Class R-4	Investment in income-producing securities, managed by American Funds.		\$342,859
*	Ivy Science and Technology Fund Class A	Investment in the equity securities of worldwide science and technology companies, managed by Ivy Investment Management Co.		\$237,373
*	BlackRock Health Sciences Opportunities Portfolio Institutional Shares	Investment in common stocks of companies in health sciences and related industries, managed by BlackRock Advisors LLC.		\$215,136
*	Oppenheimer Developing Markets Fund Class Y	Investment in common stocks of worldwide developing and emerging markets, managed by OFI Global Asset Management, Inc.		\$189,897
*	Vanguard Explorer Fund Investor Class	Investment in stocks of small and mid-size companies, managed by Vanguard.		\$159,539

(Continued)

TRANS-EXPEDITE, INC. 401(k) PLAN
EIN 74-3012587
PLAN NUMBER 001
FORM 5500

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

December 31, 2017

(a) Party <u>In-Interest</u>	(b) Identity of <u>Issue</u>	(c) Description of <u>Investment</u>	(d) <u>Cost</u>	(e) Current <u>Value</u>
*	MFS Utilities Fund Class A	Investment in securities in the utilities industry, managed by Massachusetts Financial Services Company.		\$131,558
*	American Funds American Balanced Fund Class R-6	Investment in a broad range of securities, including common stocks and investment-grade bonds, managed by American Funds.		\$122,471
*	Nuveen Real Estate Securities Fund Class I	Investment in income-producing common stocks of publicly traded companies engaged in the real estate industry, managed by Nuveen Fund Advisors, LLC.		\$86,433
*	PIMCO Total Return Fund Administrative Class	Investment in a portfolio of fixed income instruments of varying maturities, managed by Pacific Investment Management Co, LLC.		\$71,352
*	Columbia Short Term Bond Fund Class Z	Investment in bonds, including debt instruments issued by the U.S. government, debt securities issued by corporations, and other asset-backed securities, managed by Columbia Mgmt. Investment Advisors, LLC.		\$33,569
*	TD Bank Institutional Money Market Deposit Account	Interest-bearing money market, portfolio, managed by TD Ameritrade, Inc.		\$30,196
*	Participant Loans	Participant loans, secured by participant vested benefits (interest rates of 3.25% to 4.5%)		\$61,888

Note: Column (a) denotes a party that is prohibited from doing business with the Plan.

Note: Column (d) is blank as all investments are participant directed.

See independent auditor's report.

TRANS-EXPEDITE, INC. 401(k) PLAN
EIN 74-3012587
PLAN NUMBER 001
FORM 5500

SCHEDULE H, LINE 4a – SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS

May 18, 2018

	<u>Total Delinquent Contributions that Constitute Non-Exempt Prohibited Transactions</u>			
	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside VFCP</u>	<u>Contributions Pending Correction in VFCP</u>	<u>Total Fully Corrected Under VFCP PTE 2002-51</u>
Participant Contributions Remitted Late to Plan Plan Year 2018*	\$ 1,746	\$	\$	\$
Participant Contributions Remitted Late to Plan Plan Year 2017*	44,609			
Participant Contributions Remitted Late to Plan Plan Year 2015*				2,714
Participant Contributions Remitted Late to Plan Plan Year 2014*				16,113
Participant Contributions Remitted Late to Plan Plan Year 2012*	_____	_____	_____	<u>10,580</u>
	<u>\$46,355</u>	\$ _____	\$ _____	<u>\$29,407</u>

*Loan Repayments Included
in Contributions Remitted
Late to Plan

See independent auditor's report.