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 6047(e), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1995

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
PRITCHETT TRUCKING, INC.

1050 S.E. 6TH ST
LAKE BUTLER, FL 32054

2b Employer Identification Number (EIN)
59-2129001

2c Sponsor's telephone number
904-354-3721

2d Business code (see instructions)
484110

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.	09/29/2010	LORIE FLARIS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/29/2010	LORIE FLARIS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
PRITCHETT TRUCKING, INC/NEXTRAN CORPORATION

1986 W. BEAVER ST
JACKSONVILLE, FL 32209

3b Administrator's EIN
59-3139839

3c Administrator's telephone number
904-354-3721

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1742
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1659
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	59
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1720
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1720
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	553
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	37
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 Characteristic Codes in the instructions:
2F 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRITCHETT TRUCKING, INC.

D Employer Identification Number (EIN)
59-2129001

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

BANK OF AMERICA, N.A

94-1687665

(b) Enter name and EIN or address of person who provided you disclosure 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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 52 56 59 60 62 63 72	RECORDKEEPER	22828	Yes [X] No [ ]	Yes [X] 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 [ ]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PRITCHETT TRUCKING, INC.

D Employer Identification Number (EIN)
59-2129001

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
22-6484011-001	C	3389374

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRITCHETT TRUCKING, INC.

D Employer Identification Number (EIN)
59-2129001

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	400	550
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)	-20330	219
(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)	1157735	1345294
(9) Value of interest in common/collective trusts	1c(9)	3968674	3389374
(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)	9744780	12555319
(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	14851259	17290756
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	14851259	17290756

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)	355687	
	(B) Participants	2a(1)(B)	1205206	
	(C) Others (including rollovers)	2a(1)(C)	52570	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1613463
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2	
	(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)	61070	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		61072
	(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)	193022	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		193022
	(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

		(a) Amount	(b) Total
2b **(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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-198581
(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)		2830717
c Other income	2c		30963
d Total income. Add all **income** amounts in column (b) and enter total	2d		4530656
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1883918	
(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)		1883918
f Corrective distributions (see instructions)	2f		34359
g Certain deemed distributions of participant loans (see instructions)	2g		120642
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	52240	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		52240
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2091159
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2439497
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PORTNOY, SHAINBROWN, & CO CPA'S PA **(2)** EIN: 59-3148247

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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

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

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

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

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

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 section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PRITCHETT TRUCKING, INC.

D Employer Identification Number (EIN)
59-2129001

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): 22-3513863 94-1687665

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

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

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **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 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(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 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 items 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 items 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 items 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 items 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 items 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 items 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 item 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 items (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 item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

A REPORT ON THE EXAMINATION OF FINANCIAL STATEMENTS AND SUPPLEMENTARY DATA

YEAR ENDED DECEMBER 31, 2009

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN

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PORTNOY CPA
ACCOUNTING ADVISORS

REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Plan Trustees and Administrator of the
Pritchett Trucking, Inc./Nextran Corporation 401(K) Plan

We were engaged to audit the statements of net assets available for benefits of the Pritchett Trucking, Inc./Nextran Corporation 401(K) Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, the supplementary schedule of assets held for investment purposes as of December 31, 2009, the supplementary schedules of reportable transactions for the year ended December 31, 2009 and the supplementary schedules of party-in-interest transactions, nonexempt transactions and leases and obligations in default for the year ended December 31, 2009. These financial statements and supplementary schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Bank of America, N.A. for the year ended December 31, 2009 and by Merrill Lynch Trust Company, FSB and Merrill Lynch Bank USA for the year ended December 31, 2008, the Trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedules. We have been informed by the Plan Administrator that the Trustees hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from Bank of America, N.A. for the twelve months ended December 31, 2009 and from Merrill Lynch Trust Company, FSB and Merrill Lynch Bank USA, the Trustees as of and for the twelve months ended December 31, 2008, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary schedules taken as a whole. The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the Trustee, 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.

PORTNOY CPA

August 16, 2010

9283 SAN JOSE BOULEVARD • SUITE 101 • JACKSONVILLE, FLORIDA 32257-5585 • (TEL) 904.731.8005 • (FAX) 904.732.5004

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	December 31, 2009	December 31, 2008
Assets:		
Cash and Money Market accounts	$ 769	$ (3,979)
Investments at fair value:		
Participant directed investments	16,191,986	13,713,454
Participant loans	1,345,294	1,157,735
Receivables:		
Employers' contributions	5,704	980
Participants' contributions	17,146	3,617
Total Assets	17,560,899	14,871,807
Liabilities:		
Corrective distributions payable	45,299	34,358
Net Assets Available for Benefits	$ 17,515,600	$ 14,837,449

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART
OF THESE FINANCIAL STATEMENTS.

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009

Additions to Net Assets Attributed to:	
Investment Activity:	
Interest and dividends	$ 302,805
Net investment gain, registered investment companies	2,805,705
Total Investment Activity	3,108,510
Contributions:	
Employers	356,592
Participants	1,202,931
Rollovers	52,570
Total Contributions	1,612,093
Total Additions	4,720,603
Deductions from Net Assets Attributed to:	
Benefits paid to participants	2,010,159
Other expenses and forfeitures	32,293
Total Deductions	2,042,452
Net Increase	2,678,151
Net Assets Available for Benefits:	
Beginning of year	14,837,449
End of year	$ 17,515,600

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART
OF THESE FINANCIAL STATEMENTS.

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS

1. Description of the Plan:

The following description of the Pritchett Trucking, Inc./Nextran Corporation 401(K) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General
The Pritchett Trucking, Inc./Nextran Corporation 401(K) Plan is a defined contribution plan covering all full time employees of the participating Employers who have at least six months of service. The Plan is subject to the provisions of the Employer Retirement Income Security Act of 1974 (ERISA).

Participating Employers
The following Employers have adopted the provisions of the Plan:

New River Developers, Inc.
Nextran Corporation
Pritchett, Inc.
Pritchett Trucking, Inc.

Contributions
Each year, participants may contribute a portion of their pre-tax annual compensation, as determined and defined by the Plan. The Employers contributed 50% of the first 4% of base compensation that an employee contributed to the Plan for the year ended 2009. All Employer contributions are discretionary. All Employer contributions are invested at the discretion of each individual participant of the Plan. Contributions are subject to certain limitations.

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

Vesting
Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Employers' contribution plus actual earnings thereon is based on years of continuous service. A participant is fully vested after five years of credited service.

Participant Loans
Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balances. Loan terms range from one to fifteen years. The loans are secured by the balance in the participant's account and bear interest at prime. Principal and interest is paid ratably through payroll deductions.

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

1. Description of the Plan (Continued):

Payment of Benefits
On termination of service due to death, disability or retirement, a participant may receive the value of the vested interest in his or her account as a lump sum distribution, or one of several annuity installments.

Forfeited Accounts
At December 31, 2009, forfeited, non-vested accounts totaled $51,387. These accounts will be used to reduce future Employer contributions under the Plan.

2. Summary of Significant Accounting Policies:

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

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

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value, other than Guaranteed Investment Contracts (GIC), which are stated at contract value as the GIC's are fully benefit-responsive. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

Participant loans are valued at their outstanding balances, which approximate fair value.

Payment of Benefits
Benefits are recorded when paid.

3. Investments:

The following presents investments that represent 5% or more of the Plan's net assets:

	December 31, 2009	December 31, 2008
Merrill Lynch Retirement Preservation Trust	$ 3,533,272	$ 3,854,237
Blackrock Global Allocation Fund	1,961,282	1,702,169
Federated Fund for US Government Secs G	988,079	1,095,041
Oppenheimer Developing Markets Fund	1,246,645	-
Victory Diversified Stock Fund	2,707,052	2,192,476

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

4. Information Prepared and Certified By Trustees:

In 2004, the Plan entered into an investment contract with Merrill Lynch Trust Company, FSB and Merrill Lynch Bank USA (Merrill), whom collapsed into Bank of America, N.A. during November 2009. Bank of America, N.A. maintains investments in separate participant accounts from selected registered investment companies. These accounts are credited with actual earnings on the underlying investments and charged for Plan withdrawals and fund expenses. A summary of transactions certified by the Trustee trust company (prepared on the cash method) included in the financial statements as of December 31, 2009 and 2008 and for the year ended December 31, 2009 is as follows:

	December 31, 2009	December 31, 2008
Net Assets Available for Benefits:		
Cash and Money Market accounts	$ 769	$ (19,931)
Investments at fair value:		
Participant directed investments:		
Common/Collective Trusts:		
Merrill Lynch Retirement Preservation Trust	3,533,272	3,854,237
Merrill Lynch Retirement Preservation Trust GM	103,395	114,437
Mutual Funds:		
Alliance NFJ Sm-Cap Val A	389,679	-
Alliance NFJ Sm-Cap Val A GM	86,654	-
Blackrock Equity Dividend A	799,987	631,454
Blackrock Equity Dividend A GM	288,482	335,270
Blackrock Global Allocation Fund	1,961,282	1,702,169
Delaware Investment Dividend, Inc. CL A	162,614	83,864
Delaware Investment Dividend, Inc. GM	333,445	324,465
Eaton Vance Small Cap Fund C A	269,486	160,929
Eaton Vance Small Cap Fund A GM	90,428	56,796
Federated Fund for US Government Secs	988,079	1,095,041
Federated Fund for US Government Secs GM	255,418	258,037
Goldman Sachs Mid Cap Val A	289,631	238,413
Goldman Sachs Mid Cap Val A GM	117,922	106,789
JP Morgan Dividend Mid Cap GR A	335,951	220,495
JP Morgan Dividend Mid Cap GR A GM	67,180	79,046
Oppenheimer Developing Markets Fund CL A	1,246,645	631,071
Oppenheimer Global Fund	474,655	272,474
Oppenheimer Global Fund GM	398,762	350,865
Oppenheimer Small & Mid Cap A	-	205,342
Oppenheimer Small & Mid Cap A GM	-	75,142
Pioneer High Yield Fund CL A	109,529	68,550
Seligman Communications & Information Fd CL A	803,864	401,822
Victory Diversified Stock Fund	2,707,052	2,192,476
Victory Diversified Stock Fund GM	378,574	254,271
Participant loans	1,345,294	1,157,735
Total Net Assets Available for Benefits	$ 17,538,049	$ 14,851,259

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

4. Information Prepared And Certified By Trustee (continued):

	Year Ended December 31, 2009
Changes in Net Assets Available for Benefits:	
Additions (Subtractions):	
Participant contributions:	$ 1,257,776
Employer contributions	355,687
Net investment loss, registered investment companies	2,830,718
Benefits paid to participants	(2,024,231)
Interest income	61,070
Dividend income	241,734
Plan expenses and other fees	(66,953)
Other income	30,989
Net increase in assets available for benefits	$ 2,686,790

5. Administration:

Certain administrative functions are performed by officers or employees of the participating Employers. No such officers or employees receive compensation from the Plan.

6. Income Tax Status:

The Plan is designed to constitute a qualified trust under Section 401(a) of the Internal Revenue Code and is therefore considered to be exempt from Federal income taxes under the provision of Section 501(a). The administrator is not aware of any action or event that has occurred that might affect the Plan's qualified status.

7. Plan Termination:

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

8. Plan Administrative Expenses:

The Employers paid all administrative expenses of the Plan during the year ended December 31, 2009.

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
NOTES TO FINANCIAL STATEMENTS (Continued)

9. Participant Directed Investments:

Upon enrollment in the Plan a participant may direct employee contributions to be invested in participant directed accounts. That is, the individual participant decides how those funds are allocated among various investments. At December 31, 2009 all participant directed funds were held in registered investment companies administered by Bank of America, N.A.

10. Reconciliation of Financial Statements to Form 5500:

The following is a reconciliation of net assets available for benefits per the financial statements (prepared on the accrual method) for the years ended December 31, 2009 and 2008 to Form 5500 (prepared on the cash method):

	December 31, 2009	December 31, 2008
Net assets available for benefits per the financial statements	$ 17,515,600	$ 14,837,449
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(247,293)	-
Contributions receivable	(22,850)	-
Deposit in transit	-	(20,548)
Corrective distributions and forfeitures	45,299	34,358
Net assets available for benefits per Form 5500	$ 17,290,756	$ 14,851,259

The following is a reconciliation of changes in net assets available for benefits per the financial statements (prepared on the accrual method) for the year ended December 31, 2009 to Form 5500 (prepared on the cash method):

	December 31, 2009
Changes in net assets available for benefits	$ 2,678,151
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(247,293)
Deposit in transit	20,548
Contributions for the year ended December 31, 2008	(4,597)
Contributions for the year ended December 31, 2009	(18,253)
Corrective distributions, forfeitures, benefits and expenses for the year ended December 31, 2009	10,941
Changes in net assets available for benefits per Form 5500	$ 2,439,497

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
SUPPLEMENTARY SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT YEAR END
DECEMBER 31, 2009 AND 2008

	Fair Value December 31, 2009	Fair Value December 31, 2008
Participant Directed Investments:		
Alliance NFJ:		
Alliance NFJ Sm-Cap	$ 476,333	$ -
Eaton Vance Corp:		
Eaton Vance Small Cap Fund	359,914	217,726
Goldman Sachs:		
Goldman Sachs Mid Cap Value	407,553	345,201
JP Morgan Investment Management, Inc.:		
JP Morgan Diversified Mid Cap Val	403,131	299,541
Lincoln Financial Group:		
Delaware Investment Dividend, Inc.	496,059	408,328
Merrill, Lynch, Pierce, Fenner & Smith Incorporated:		
Blackrock Equity Dividend Fund	1,088,469	966,724
Blackrock Global Allocation Fund	1,961,282	1,702,169
Federated Fund for US Government	1,243,497	1,353,078
Oppenheimer Holdings, Inc.:		
Oppenheimer Developing Markets Fund	1,246,645	631,071
Oppenheimer Global Fund	873,417	623,339
Oppenheimer Small & Mid Cap	-	280,484
Pioneer Investment Management, Inc.:		
Pioneer High Yield Fund	109,529	68,550
Seligman Advisors, Inc.:		
Seligman Communications & Information Fund	803,864	401,822
Victory Capital Management:		
Victory Diversified Stock Fund	3,085,626	2,446,747
Common/Collective Trusts:		
Merrill Lynch Retirement Preservation Trust	3,636,667	3,968,674
	$ 16,191,986	$ 13,713,454

READ ACCOMPANYING REPORT OF
INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS.

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
SUPPLEMENTARY SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT YEAR END (Continued)
DECEMBER 31, 2009 AND 2008

	Interest Rate	Maturity Date	Fair Value 12/31/09	Fair Value 12/31/08
Participant Loans:				
(Secured by vested benefit)	Prime Rate	Various	$ 1,345,294	$1,157,735

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN
SUPPLEMENTARY SCHEDULES OF REPORTABLE TRANSACTIONS,
PARTY-IN-INTEREST TRANSACTIONS, NONEXEMPT TRANSACTIONS,
AND LEASES AND OBLIGATIONS IN DEFAULT
YEAR ENDED DECEMBER 31, 2009

Reportable Transactions:

The Plan had no reportable transactions during the year ended December 31, 2009.

Party-in-interest transactions:

The Plan had no reportable party-in-interest transactions during the year ended December 31, 2009.

Nonexempt transactions:

The Plan had no reportable nonexempt transactions during the year ended December 31, 2009.

Leases and obligations in default:

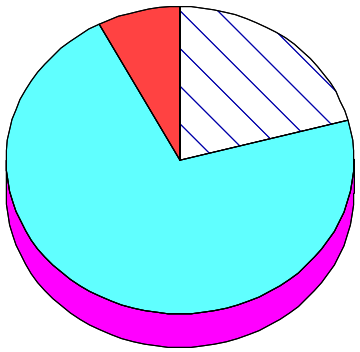
The Plan had no reportable leases and obligations in default during the year ended December 31, 2009.

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

PRITCHETT TRUCKING, INC./NEXTRAN
CORPORATION 401(K) PLAN
CONSOLIDATION

ALLOCATION OF PLAN ASSETS



- 20.74% COMMON / COLLECTIVE TRUSTS
- 7.67% LOANS
- 0.00% ACCRUED INCOME
- 71.59% MUTUAL FUNDS
- 0.00% PENDING SETTLEMENT FUNDS

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
COMMON / COLLECTIVE TRUSTS					
ML RET PRESERVATION TRUST	3,533,272.1600	1.000	3,533,272.16	3,533,272.16	20.15%
ML RET PRES TRUST GM	103,395.2403	1.000	103,395.24	103,395.24	0.59%
TOTAL COMMON / COLLECTIVE TRUSTS			3,636,667.40	3,636,667.40	20.74%
MUTUAL FUNDS					
JPMORGAN DIV MID CAP GR A	19,554.8017	17.180	417,070.31	335,951.49	1.92%
JPMORGAN DIV MID CAP GR A GM	3,910.3671	17.180	74,577.73	67,180.11	0.38%
PIONEER HIGH YIELD FD CL A	12,009.7334	9.120	114,071.10	109,528.77	0.62%
EATON VANCE SMALL CAP FUND C A	23,392.8775	11.520	297,227.85	269,485.95	1.54%
EATON VANCE SML CAP FD A GM	7,849.6761	11.520	85,754.96	90,428.27	0.52%
DELAWARE INVSTMNT DIV INC CL A	17,447.8585	9.320	150,660.82	162,614.04	0.93%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
DELAWARE INVST DIV INC CL A GM	35,777.3919	9.320	308,040.23	333,445.29	1.90%
BLACKROCK GLOBAL ALLOC A	109,630.0496	17.890	1,790,517.52	1,961,281.59	11.18%
BLACKROCK EQ DIVIDEND A	50,568.0553	15.820	852,665.99	799,986.63	4.56%
BLACKROCK EQ DIVIDEND A GM	18,235.2732	15.820	291,616.19	288,482.02	1.64%
OPPENHEIMER DEV MKTS FD CL A	43,346.4937	28.760	1,169,497.67	1,246,645.16	7.11%
ALLIANZ NFJ SM-CAP VALUE CL A	16,803.7469	23.190	328,665.70	389,678.89	2.22%
ALLIANZ NFJ SM-CAP VL CL A GM	3,736.6984	23.190	72,003.47	86,654.04	0.49%
GOLDMAN SACHS MID CAP VAL A	9,994.1858	28.980	317,948.52	289,631.50	1.65%
GOLDMAN SACHS MID CAP VAL A GM	4,069.0728	28.980	128,324.46	117,921.73	0.67%
VICTORY DIVERSIFIED STOCK FD	193,637.4594	13.980	2,948,940.28	2,707,051.68	15.44%
VICTORY DIVRSIFIED STOCK FD GM	27,079.6615	13.980	393,073.93	378,573.67	2.16%
SELIGMAN COMM & INFO FD CL A	20,728.8311	38.780	614,768.18	803,864.07	4.58%
OPPENHEIMER GLOBAL FUND	8,954.0611	53.010	493,100.03	474,654.78	2.71%
OPPENHEIMER GLOBAL FD GM	7,522.3934	53.010	427,605.86	398,762.07	2.27%
FEDERATED FD FOR US GOVT SECS	127,989.5557	7.720	981,386.48	988,079.37	5.63%
FED FD FOR US GOVT SECS GM	33,085.1758	7.720	253,196.49	255,417.56	1.46%
TOTAL MUTUAL FUNDS			12,510,713.77	12,555,318.68	71.59%
LOANS					
LOAN FUND	1,345,294.0500	1.000	1,345,294.05	1,345,294.05	7.67%
PENDING SETTLEMENT FUNDS					
PENDING SETTLEMENT FUND	550.0000	1.000	550.00	550.00	0.00%

Balances include the effect of pending trades

STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2009 - 12/31/2009

PRITCHETT TRUCKING, INC./NEXTRAN CORPORATION 401(K) PLAN CONSOLIDATION

Investment Category	Shares/ Units	Price/ NAV	Cost/Book Value	Market Value	% Total Value
INVESTMENT TOTAL			17,493,225.22	17,537,830.13	100.00%
UNINVESTED CASH			0.00	0.00	0.00%
ACCRUED INCOME			219.03	219.03	0.00%
CASH			0.00	0.00	0.00%
TOTAL ASSETS			17,493,444.25	17,538,049.16	100.00%

The balance in the cash fund may be temporarily invested in the CMA Money Fund. Additional amounts not reported as cash may also be invested in the CMA Money Fund pending settlement of trades.

Balances include the effect of pending trades

