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
BANCROFT & SONS TRANSPORTATION, INC. 401(K) PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2006

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

3390 HIGH PRAIRIE ROAD
GRAND PRAIRIE, TX 75050

2b Employer Identification Number (EIN)
75-1639263

2c Sponsor's telephone number
972-790-3777

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.	10/15/2010	KIM BANCROFT
	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")
BANCROFT AND SONS TRANSPORTATION, INC.

3390 HIGH PRAIRIE ROAD
GRAND PRAIRIE, TX 75050

3b Administrator's EIN
75-1639263

3c Administrator's telephone number
972-790-3777

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**	215
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**	191
b	Retired or separated participants receiving benefits	**6b**	4
c	Other retired or separated participants entitled to future benefits	**6c**	23
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	218
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	218
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	79
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
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:
2E 2F 2G 2J 2K 3D 2T

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)		**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
BANCROFT & SONS TRANSPORTATION, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BANCROFT AND SONS TRANSPORTATION, INC.

D Employer Identification Number (EIN)
75-1639263

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)

NATIONWIDE TRUST COMPANY

ONE NATIONWIDE PLZAZ
COLUMBUS, OH 43215

(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 19 49 64 99 59 60 63	N/A	8331	Yes [X] No [ ]	Yes [ ] No [X]	881	Yes [ ] No [X]

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

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

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

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

(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
INSTITUTIONAL SECURITIES CORP.	27 52 99	1876

(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.
NATIONWIDE ONE NATIONWIDE PLAZA COLUMBUS, OH 43215	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

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(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
BANCROFT & SONS TRANSPORTATION, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BANCROFT AND SONS TRANSPORTATION, INC.

D Employer Identification Number (EIN)
75-1639263

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	-4709	2498
(2) Participant contributions	1b(2)	0	3260
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	340216	529546
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	335507	535304
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
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	335507	535304

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)	29976	
	(B) Participants	2a(1)(B)	146946	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		176922
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(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)	0	
(B) Other	2b(5)(B)	0	
(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)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		76098
c Other income	2c		6246
d Total income. Add all **income** amounts in column (b) and enter total	2d		259266
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	55633	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		55633
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	1612	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	2224	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3836
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		59469
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		199797
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) [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: BELL AND COMPANY, PA (2) EIN: 71-0550475

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	
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
BANCROFT & SONS TRANSPORTATION, INC. 401(K) PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BANCROFT AND SONS TRANSPORTATION, INC.

D Employer Identification Number (EIN)
75-1639263

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): 31-1592130

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):

Bancroft & Sons Transportation, Inc. 401(k) Plan & Trust
EIN 75-1639263 Plan 001

Financial Statements
and Supplemental Schedules
with
Independent Auditors' Report

December 31, 2009 and 2008

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BELL
& company
certified public accountants
and business advisors

4504 Burrow Drive • North Little Rock, Arkansas 72116 • Phone: 501.753.9700 • Fax: 501.753-3794

Independent Auditors' Report

To the Plan Administrator
Bancroft & Sons Transportation, Inc. 401(k) Plan & Trust
Grand Prairie, Texas

We were engaged to audit the financial statements of Bancroft & Sons Transportation, Inc. 401(k) Plan & Trust, (the "Plan") as of December 31, 2009 and 2008, and the supplemental schedules for the years then ended, as listed in the accompanying table of contents. These financial statements and 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 3, which was certified by Nationwide Financial Services, Inc., the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 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 schedules taken as a whole. The form and content of the information included in the financial statements and 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.

Bell & Company, PA

North Little Rock, Arkansas
October 15, 2010

Bancroft and Sons Transportation, Inc. 401(k) Plan & Trust
Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

	2009	2008
Assets		
Investments at fair value		
Investments	$ 529,546	$ 340,217
Receivables		
Employer's contributions	3,260	-
Participants' contributions	2,497	-
	5,757	-
Total assets	$ 535,303	$ 340,217
Liabilities		
Excess participants' contributions	-	4,709
Net assets available for plan benefits	$ 535,303	$ 335,508

See independent auditors' report and accompanying notes.

Bancroft and Sons Transportation, Inc. 401(k) Plan & Trust
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2009 and 2008

	2009	2008
Additions		
Investment income		
Net appreciation in fair value of investments	$ 76,096	$ (123,258)
Contributions		
Employer	29,976	33,801
Participants	146,946	176,499
Rollover	6,246	2,626
	183,168	212,926
Total additions	259,264	89,668
Deductions		
Distributions paid to participants		
Withdrawals	55,633	67,511
Administrative expenses	3,836	4,246
Total deductions	59,469	71,757
Net increase (decrease)	199,795	17,911
Net assets available for plan benefits - beginning of year	335,508	317,597
Net assets available for plan benefits - end of year	$ 535,303	$ 335,508

See independent auditors' report and accompanying notes.

Bancroft and Sons Transportation, Inc. 401(k) Plan & Trust
Notes to Financial Statements
December 31, 2009 and 2008

1. Description of Plan

The following description of the Bancroft and Sons Transportation, Inc. (the "Company") 401(k) Plan & Trust (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions, which is available from the plan administrator.

General - The Plan is a defined contribution plan covering all full-time employees of the Company who have completed one year of service and are age 19 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - An employee's aggregate elective deferral is subject to an annual limit based on IRS Code Section 402. Employer contributions may be contributed at the discretion of the Company's Board of Directors.

Participant Accounts - Each participant's account is credited with the participant's contributions, the Company's matching contributions, and allocations of Plan earnings. Allocations are based on participant earnings or account balances as defined in the Plan's agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their contributions into various investment options offered by the Plan

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of service.

Payment of Benefits - Upon termination of service due to death, a married participant's spouse will receive a qualified pre-retirement survivor annuity. If the spouse dies before benefits start, a participant's vested account will be paid to the spouse's beneficiary. The beneficiary of a participant who does not have a spouse will receive a single sum payment upon a participant's termination due to death. For termination of service due to other reasons, unless a qualified election of an optional form of benefit has been made, the automatic form of benefit payable to a participant is a qualified joint and survivor annuity. There are several optional forms of benefit payments as outlined in the Plan agreement.

Forfeitures - Forfeitures are applied against the current period employer contribution.

2. Summary of Significant Accounting Policies

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

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Investment Valuation and Income Recognition - Investments in securities are valued at quoted market prices, if available, on the last business day of the year. Purchases and sale of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis and dividends are recorded on the ex-dividend date.

Payment of Benefits - Benefit payments to participants are reported upon distribution.

Administrative Expenses - The Company absorbs all significant administrative expenses of the Plan.

3. Investments

At December 31, 2009, the Plan's investments were held by a bank administered trust fund. The following table presents the fair values of investments as determined by quoted market price. Investments that represent 5% or more of the Plan's net assets are separately identified:

	2009	2008
Investments		
Mutual Funds		
American Funds Growth Fund Am R5	$ 67,781	$ 34,245
Dodgecox International Stock Fund	27,141	13,091
Nationwide Investor Designations Moderate Fund	29,436	22,739
Nationwide Money Market Inst	71,353	64,110
PIMCO Total Return Fund Inst	40,792	25,467
Funds representing less than 5% of net assets	293,043	180,565
Total investments at fair value	$ 529,546	$ 340,217

4. Plan Termination

Although it has not expressed an intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions or ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

5. Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated January 31, 2006, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Company's third party administrator, the Nationwide Trust Company, has received IRS approval for a prototype plan in order to comply with GUST requirements. The prototype plan was adopted in January 2006.

6. Retired or Separated Participants

As of December 31, 2009, there were four retired or separated participants in the Plan receiving benefits and twenty-three other retired or separated participants entitled to future vested benefits of $17,709.

7. Forfeited Account Balances

At December 31, 2009, the plan had available $150 of forfeited, non-vested account balances available for use to reduce future employer contributions.

8. Subsequent Events

Subsequent events have been evaluated through October 15, 2010, the date of which the financial statements were available to be issued. No significant subsequent events existed.

Supplemental Schedules

Bancroft & Sons Transportation, Inc. 401(k) Plan & Trust
EIN 71-0665062 Plan 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2009

(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Nationwide Trust Company	AllBer Intl Val K	$ 11,334
Nationwide Trust Company	AmCent Gr Adv	6,851
Nationwide Trust Company	AmCent Infl Adj Bd Inst	11,764
Nationwide Trust Company	AmFds Am Hi Inc	8,942
Nationwide Trust Company	AmFds Am Bal R3	11,974
Nationwide Trust Company	American Funds Growth Fund Am R5	67,781
Nationwide Trust Company	JPM SmCap Val A	204
Nationwide Trust Company	BlkRk SmMdCap Gr Inv A	178
Nationwide Trust Company	Nationwide Investor Designations Aggressive Fund	10,624
Nationwide Trust Company	Delaware Corp Bond A	196
Nationwide Trust Company	Nationwide Investor Designations Conservative Fund	3,525
Nationwide Trust Company	Delaware Growth Opp Cls A	16,572
Nationwide Trust Company	DodgeCox International Stock Fund	27,141
Nationwide Trust Company	Nationwide Investor Designations Moderate Fund	29,436
Nationwide Trust Company	Drey SmCap Val A	5,202
Nationwide Trust Company	EV Large Cap Value A	22,037
Nationwide Trust Company	MnSty Epoch Glbl Eq Yld A	7,554
Nationwide Trust Company	Fed Mkt Oppr A	5,979
Nationwide Trust Company	GdmnScs Strcd LgCap Val A	6,010
Nationwide Trust Company	GdmnScs Govt Inc	3,838
Nationwide Trust Company	Abrden Intl Eq A	6,537
Nationwide Trust Company	Nationwide Money Market Inst	71,353
Nationwide Trust Company	GdmnScs SmCap Val	5,207
Nationwide Trust Company	GdmnScs LgCap Val A	6,388
Nationwide Trust Company	JPM Dynmc SmCap Gr A	5,044
Nationwide Trust Company	Lazard Emrg Mkt Eq Open	904
Nationwide Trust Company	BlkRk LgCap Val Inv A	9,802
Nationwide Trust Company	BlkRk LgCAp Gr Inv A	7,692

(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Nationwide Trust Company	MFS Valu Fd A	8,551
Nationwide Trust Company	Pioneer Emerg Markets Fd A	3,649
Nationwide Trust Company	Prncpl LcCap Gr Inst	7,080
Nationwide Trust Company	PIMCO High Yield Fd Instl	1,008
Nationwide Trust Company	Oppnhmr Intl Bond Fd A	8,810
Nationwide Trust Company	Opp Intl Gr A	7,117
Nationwide Trust Company	PIMCO Real Return Fd Instl	14,479
Nationwide Trust Company	PIMCO Total Return Fund Inst	40,792
Nationwide Trust Company	Prncpl Hi Yld Inst	1,394
Nationwide Trust Company	RdgWrth SmCap Gr Stk I	6,707
Nationwide Trust Company	FnklnTmp Gr A	14,872
Nationwide Trust Company	Turner SmCap Gr I	185
Nationwide Trust Company	VanKam; Comstock Fd A	10,828
Nationwide Trust Company	Vngrd SmCap Val Indx Inv	3,249
Nationwide Trust Company	LeggM WstrAs CorPlsBd Inst	5,059
Nationwide Trust Company	WstAsset NonUS OppBdPrt IC	4,155
Nationwide Trust Company	WstrAsstInfl InxPlsBd Inst	9,481
Nationwide Trust Company	WFAF Asia Pacfc Inv	7,899
Nationwide Trust Company	WFAF Endvr Sel A	4,162
		$ 529,546

Bancroft & Sons Transportation, Inc. 401(k) Plan & Trust
EIN 71-0665062 Plan 001
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2008

(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Nationwide Trust Company	AllBer Intl Val K	$ 7,117
Nationwide Trust Company	AmCent Gr Adv	1,933
Nationwide Trust Company	AmCent Infl Adj Bd Inst	5,829
Nationwide Trust Company	AmFds Am Hi Inc	4,561
Nationwide Trust Company	AmFds Am Bal R3	6,640
Nationwide Trust Company	American Funds Growth Fund Am R5	34,245
Nationwide Trust Company	Nationwide Investor Designations Aggressive Fund	5,692
Nationwide Trust Company	Nationwide Investor Designations Conservative Fund	2,972
Nationwide Trust Company	Delaware Growth Opp Cls A	7,486
Nationwide Trust Company	Dodgecox International Stock Fund	13,091
Nationwide Trust Company	Nationwide Investor Designations Moderate Fund	22,739
Nationwide Trust Company	Drey SmCap Val A	2,615
Nationwide Trust Company	EV Large Cap Value A	16,302
Nationwide Trust Company	Epoch GlblEqShrhldrYldP	5,761
Nationwide Trust Company	Fed Mkt Oppr A	5,010
Nationwide Trust Company	GdmnScs Govt Inc	685
Nationwide Trust Company	Abrden Intl Eq A	7,118
Nationwide Trust Company	Nationwide Money Market Inst	64,110
Nationwide Trust Company	GdmnScs SmCap Val	3,688
Nationwide Trust Company	GdmnScs LgCap Val A	4,595
Nationwide Trust Company	JPM Dynmc SmCap Gr A	3,480
Nationwide Trust Company	Lazard Emrg Mkt Eq Open	656
Nationwide Trust Company	BlkRk LgCap Val Inv A	7,691
Nationwide Trust Company	BlkRk LgCAp Gr Inv A	5,712
Nationwide Trust Company	MFS Valu Fd A	3,423
Nationwide Trust Company	Pioneer Emerg Markets Fd A	2,861
Nationwide Trust Company	PIMCO High Yield Fd Instl	1,394
Nationwide Trust Company	Oppnhmr Intl Bond Fd A	6,318

(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Nationwide Trust Company	PIMCO Real Return Fd Instl	11,628
Nationwide Trust Company	Prncpl Inv LgCap Gr A	6,770
Nationwide Trust Company	PIMCO Total Return Fund Inst	25,467
Nationwide Trust Company	RdgWrth SmCap Gr Stk I	2,828
Nationwide Trust Company	FnklnTmp Gr A	7,040
Nationwide Trust Company	TCW Ttl Rtn Bd N	3,057
Nationwide Trust Company	VanKam; Comstock Fd A	9,160
Nationwide Trust Company	WstAsset NonUS OppBdPrt IC	3,745
Nationwide Trust Company	WstrAsstInfl InxPlsBd Inst	6,715
Nationwide Trust Company	WFAF Asia Pacfc Inv	6,857
Nationwide Trust Company	WFAF Endvr Sel A	3,226
		$ 340,217

See independent auditors' report and accompanying notes.

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2009 and ending 12/31/2009

Name of plan

Bancroft & Sons Transportation, Inc. 401(k) Plan and Trust

Employer Identification Number

75-1639263

Three-digit plan number ▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Nationwide Trust Company, FSB	AllBer Intl Val		11,334
	Nationwide Trust Company, FSB	AmCent Gr Adv		6,851
	Nationwide Trust Company, FSB	AmCent Infl Adj Bd Inst		11,764
	Nationwide Trust Company, FSB	AmFds Am Hi Inc Tr R3		8,942
	Nationwide Trust Company, FSB	AmFds Am Bal R3		11,974
	Nationwide Trust Company, FSB	AmFds Gr Fd R5		67,781
	Nationwide Trust Company, FSB	JPM SmCap Val A		204
	Nationwide Trust Company, FSB	BlkRk SmMdCp Gr Inv A		178
	Nationwide Trust Company, FSB	NW Inv Dest Aggr SC		10,624
	Nationwide Trust Company, FSB	DE Val A		196
	Nationwide Trust Company, FSB	NW Inv Dest Cnsrv SC		3,525
	Nationwide Trust Company, FSB	DE Gr Oppr A		16,572
	Nationwide Trust Company, FSB	DodgeCox Intl Stk		27,141
	Nationwide Trust Company, FSB	NW Inv Dest Mod SC		29,436
	Nationwide Trust Company, FSB	Drey SmCap Val A		5,202
	Nationwide Trust Company, FSB	EV LgCap Val A		22,037
	Nationwide Trust Company, FSB	MnSty Epoch Glbl Eq Yld A		7,554
	Nationwide Trust Company, FSB	Fed Mkt Oppr A		5,979
	Nationwide Trust Company, FSB	GdmnScs Strcd LgCap Val A		6,010
	Nationwide Trust Company, FSB	GdmnScs Govt Inc A		3,838
	Nationwide Trust Company, FSB	Abrden Intl Eq A		6,537
	Nationwide Trust Company, FSB	NW Money Market Inst		71,353
	Nationwide Trust Company, FSB	GdmnScs SmCap Val A		5,207
	Nationwide Trust Company, FSB	GdmnScs LgCap Val A		6,388
	Nationwide Trust Company, FSB	JPM Dynmc SmCap Gr A		5,044
	Nationwide Trust Company, FSB	Lazard Emrg Mkt Eq Open		904
	Nationwide Trust Company, FSB	BlkRk LgCap Val Inv A		9,802
	Nationwide Trust Company, FSB	BlkRK LgCap Gr Inv A		7,692
	Nationwide Trust Company, FSB	MFS Val A		8,551
	Nationwide Trust Company, FSB	Pionr Emrg Mkt A		3,649
	Nationwide Trust Company, FSB	Prncpl Inv LgCap Gr Inst		7,080
	Nationwide Trust Company, FSB	Pimco Yld Inst		1,007
	Nationwide Trust Company, FSB	Opp Intl Bd A		8,810
	Nationwide Trust Company, FSB	Opp Intl Gr A		7,117
	Nationwide Trust Company, FSB	Pimco Real Rtn Inst		14,479
	Nationwide Trust Company, FSB	Pimco Ttl Rtn Inst		40,792
	Nationwide Trust Company, FSB	Prncpl Hi Yld Inst		1,394
	Nationwide Trust Company, FSB	RdgWrth SmCap Gr Stk I		6,707
	Nationwide Trust Company, FSB	FnklnTmp Gr A		14,872

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2009 and ending 12/31/2009

Name of plan

Bancroft & Sons Transportation, Inc. 401(k) Plan and Trust

Employer Identification Number

75-1639263

Three-digit plan number ▶ 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Nationwide Trust Company, FSB	Turner Small Cap Growth Fd		185
	Nationwide Trust Company, FSB	VanKamp Coomstock Fd A		10,828
	Nationwide Trust Company, FSB	Vanguard SmCap Val Indx IS		3,249
	Nationwide Trust Company, FSB	LeffM WstrAs CorplsBd Lnst		5,059
	Nationwide Trust Company, FSB	LeggMWstrAsNonUSO pprBD Inst		4,155
	Nationwide Trust Company, FSB	LeggMWstrAsInf Ind Pls Bd Inst		9,480
	Nationwide Trust Company, FSB	WFAF Asia Pacfc Inv		7,889
	Nationwide Trust Company, FSB	WFAF Endvr Sel A		4,161