

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
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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	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan TRANSPORT SERVICE CO. PENSION PLAN AND TRUST	1b Three-digit plan number (PN) ►	007	
	1c Effective date of plan	01/01/1977	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) TRANSPORT SERVICE CO. 2001 SPRING ROAD, SUITE 400 OAK BROOK, IL 60523	2b Employer Identification Number (EIN) 36-2068781	2c Sponsor's telephone number 630-472-5900	2d Business code (see instructions) 484120

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/05/2010	BERNICE J. KOBLER
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TRANSPORT SERVICE CO. 2001 SPRING ROAD, SUITE 400 OAK BROOK, IL 60523	3b Administrator's EIN 36-2068781 3c Administrator's telephone number 630-472-5900
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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
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5 Total number of participants at the beginning of the plan year	5	191
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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	111
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	70
d Subtotal. Add lines 6a , 6b , and 6c	6d	181
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	181
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 1I

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) ☒ 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) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>TRANSPORT SERVICE CO. PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRANSPORT SERVICE CO.</u>	D Employer Identification Number (EIN) <u>36-2068781</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>1261273</u>
b Actuarial value	2b <u>1261273</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>63</u> <u>268464</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>1607848</u>
(3) Total active	3c(3) <u>128</u> <u>1607848</u>
d Total	3d <u>191</u> <u>1876312</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.49</u> %
6 Target normal cost	6 <u>0</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>09/24/2010</u>
Signature of actuary	Date
<u>JAMES S. BARR, A.S.A., E.A.</u>	<u>08-04632</u>
Type or print name of actuary	Most recent enrollment number
<u>RONALD SPITZ & ASSOCIATES, INC.</u>	<u>847-375-9680</u>
Firm name	Telephone number (including area code)
<u>1300 JEFFERSON ST. SUITE 103</u> <u>DES PLAINES, IL 60016-7100</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1089167	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	173175	0
9	Amount remaining (Item 7 minus item 8).....	915992	0
10	Interest on item 9 using prior year's actual return of <u>-24.39</u> %	-223410	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of _____ %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....	557079	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	135503	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	60.00 %
15	Adjusted funding target attainment percentage.....	15	60.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	94.28 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	67.22 %

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/02/2009	200000				
			Totals ►	18(b)	200000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 188784
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.32 %	2nd segment: 6.45 %	3rd segment: 6.69 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	637972	127469
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	127469
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	127469
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	188784
38 Interest-adjusted excess contributions for current year (see instructions).....	38	61315
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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
		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 TRANSPORT SERVICE CO. PENSION PLAN AND TRUST	B Three-digit plan number (PN) ▶ 007
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSPORT SERVICE CO.	D Employer Identification Number (EIN) 36-2068781

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

WILLIAM BLAIR & COMPANY

36-2214610

(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?
20	NONE	7547	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

RONALD SPITZ & ASSOCIATES, INC.

36-4059605

(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?
11	NONE	12385	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

(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
		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 <u>TRANSPORT SERVICE CO. PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) <u>007</u>
	C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRANSPORT SERVICE CO.</u>
D Employer Identification Number (EIN) <u>36-2068781</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	39848	44258
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)	8847	61698
(2) U.S. Government securities	1c(2)	20920	9178
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	514315	476404
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	624672	695978
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	66342	84118
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1274944	1371634

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	13670	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	13670	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	1261274	1371634
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	200000	
(B) Participants	2a(1)(B)		
(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)		200000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	29613	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	7322	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		36935

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	319649	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	365436	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-45787

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	258749	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		258749
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		449897

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	305668	
(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)		305668
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	15574	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	7547	
(4) Other	2i(4)	10748	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		33869
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		339537

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		110360
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

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: HANSEN PLAUM & COMPANY

(2) EIN: 36-3849301

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.).....		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.).....		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.)		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	
e Was this plan covered by a fidelity bond?.....	X		400000
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	
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	
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	
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		
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		
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	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

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

A Name of plan <u>TRANSPORT SERVICE CO. PENSION PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>007</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRANSPORT SERVICE CO.</u>	D Employer Identification Number (EIN) <u>36-2068781</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): _____ 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	<u>10</u>

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	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

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): _____

- 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): _____

**TRANSPORT SERVICE CO.
PENSION PLAN**

OAK BROOK, ILLINOIS

**YEARS ENDED
DECEMBER 31, 2009 AND 2008**

**FINANCIAL STATEMENTS
WITH SUPPLEMENTARY INFORMATION**

and

REPORT OF INDEPENDENT AUDITORS

EMPLOYER IDENTIFICATION #36-2068781

PLAN #007

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HANSEN PLAHM

& COMPANY

Certified Public Accountants and Consultants

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Phone: 630-968-8897

Fax: 630-968-8927

INDEPENDENT AUDITORS' REPORT

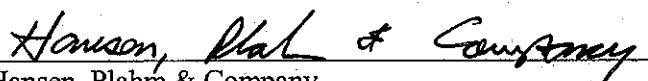
To the Plan Manager
Transport Service Co. Pension Plan
Oak Brook, Illinois

We have audited the accompanying statements of net assets available for benefits of Transport Service Co. Pension Plan as of December 31, 2009 and 2008 and the related statements of changes in assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with U.S. generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial status of Transport Service Co. Pension Plan as of December 31, 2009 and 2008, and the changes in its financial status for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held for investment purposes as of December 31, 2009, and reportable transactions for the year then ended, together referred to as "supplemental information" are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.


Hansen, Plahm & Company
Darien, Illinois

September 20, 2010

**TRANSPORT SERVICE CO.
PENSION PLAN
EIN: 36-2068781 PLAN #007**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

At December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<u>ASSETS</u>		
INVESTMENTS, AT FAIR VALUE:		
William Blair Ready Reserves	\$ 61,698	\$ 8,633
U.S. Government Agency Securities	9,178	20,920
Common Stocks	695,978	624,672
Corporate Bonds	476,404	514,315
Mutual Funds	<u>84,118</u>	<u>66,342</u>
 TOTAL INVESTMENTS	 1,327,376	 1,234,882
 CASH	 <u>44,258</u>	 <u>40,062</u>
 ASSETS AVAILABLE FOR BENEFITS	 1,371,634	 1,274,944
<u>LIABILITIES</u>		
 ACCRUED INCOME TAX WITHHOLDING	 <u>-</u>	 <u>13,670</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 1,371,634</u>	 <u>\$ 1,261,274</u>

**TRANSPORT SERVICE CO.
PENSION PLAN
EIN: 36-2068781 PLAN #007**

STATEMENTS OF CHANGES IN ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS:		
Investment Income:		
Interest and Dividend Income	\$ 36,935	\$ 45,460
Investment Fees	<u>(7,547)</u>	<u>(9,119)</u>
 TOTAL INVESTMENT INCOME	 29,388	 36,341
 Employer Contribution	 <u>200,000</u>	 <u>-</u>
	<u>229,388</u>	<u>36,341</u>
DEDUCTIONS:		
Benefit Payments	305,668	474,620
Administrative Expenses	<u>26,322</u>	<u>19,236</u>
	<u>331,990</u>	<u>493,856</u>
 Net Appreciation (Depreciation) in Fair Value of Investments	 <u>212,962</u>	 <u>(495,489)</u>
 INCREASE (DECREASE) IN ASSETS AVAILABLE FOR BENEFITS	 110,360	 (953,004)
ASSETS AVAILABLE FOR BENEFITS:		
Beginning of Year	<u>1,261,274</u>	<u>2,214,278</u>
 End of Year	 <u>\$ 1,371,634</u>	 <u>\$ 1,261,274</u>

**TRANSPORT SERVICE CO.
PENSION PLAN**

NOTES TO THE FINANCIAL STATEMENTS

Years Ended December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF THE PLAN:

The following is a brief description of the Transport Service Co. Pension Plan (the Plan), a defined-benefit plan for the employees of Transport Service Co. (the Company), which was originally established on December 27, 1977, and subsequently amended. Participants should refer to the Plan documents for more complete information.

In accordance with the provisions of the Plan, substantially all nonunion employees of the Company are eligible to participate in the Plan if they were twenty-one (21) years old and were hired prior to December 31, 2000. Effective December 31, 2000, the Company froze the benefits earned by Plan participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan is administered by a manager (the manager) appointed by the Company.

Contributions

The Plan provides that the Company shall contribute such amounts to the Plan as are deemed necessary, on an actuarial determined basis, to provide assets sufficient to meet the benefits to be paid to Plan participants, limited annually to the maximum amount that can be deducted for federal income tax purposes. The minimum funding standards established by ERISA have been met.

Vesting

A participant's accrued benefit vests according to the following schedule:

<u>Vesting Years of Service</u>	<u>Vested Percentage</u>
Less Than 5 Years	0%
5 Years or More	100%

Vesting year of service means a Plan year during which an employee has 1,000 or more hours of service.

Payment of Benefits

Benefits accrued are based on credited service and 1/2% of compensation for each year of participation in the Plan. A participant's benefit shall be paid in the form of a qualified joint and survivor annuity unless the participant files a qualified waiver. If a participant's benefit is not paid in the form of a qualified joint and survivor annuity, the participant may, with the consent of the manager, elect to have the actuarial equivalent of such benefit paid in any other manner. Certain participant contributions may be withdrawn at any time, upon written request to the manager.

**TRANSPORT SERVICE CO.
PENSION PLAN**

NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

Years Ended December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF THE PLAN (CONT'D):

Loans

Loans are available to all participants upon the consent of the manager. Participants may borrow up to their vested benefit balances and within the limits noted in the Internal Revenue Code (IRC). All loans are interest bearing and have a term specified by the manager.

Plan Termination

The Company anticipates that the Plan will continue without interruption but reserves the right to discontinue the Plan. In the event the Plan terminates, its available net assets will be allocated to benefits, generally in the following order, as prescribed by ERISA:

- a. Unpaid benefits attributable to employee contributions.
- b. Certain annuity benefits that former employees or their beneficiaries are receiving or that employees eligible for retirement would have been receiving had they retired.
- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) as discussed below.
- d. All other vested benefits.
- e. All nonvested benefits.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES:

Date of Management Review

Subsequent events were evaluated through September 20, 2010, which is the date the financial statements were available to be issued.

The following accounting policies, which conform with generally accepted accounting principles, have been used consistently in the preparation of the Plan's financial statements:

Basis of Accounting

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

**TRANSPORT SERVICE CO.
PENSION PLAN**

NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

Years Ended December 31, 2009 and 2008

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (CONT'D):

Valuation of Investments

Investments are stated at fair value, which is determined by quoted market prices (See Note 5). Investment transactions are recorded on the trade date (date the order to buy or sell is executed). Interest and dividend income is recorded using the accrual method.

Investment Fees and Administrative Expenses

The Plan expenses are to be paid from Plan assets unless paid by the Company.

Contributions

Company contributions are accrued when the Company's Board of Directors authorizes payment. Participant rollover contributions may be made in accordance with plan provisions, and are recorded when received.

Payments of Benefits

Benefits are recorded when paid.

Use of Estimates

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to the services employees have rendered to valuation date. Accumulated plan benefits include benefits expected to be paid to: (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of deceased employees, and (3) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee services rendered to the valuation date.

**TRANSPORT SERVICE CO.
PENSION PLAN**

NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

Years Ended December 31, 2009 and 2008

NOTE 3 - INVESTMENTS:

The fair value of individual investments held that represent 5% or more of the Plan's net assets at December 31, 2009 and 2008 is as follows:

	<u>December 31,</u> <u>2009</u>	<u>2008</u>
Dodge and Cox International Stock Fund	\$ 84,118	\$ -
Walmart Stores Inc., 5.000%, due April 5, 2012	107,573	105,705
Conoco Phillips, 4.750%, due October 15, 2012	107,154	99,672
Bank of America, 5.750%, due August 15, 2016	100,652	93,462
Target Corp., 6.350%, due January 15, 2011	105,596	102,247
Gilead Sciences, Inc.		
Apache Corp Shares	<u>72,219</u>	<u>-</u>
	<u>\$ 577,312</u>	<u>\$ 401,086</u>

The Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value for the years ended December 31 as follows:

	<u>2009</u>	<u>2008</u>
U.S. Government Agency Securities	\$ (200)	\$ 374
Common Stocks	161,475	(324,611)
Corporate Bonds	25,115	(10,847)
Mutual Funds	<u>26,572</u>	<u>(160,405)</u>
	<u>\$ 212,962</u>	<u>\$ (495,489)</u>

**TRANSPORT SERVICE CO.
PENSION PLAN**

NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

Years Ended December 31, 2009 and 2008

NOTE 4 - ACCUMULATED PLAN BENEFITS:

The actuarial present value of accumulated benefit obligations is determined by the Plan's actuary, Ronald Spitz & Associates, Inc., and is that amount that results from applying actuarial assumptions to adjust the accumulated benefit obligations to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits and accumulated contributions by participants (including related earnings thereon) as of January 1 were as follows:

	<u>2009</u>	<u>2008</u>
Vested Benefits:		
Participants Currently Receiving Benefits	\$ -	\$ 15,578
Other	<u>1,876,312</u>	<u>2,333,066</u>
Total Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 1,876,312</u>	<u>\$ 2,348,644</u>

The significant actuarial assumptions for both January 1, 2009 and 2008, are as follows:

	<u>2009</u>	<u>2008</u>
Actuarial Cost Method	Pension Protection Act of 2006 Required Funding method (similar to Unit Credit method)	Pension Protection Act of 2006 Required Funding method (similar to Unit Credit method)
Assumed Interest Rate	Segmented interest rates (ranging from 4.61% to 6.43%)	Segmented interest rates (ranging from 4.61% to 6.43%)
Mortality	Optional Static Small Plan Combined Table for 2009	Optional Static Small Plan Combined Table for 2008
Retirement	Age 65 or Current Age if Older	Age 65 or Current Age if Older

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated benefit obligations.

**TRANSPORT SERVICE CO.
PENSION PLAN**

NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

Years Ended December 31, 2009 and 2008

NOTE 5 – 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.

	<u>Fair Value</u>	<u>Level 1</u>
<u>December 31, 2009</u>		
U.S. Government Securities	\$ 9,178	\$ 9,178
Common Stocks	695,978	695,978
Corporate Bonds	476,404	476,404
Mutual Funds	84,118	84,118

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. For Level 1, the fair value of funds is based on quoted net asset values of the shares held by the Plan at year end.

NOTE 6 – INCOME TAX STATUS:

The Internal Revenue Service ruled September 11, 1995, that the Plan qualified under Section 401(a) of the IRC and, therefore, the related trust is not subject to tax under present income tax law. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 7 – RELATED PARTY TRANSACTIONS:

The Plan invests in a money market fund managed by William Blair & Company who acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

NOTE 8 – RISKS AND UNCERTAINTIES:

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

**TRANSPORT SERVICE CO.
PENSION PLAN**

NOTES TO THE FINANCIAL STATEMENTS (CONT'D)

Years Ended December 31, 2009 and 2008

NOTE 8 – RISKS AND UNCERTAINTIES (CONT'D):

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

SUPPLEMENTAL SCHEDULES

**TRANSPORT SERVICE CO.
PENSION PLAN
EIN: 36-2068781 PLAN #007**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2009

Description	Number of Shares or Principal Amount	Cost	Current Value
MONEY MARKET FUND:			
*William Blair Ready Reserves Money Market Portfolio	61,698 Shs.	\$ 61,698	\$ 61,698
U.S. GOVERNMENT AGENCY SECURITIES:			
FHR Series 191, 7.00% Due 9-15-21	8,423	8,680	9,178
COMMON STOCKS:			
Apache Corp.	700	41,503	72,219
Cisco Systems	1,500	29,025	35,910
Danaher Corp.	600	21,645	45,120
Fastenal Corp.	1,200	17,709	49,968
Gilead Sciences, Inc.	1,000	12,912	43,270
Google, Inc	25	7,548	15,500
Hewlett-Packard Co.	700	24,255	36,057
United Parcel Service, Inc.	400	19,492	22,948
McDonalds Corp	500	29,928	31,220
Celgene Corp	800	43,395	44,544
CME Group, Inc	25	5,713	8,399
Charles Schwab CP	2,000	31,350	37,640
Adobe Systems, Inc	1,100	27,934	40,458
Amphenol Corp	275	9,907	12,700
Apple Inc	200	37,722	42,146
Lowes Cos, Inc.	400	8,836	9,356
Microsoft	1,000	32,114	30,480
Praxair, Inc.	200	6,961	16,062
QualComm, Inc.	500	22,946	23,130
Resmed, Inc.	600	9,972	31,362
Roper Industries, Inc.	300	13,753	15,711
Suncor Energy, Inc.	900	23,411	31,778
TOTAL COMMON STOCKS		<u>478,031</u>	<u>695,978</u>

**TRANSPORT SERVICE CO.
PENSION PLAN
EIN: 36-2068781 PLAN #007**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2009

Description	Number of Shares or Principal Amount	Cost	Current Value
CORPORATE BONDS:			
Wal Mart Stores, Inc.	100,000	99,890	107,573
Conocophillips	100,000	99,182	107,154
Kimberly Clark Corp, 6.125% Due 8-1-17	50,000	49,054	55,428
Bank of America Corp, 5.750% Due 8-15-16	100,000	103,653	100,653
Target Corp, 6.350% Due 1-15-11	100,000	<u>104,794</u>	<u>105,596</u>
TOTAL CORPORATE BONDS		<u>456,573</u>	<u>476,404</u>
MUTUAL FUNDS:			
Dodge & Cox FDS Intl Stk Fund	2,641	<u>62,488</u>	<u>84,118</u>
TOTAL MUTUAL FUNDS		<u>62,488</u>	<u>84,118</u>
TOTAL INVESTMENTS		<u><u>\$ 1,067,470</u></u>	<u><u>\$ 1,327,376</u></u>

**Denotes party-in-interest transaction.*

TRANSPORT SERVICE CO.
PENSION PLAN
EIN: 36-2068781 PLAN #007

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2009

Description of Assets	Number of Transactions	Purchase Price	Selling Price	Total Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
CATEGORY (i) - INDIVIDUAL TRANS-ACTIONS IN EXCESS OF 5% OF PLAN ASSETS:						
William Blair Ready Reserves Money Market Portfolio*	1	\$ -	\$ 100,020	\$ 100,020	\$ 100,020	\$ -
	1	97,224	-	97,224	97,224	-
CATEGORY (iii) - SERIES OF TRANS-ACTIONS IN EXCESS OF 5% OF PLAN ASSETS:						
William Blair Ready Reserves Money Market Portfolio*	14	\$ -	\$ 230,176	\$ 230,176	\$ 230,176	\$ -
	80	283,242	-	283,242	283,242	-

There were no category (ii) or (iv) reportable transactions during 2009

Note: The commissions and fees related to purchases and sales of investments are included in the cost of the investment or the proceeds from the sales and are not separately identified by the trustees.

* Denotes Party-in-interest transaction.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

TRANSPORT SERVICE CO. PENSION PLAN AND TRUST

B Three-digit
plan number (PN) ▶

007

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

TRANSPORT SERVICE CO.

D Employer Identification Number (EIN)

36-2068781

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2009**2** Assets:

a Market value	2a	1,261,273
b Actuarial value	2b	1,261,273

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 0	0
b For terminated vested participants	3b 63	268,464
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	1,607,848
(3) Total active	3c(3) 128	1,607,848
d Total	3d 191	1,876,312

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	

5 Effective interest rate **5** 6.49 %**6** Target normal cost **6** 0**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

JAMES S. BARR, A.S.A., E.A.

Type or print name of actuary

RONALD SPITZ & ASSOCIATES, INC.

Firm name
1300 JEFFERSON ST. SUITE 103

DES PLAINES

IL 60016-7100

Address of the firm

09/24/2010

Date

08-04632

Most recent enrollment number

(847) 375-9680

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Schedule SB, line 22
Description of Weighted Average Retirement Age

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded up to the next full age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

**TRANSPORT SERVICE CO.
PENSION PLAN AND TRUST**

**DISTRIBUTION OF ACTIVE PLAN PARTICIPANTS
BY AGE AND SERVICE AS OF JANUARY 1, 2009**

Attained Age	Completed Years of Service					Total
	0 - 4	5 - 9	10 - 14	15 - 19	20+	
Under 25						
25 - 29						
30 - 34			1	2		3
35 - 39			2			2
40 - 44		1	6	1		8
45 - 49			13	2		15
50 - 54			15	6	6	27
55 - 59			16	9	7	32
60 - 64			2	6	8	16
65 - 69			8	8	4	20
70+			3	2		5
TOTAL		1	66	36	25	128

Average Age = 55.84 years

Average Vesting Service = 15.45 years

**TRANSPORT SERVICE CO.
PENSION PLAN AND TRUST**

**SCHEDULE OF SHORTFALL AMORTIZATION BASES
MINIMUM FUNDING STANDARD ACCOUNT**

<u>Charge Item</u>	<u>Amortization Begins</u>	<u>Period Length</u>	<u>Initial Amount</u>	<u>Annual Charge</u>	<u>Unamortized Balance 1/01/09</u>
Funding Shortfall	1/1/08	7 Years	\$1,035,641	\$173,175	\$909,402
Funding Shortfall	1/1/09	7 Years	(271,430)*	(45,706)	(271,430)
TOTAL:				<u>\$127,469</u>	<u>\$637,972</u>

* For 2009, this amount is the excess of 94% of the funding target over the assets adjusted by the carryover balance, less the unamortized balance of prior year shortfall bases.

TRANSPORT SERVICE CO.
PENSION PLAN AND TRUST

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Eligibility Requirements:	All employees of the Employer who have attained the age of 21 and have completed 12 months of employment with 1,000 or more hours of service. The Employer is Transport Service Co.
Entry Date:	The June 30th or December 31st following completion of the eligibility requirements. Beginning January 1, 1989, the entry dates are January 1st and July 1st of each Plan Year. Effective December 31, 2000, no employees shall become eligible to participate in the plan.
Effective Date:	January 1, 1977
Restatement Date:	December 30, 1994
Latest Amendment Date:	January 1, 1995
Plan Year:	The Plan Year is the period January 1st through December 31st of each year.
Compensation Considered:	All compensation paid for the calendar year as salary and wages including bonuses, overtime, commissions, etc.
Normal Retirement Date:	The date on which a participant attains the age of 65 and completes 5 years of participation.
Service Considered:	For purposes of: Eligibility - all years of employment through December 31, 2000 Vesting - all years of employment Accrual - all years of participation through December 31, 2000

**TRANSPORT SERVICE CO.
PENSION PLAN AND TRUST**

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Normal Retirement Benefit:	The participant's Accrued Benefit commencing at his Normal Retirement Date.
Accrued Benefit:	An amount equal to the sum of: 1. the Accrued Benefit as of December 31, 1988 under the terms of the plan in effect prior to the adoption of the first amendment to the restatement of the plan. 2. 1/2% of Average Monthly Compensation multiplied by years of participation to December 31, 1988, never greater than 18 years. 3. 1% of Monthly Compensation for each Plan Year with a year of participation from January 1, 1989 through December 31, 1994. 4. 1/2% of Monthly Compensation for each Plan Year of participation from January 1, 1995 through December 31, 2000. Average Monthly Compensation is the monthly average of a participant's considered compensation over the 5 highest consecutive Plan Years of service ending on or before December 31, 1988.
Early Retirement Benefit:	The Accrued Benefit reduced actuarially for each month the benefit commencement precedes the Normal Retirement Date.
Pre-Retirement Death Benefit:	The Accrued Benefit reduced actuarially for the period between the date of death and Normal Retirement Date.
Disability Benefit:	The Accrued Benefit reduced actuarially for the period between the date of disability and Normal Retirement Date.

**TRANSPORT SERVICE CO.
PENSION PLAN AND TRUST****SUMMARY OF PRINCIPAL PLAN PROVISIONS**

Termination Benefit: For termination other than for retirement, death or disability, the Accrued Benefit is payable at Normal Retirement Date or an actuarially equivalent amount if payable earlier times the vesting percentage. The vesting percentage is as follows:

<u>Completed Years of Considered Service</u>	<u>Vesting Percentage</u>
Less than 5	0 %
5 or more	100 %

Form of Payment: The unreduced form of payment is a life annuity with 120 monthly payments guaranteed in the amount of their Normal Retirement Benefit.

Married employees receive a qualified joint and 50% surviving spouse annuity which is actuarially equivalent to the unreduced form.

Other forms of payment are available.

Top-Heavy Provisions:

Eligibility: All "non-key" employees for Plan Years in which the plan is considered top-heavy.

Minimum Benefit: 2% of average monthly earnings (based on top-heavy years) times Plan Years of top-heavy service, maximum 10 years.

Vesting: 20% vested at 2 years of service plus 20% a year for the next 4 years. (All years of credited service is included in determining the vesting percentage).

Actuarial Equivalent: Interest - 7%
Mortality - 1983 Group Annuity Mortality Table (males set back 2 years)

**TRANSPORT SERVICE CO.
PENSION PLAN AND TRUST****ACTUARIAL ASSUMPTIONS AND METHODS**

Valuation Date:	January 1, 2009
Section 430 Funding Rates:	
Full Yield Curve:	Not Elected
Funding 24 Month Segmented Rates:	Elected
Applicable Month	Current Month of Actuarial Valuation Date
Segmented Interest Rates:	
Segment 1:	5.32%
Segment 2:	6.45%
Segment 3:	6.69%
Mortality Table:	Optional static small plan Combined table for 2009 (IRS Notice 2008-85)
Minimum Present Value Lump Sums 417(e):	
Applicable Month	1 st month prior to beginning of plan year.
Segmented Interest Rates:	
Segment 1:	4.41%
Segment 2:	4.57%
Segment 3:	4.27%
Mortality Table:	RP-2000 projected to 2009 Per Rev. Rul. 2007-67
Salary Scale:	None
Valuation Compensation:	Compensation as reported for previous Plan Year.
Retirement Age:	Age 65 or current age if older.
Actuarial Asset Basis:	Market Value

**TRANSPORT SERVICE CO.
PENSION PLAN AND TRUST**

ACTUARIAL ASSUMPTIONS AND METHODS

Actuarial Cost Method:	PPA 06 required funding method (similar to unit credit)
Limitations on Benefits:	The anticipated benefits provided to any participant under the plan are assumed not to exceed the limitations as set forth in IRC Section 415 as they apply for the valuation year.

**TRANSPORT SERVICE CO.
PENSION PLAN
EIN: 36-2068781 PLAN #007**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

December 31, 2009

Description	Number of Shares or Principal Amount	Cost	Current Value
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Praxair, Inc.	200	6,961	16,062
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Roper Industries, Inc.	300	13,753	15,711
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TOTAL COMMON STOCKS		<u>478,031</u>	<u>695,978</u>

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PENSION PLAN
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December 31, 2009

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TOTAL CORPORATE BONDS		<u>456,573</u>	<u>476,404</u>
MUTUAL FUNDS:			
Dodge & Cox FDS Intl Stk Fund	2,641	<u>62,488</u>	<u>84,118</u>
TOTAL MUTUAL FUNDS		<u>62,488</u>	<u>84,118</u>
TOTAL INVESTMENTS		<u><u>\$ 1,067,470</u></u>	<u><u>\$ 1,327,376</u></u>

**Denotes party-in-interest transaction.*

TRANSPORT SERVICE CO.
PENSION PLAN
EIN: 36-2068781 PLAN #007

SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2009

Description of Assets	Number of Transactions	Purchase Price	Selling Price	Total Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
CATEGORY (i) - INDIVIDUAL TRANS-ACTIONS IN EXCESS OF 5% OF PLAN ASSETS:						
William Blair Ready Reserves Money Market Portfolio*	1	\$ -	\$ 100,020	\$ 100,020	\$ 100,020	\$ -
	1	97,224	-	97,224	97,224	-
CATEGORY (iii) - SERIES OF TRANS-ACTIONS IN EXCESS OF 5% OF PLAN ASSETS:						
William Blair Ready Reserves Money Market Portfolio*	14	\$ -	\$ 230,176	\$ 230,176	\$ 230,176	\$ -
	80	283,242	-	283,242	283,242	-

There were no category (ii) or (iv) reportable transactions during 2009

Note: The commissions and fees related to purchases and sales of investments are included in the cost of the investment or the proceeds from the sales and are not separately identified by the trustees.

* Denotes Party-in-interest transaction.