

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 <u>01/01/2006</u> and ending <u>12/31/2006</u>	
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 <u>TRANSPORT INDUSTRIES LP PROFIT SHARING PLAN AND TRUST</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>08/01/1996</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>TRANSPORT INDUSTRIES LP</u> <u>12404 PARK CENTRAL DRIVE SUITE 300</u> <u>DALLAS, TX 75251</u>	2b Employer Identification Number (EIN) <u>75-2892077</u> 2c Sponsor's telephone number <u>972-228-7370</u> 2d Business code (see instructions) <u>484110</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>11/29/2010</u>	<u>BRAD EAGELSTON</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") TRANSPORT INDUSTRIES LP 12404 PARK CENTRAL DRIVE SUITE 300 DALLAS, TX 75251	3b Administrator's EIN 75-2892077 3c Administrator's telephone number 972-228-7370
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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	1909
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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	1684
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	295
d Subtotal. Add lines 6a , 6b , and 6c	6d	1979
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1979
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	939
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	929

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	15
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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:
 2E 2F 2G 2J 2K 3H

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

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 01/01/2006 and ending 12/31/2006		
A Name of plan TRANSPORT INDUSTRIES LP PROFIT SHARING PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. TRANSPORT INDUSTRIES LP	D Employer Identification Number (EIN) 75-2892077	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
GREAT WEST LIFE AND ANNUITY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
84-0467907	68322	938677-01	939	01/01/2006	12/31/2006

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
46316	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
FM FINANCIAL 141 W GREET STREET PASADENA, CA 91105-0000

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
34831			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
AIG FINANCIAL ADVISORS, INC. 2800 N CENTRAL AVE 2100 PHOENIX, AZ 85004-1072

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11485			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	1485265
5 Current value of plan's interest under this contract in separate accounts at year end	5	17762192

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **GROUP ANNUITY CONTRACT**

b Balance at the end of the previous year	7b	518554
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c Additions: (1) Contributions deposited during the year	7c(1)	254028	
	7c(2)	0	
	7c(3)	33103	
	7c(4)	1129084	
	7c(5)	10555	
▶ LOAN REPAYMENT			

(6) Total additions	7c(6)	1426770
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d Total of balance and additions (add b and c(6))	7d	1945324
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	458490	
(2) Administration charge made by carrier	7e(2)	1569	
(3) Transferred to separate account	7e(3)	0	
(4) Other (specify below)	7e(4)	0	

(5) Total deductions	7e(5)	460059
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f Balance at the end of the current year (subtract e(5) from d)	7f	1485265
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received	9a(1)		
(2) Increase (decrease) in amount due but unpaid	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3))		9a(4)	
b Benefit charges (1) Claims paid	9b(1)		
(2) Increase (decrease) in claim reserves	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 01/01/2006 and ending 12/31/2006		
A Name of plan TRANSPORT INDUSTRIES LP PROFIT SHARING PLAN AND TRUST		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSPORT INDUSTRIES LP		D Employer Identification Number (EIN) 75-2892077

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

GREAT WEST LIFE

84-0467907

(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?
12	RECORD KEEPER	42278	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 ☐

(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:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2006</u> and ending <u>12/31/2006</u>		
A Name of plan <u>TRANSPORT INDUSTRIES LP PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) <u>001</u>	
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRANSPORT INDUSTRIES LP</u>	D Employer Identification Number (EIN) <u>75-2892077</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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(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)	196785	484710
(9) Value of interest in common/collective trusts.....	1c(9)	0	0
(10) Value of interest in pooled separate accounts.....	1c(10)	0	0
(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)	5320795	17762192
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	518554	1485265
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	6036134	19732167

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6036134	19732167
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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)	679729	
(B) Participants	2a(1)(B)	2144604	
(C) Others (including rollovers)	2a(1)(C)	276570	
(2) Noncash contributions	2a(2)	0	3100903
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		

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)	61243	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		61243
(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)	1993829	1993829
(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)		

		(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)		0
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		5155975

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2990833	
(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)		2990833
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		48197
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	42278	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		42278
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3081308

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2074667
l Transfers of assets:			
(1) To this plan.....	2l(1)		11621366
(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: BDO USA LLP

(2) EIN: 13-5381590

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.).....	☒		11579
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.).....		☒	
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.)		☒	
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.).....		☒	
e Was this plan covered by a fidelity bond?.....	☒		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒		
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.).....		☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		☒	
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.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2006 and ending 12/31/2006

A Name of plan <u>TRANSPORT INDUSTRIES LP PROFIT SHARING PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRANSPORT INDUSTRIES LP</u>	D Employer Identification Number (EIN) <u>75-2892077</u>

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>84-0467907</u> <u>75-2892077</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

- 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): _____



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Independent Auditors' Report

Transport Industries L.P.
Profit Sharing Plan and Trust
Dallas, Texas

We were engaged to audit the financial statements of Transport Industries L.P. Profit Sharing Plan and Trust (the "Plan") as of December 31, 2006 and 2005, and for the year ended December 31, 2006 and the supplemental schedules as of December 31, 2006, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Great West Life and Annuity Insurance Company ("Great West") 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 Great West held the Plan's investment assets and executed investment transactions for the periods presented. The plan administrator has obtained a certification from Great West as of December 31, 2006 and 2005, and for the years then ended that the information provided to the plan administrator by Great West 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 supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Great West, 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.

BDO USA, LLP

October 1, 2010

Transport Industries L.P. Profit Sharing Plan and Trust

**Financial Statements and
Supplemental Schedules
As of December 31, 2006 and 2005 and
For the Year Ended December 31, 2006**

**Transport Industries L.P.
Profit Sharing Plan and Trust**

**Financial Statements and
Supplemental Schedules**
As of December 31, 2006 and 2005 and
For the Year Ended December 31, 2006

Transport Industries L.P. Profit Sharing Plan and Trust

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Independent Auditors' Report

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Dallas, Texas

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BDO USA, LLP

October 1, 2010

Transport Industries L.P. Profit Sharing Plan and Trust

Statements of Net Assets Available for Benefits

<i>December 31,</i>	2006	2005
Assets		
Investments, at fair value:		
Pooled separate accounts:		
Mutual funds	\$ 17,762,192	\$ 5,320,794
Guaranteed interest account	1,485,265	518,555
Participant loans	484,710	196,785
Total investments at fair value	19,732,167	6,036,134
Receivables:		
Participant contributions	64,656	-
Employer contributions	104,718	-
Total receivables	169,374	-
Total assets	19,901,541	6,036,134
Liabilities		
Corrective distributions payable	58,392	-
Net assets available for benefits	\$ 19,843,149	\$ 6,036,134

See accompanying independent auditors' report and notes to financial statements.

Transport Industries L.P. Profit Sharing Plan and Trust

Statement of Changes in Net Assets Available for Benefits

<i>Year ended December 31,</i>	2006
Additions	
Investment income:	
Net appreciation in fair value of investments	\$ 1,993,829
Interest and dividend income	61,243
Total investment income	2,055,072
Contributions:	
Participant contributions	2,209,260
Employer contributions	784,447
Other, including participant rollover	276,570
Total contributions	3,270,277
Total additions	5,325,349
Deductions	
Benefits paid to participants	3,049,225
Administrative expenses	42,278
Deemed Distributions	48,197
Total deductions	3,139,700
Net increase	2,185,649
Transfer in from merged qualified plans	11,621,366
Net assets available for benefits, beginning of year	6,036,134
Net assets available for benefits, end of year	\$ 19,843,149

See accompanying independent auditors' report and notes to financial statements.

Transport Industries L.P. Profit Sharing Plan and Trust

Notes to Financial Statements

- 1. Plan Description** The following description of Transport Industries L.P. Profit Sharing Plan and Trust (the “Plan”) provides only general information. Participants should refer to the Plan agreement or Summary Plan Description for a more complete description of the Plan’s provisions.

The Plan was established on January 1, 1987 as a substitution and amendment of an existing retirement plan originally established August 1, 1966 for eligible employees of Transport Industries L.P. (the “Company” or “Employer”). Effective July 13, 2004, the Company changed its name to Transport Holdings, Inc. Effective March 28, 2006, the Company changed its name to Greatwide Logistics Services, Inc.

The Plan included eligible employees of Transport Industries, L.P., Refrigerated Transport Express I, L.P., Brisk Transportation, L.P. Clarksville Refrigerated Lines I, Ltd May Trucking, Inc., May Trucking, LLC, Total Warehousing, Inc., American-Trans Freight, LLC and Stewart Stiles Truck Lines, Inc. for the periods presented.

Great West Life and Annuity Insurance Company was the Plan’s trustee and third-party administrator and held the Plan’s assets as of December 31, 2006 and for the period from July 1, 2005 through December 31, 2006.

Eligibility - An employee is eligible to participate in the Plan on first day on the month following their first month of service.

Contributions - The Plan is a defined contribution plan to which eligible employees may make contributions up to 15 percent of their compensation during each year they are a Plan participant. For the periods presented, the Company provided a matching contribution of 50 percent of the participants’ contributions on the first four percent of their annual compensation, as defined by the Plan, up to a limit as defined in the Plan. In accordance with the Plan document, Participant and Employer contributions are limited to amounts established by Federal income tax laws.

Transport Industries L.P. Profit Sharing Plan and Trust

Notes to Financial Statements

In addition, the Company may make a discretionary contribution to the Plan. If such a contribution is made, it is allocated based on annual compensation to the separate accounts maintained for Participants who are eligible, as defined. There were no discretionary contributions made in 2006.

Participant Loans - Participants may borrow up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The minimum loan amount is \$500. The loans are secured by the balance in the participant's account and bear interest at prevailing rates as determined by the Plan administrator. Interest rates on loans outstanding at December 31, 2006 ranged from 4.0% to 10.25%. The loans are repaid ratably through payroll deductions over a period of five years or less, or over a period up to thirty years or less if the loan is for the purchase of a primary residence.

Vesting - Participants are at all times fully vested in their contributions and the appreciation or depreciation thereon. Also, a participant or his beneficiary shall be immediately vested in all units credited to his account upon death, retirement or termination of employment due to total and permanent disability, as defined in the Plan Agreement.

If a participant terminates employment prior to normal retirement age for any reason other than death or disability, his interest in both the matching and discretionary Company contributions to the Plan for his benefit vests as follows:

Years of Service	Percent of Non-forfeitable Interest
Less than 2 years	0%
2 but less than 3	20%
3 but less than 4	40%
4 but less than 5	60%
5 but less than 6	80%
6 or more	100%

Transport Industries L.P. Profit Sharing Plan and Trust

Notes to Financial Statements

Payment of Benefits - Upon termination of service, due to death, disability, retirement or separation, a participant may elect to receive either a lump-sum distribution or installment payments under various options.

Forfeitures - Forfeitures of terminated participants' unvested Company contributions shall be applied to reduce employer contributions or to pay Plan administrative expenses for the Plan year following the year in which the forfeiture occurs. At December 31, 2006 and 2005, forfeited accounts totaled \$79,257 and \$10,375, respectively.

Administrative Expenses - Certain administrative expenses of the Plan are paid directly by the Company.

2. Summary of Significant Accounting Policies

Basis of Accounting - The accompanying financial statements have been prepared under the accrual method of accounting.

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

Investment Valuation and Income Recognition - The Plan's investments in pooled separate accounts are comprised of a portfolio of underlying securities, including mutual funds and a guaranteed interest account. The mutual funds are valued at quoted market prices. The guaranteed interest account is composed of investment contracts that are not fully benefit responsive and is valued based upon the quoted redemption value of units owned in the pooled accounts at year end. Fair value of the pooled separate account is calculated by applying the Plan's percentage ownership in the pooled separate account to the total market value of the account's underlying securities, as the Plan does not directly own shares in these underlying investments. Purchases and sales of investments are recorded on a trade date basis. Realized gains and losses from security transactions

Transport Industries L.P. Profit Sharing Plan and Trust

Notes to Financial Statements

are reported on the average cost method. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Participant loans are stated at amortized cost, which approximates fair value.

Investment Contracts with Insurance Companies – The Plan is party to synthetic guaranteed investment contract (GICs) through its investment in the Guaranteed Portfolio Fund. GICs represent contracts with insurance companies that provide for a guaranteed return on principal invested over a specific period of time subject to the issuer's ability to meet those obligations. GICs consist of high quality, fixed-income securities, which are generally owned by the funds, together with participants at contract value. Repurchase agreements are agreements under which securities are purchased from a securities broker that are subject to resale on an agreed-upon date and at an agreed-upon price that includes principal and interest. The Guaranteed Portfolio Fund is stated at contract value, which approximates fair value for the overall fund. There are no reserves against contract value for credit risk of the contractual issuer or otherwise. The average yield for the investment contract funds as of December 31, 2006, was approximately 2.61%. The crediting interest rate for the investment contract funds was approximately 3% on December 31, 2006.

Contributions and Contribution Receivables - Contributions are recorded on the accrual method of accounting. Contribution receivables are obligations arising from amounts owed to the Plan from Participants or the Company that have not been included in the Plan's investments at year end. Contribution receivables are recorded at cost, which approximates their fair value. Participant contribution receivables were \$64,656 and \$0, at December 31, 2006 and 2005, respectively. Company contribution receivables were \$104,718 and \$0 at December 31, 2006 and 2005, respectively.

Payment of benefits - Benefits are recorded when paid.

Transport Industries L.P. Profit Sharing Plan and Trust

Notes to Financial Statements

Risks and Uncertainties - The Plan provides for various investment options of specified registered investment companies. The underlying investments held by the registered investment companies may include stocks, bonds, fixed income securities, mutual funds and other investment securities. Such investments are exposed to various risks, such as interest rate, market and credit risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities in the near term could materially affect participant account balances and the amounts reported in the statement of net assets available for plan benefits.

3. Investments

The following presents investments that represent five percent or more of the Plan's net assets.

<i>December 31,</i>	2006	2005
AIM Real Estate A	\$ 1,247,069	\$ 602,795
Maxim S&P 500 Index	2,847,290	601,447
Maxim US Government Mortgage Securities	*	584,203
American Century Equity Income Advantage	*	568,700
Dreyfus Premier New Leaders A	1,145,825	556,656
American Funds Cap World Growth & Income	1,522,314	537,169
Guaranteed Portfolio Fund	1,485,265	518,555
American Funds Growth Fund R3	*	378,312
Maxim Moderate Profile II	1,026,478	329,280
American Funds EuroPacific R3	1,683,194	327,417
American Funds Growth Fund R3	1,459,022	*
PIMCO Total Return Admin	1,124,158	*
Total investments greater than 5%	13,540,615	5,004,534
Total investments less than 5%	6,191,552	1,031,600
Total investments	\$ 19,732,167	\$ 6,036,134

* Represents investments that did not meet the 5% threshold in the year presented

Transport Industries L.P. Profit Sharing Plan and Trust

Notes to Financial Statements

During 2006, the Plan's investments including gains and losses on investments bought and sold as well as held during the year appreciated by \$1,993,829.

4. Information Certified by the Plan's Custodian

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

<i>December 31,</i>	2006	2005
Mutual funds	\$ 17,762,192	\$ 5,320,795
Group annuity contract	1,485,265	518,554
Participant Loans	484,710	-
<hr/>		
<i>Year ended December 31,</i>	2006	
Interest and dividend income	\$	61,243
Net appreciation in fair value of investments	\$	1,993,829

5. Plan Mergers

Effective July 26, 2005 May Trucking, LLC, Retirement Plan merged into the Plan. The 2005 merger resulted in the addition of \$178,842 in assets to the Plan. Effective January 17, 2006, Total Distribution 401(k) Plan, Stewart-Stiles TruckLine, Inc. Savings and Retirement Plan and American Trans-Freight, LLC 401(k) Savings Plan were merged into the Plan. The 2006 mergers resulted in the addition of \$11,621,366 in assets to the Plan.

6. Plan Termination

Although it has not expressed any intent 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 of ERISA. In the event of Plan termination, Participants' accounts will become fully vested and nonforfeitable.

Transport Industries L.P. Profit Sharing Plan and Trust

Notes to Financial Statements

- 7. Income Tax Status** The Internal Revenue Service has determined and informed the Plan in a letter dated November 27, 2001, that the Plan is qualified and the trust established under the Plan is tax-exempt under the appropriate sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the determination letter, the plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

- 8. Reconciliation of Financial Statements to Form 5500** The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500:

<i>December 31,</i>	2006	2005
Net assets available for benefits per the financial statements	\$ 19,843,149	\$ 6,036,134
Participant contributions receivable	(64,656)	-
Employer contributions receivable	(104,718)	-
Corrective distributions payable	58,392	-
Net assets available for benefits per the Form 5500	\$ 19,732,167	\$ 6,036,134

The following is a reconciliation of total contributions of the Plan per the financial statements to Form 5500:

<i>Year ended December 31,</i>	2006
Contributions per the financial statements	\$ 3,270,277
Contributions receivable	(169,374)
Contributions per the 5500	\$ 3,100,903

- 9. Related Party Transactions** Certain plan investments held at December 31, 2004 are shares of mutual funds managed by an affiliate of Great West Life and Annuity Insurance, the record keeper of the Plan, and therefore, these transactions qualify as party-in-interest transactions.

Transport Industries L.P. Profit Sharing Plan and Trust

Notes to Financial Statements

Certain plan investments were in mutual funds and guaranteed interest accounts managed by GreatWest Life and Annuity Insurance Company. GreatWest Life and Annuity Insurance Company was the custodian of the Plan and, therefore, these transactions qualified as party-in-interest transactions.

10. Subsequent Events

Effective January 3, 2007, AM-CAN Transport Service, Inc. 401(k) Plan, the Dallas & Mavis Specialized Carrier Retirement Savings Plan and the Golman-Hayden Company, Inc. and Affiliates 401(k) Plan were merged into the Plan. The 2007 mergers resulted in the addition of approximately \$7,160,000 in assets to the Plan.

On October 20, 2008, the Company filed for Chapter 11 bankruptcy and Greatwide Logistics Services, LLC emerged from bankruptcy on February 20, 2009.

Effective January 1, 2007 the Plan changed its name to Greatwide Logistic Services 401(k) Retirement Plan.

During 2008, the credit and liquidity crisis in the United States and throughout the global financial system triggered significant events and substantial volatility in world financial markets and the banking system that have had a significant negative impact on foreign and domestic financial markets. As a result, in 2008 the Plan's investment portfolio incurred a significant decline in fair value. The volatility may continue in 2009 and 2010.

Effective April 1, 2009, State Street Bank became the new trustee and replaced Great West as the trustee, custodian and record-keeper.

Effective April 1, 2009, Southpoint Distributing, Inc. 401(k) Plan was merged into the Plan. The Merger resulted in the addition of \$1,326,501 in assets to the Plan.

Supplemental Schedules



Transport Industries L.P. Profit Sharing Plan and Trust

Schedule of Assets Held for Investment Purposes at End of Year

December 31, 2006

EIN: 75-2892077
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
	Pooled separate accounts:			
	Maxim Aggressive Profile II	Mutual Fund	a	\$ 138,762
	Maxim Moderate Profile II	Mutual Fund	a	1,026,478
	Maxim Conservative Profile II	Mutual Fund	a	204,038
	American Funds EuroPacific	Mutual Fund	a	1,683,194
	American Funds Cap World Growth & Income	Mutual Fund	a	1,522,314
	Oppenheimer Developing Market A	Mutual Fund	a	381,560
	Thornburg International Value Fund R1	Mutual Fund	a	225,466
	AIM Real Estate A	Mutual Fund	a	1,247,069
	Mazim Index 600	Mutual Fund	a	827,092
	Maxim Ariel Small-Cap Value	Mutual Fund	a	292,263
	STI Classic Small Cap Growth Fund I	Mutual Fund	a	302,472
	Lord Abbett Mid-Cap Value A	Mutual Fund	a	242,721
	Dreyfus Premier New Leaders A	Mutual Fund	a	1,145,825
	American Century Equity Income Adv.	Mutual Fund	a	816,943
	Legg Mason Value FI	Mutual Fund	a	383,201
	American Funds Wash Mutual R3	Mutual Fund	a	343,586
	Maxim S&P 500 Index	Mutual Fund	a	2,847,290
	STI Classic Capital Appreciation I	Mutual Fund	a	395,109
	American Funds Growth Fund R3	Mutual Fund	a	1,459,022
	Maxim US Government Mortgage Securities	Mutual Fund	a	859,054
	PIMCO Total Return Admin	Mutual Fund	a	1,124,158
	Pioneer High Yield A	Mutual Fund	a	294,576
*	Guaranteed Portfolio Fund	Guaranteed Interest Account	a	1,485,265
	Total pooled separate accounts			19,247,458
		Interest rates ranging from 4.0% to 10.25%	a	\$ 484,710
				\$ 19,732,167

* - A party-in-interest as defined by ERISA.

a - The cost of participant directed investments is not required to be disclosed.

Transport Industries L.P. Profit Sharing Plan and Trust

Schedule of Late Remittances

For the years ended December 31, 2006

EIN: 75-2892077
Plan Number: 001

<i>Participant Contributions Transferred Late to Plan During Year</i>	<i>Amounts Not Corrected</i>	<i>Amounts Corrected Outside VFCP</i>	<i>Amounts Pending Correction In VFCP</i>	<i>Total Fully Corrected In Accordance with VFCP and PTE 2002-51</i>
January - December 2005 deferrals	\$ -	\$ 1,587	\$ -	\$ 1,587
January - December 2006 deferrals	\$ -	\$ 9,992	\$ -	\$ 9,992

Transport Industries L.P. Profit Sharing Plan and Trust

Schedule of Assets Held for Investment Purposes at End of Year

December 31, 2006

EIN: 75-2892077
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
	Pooled separate accounts:			
	Maxim Aggressive Profile II	Mutual Fund	a	\$ 138,762
	Maxim Moderate Profile II	Mutual Fund	a	1,026,478
	Maxim Conservative Profile II	Mutual Fund	a	204,038
	American Funds EuroPacific	Mutual Fund	a	1,683,194
	American Funds Cap World Growth & Income	Mutual Fund	a	1,522,314
	Oppenheimer Developing Market A	Mutual Fund	a	381,560
	Thornburg International Value Fund R1	Mutual Fund	a	225,466
	AIM Real Estate A	Mutual Fund	a	1,247,069
	Mazim Index 600	Mutual Fund	a	827,092
	Maxim Ariel Small-Cap Value	Mutual Fund	a	292,263
	STI Classic Small Cap Growth Fund I	Mutual Fund	a	302,472
	Lord Abbett Mid-Cap Value A	Mutual Fund	a	242,721
	Dreyfus Premier New Leaders A	Mutual Fund	a	1,145,825
	American Century Equity Income Adv.	Mutual Fund	a	816,943
	Legg Mason Value FI	Mutual Fund	a	383,201
	American Funds Wash Mutual R3	Mutual Fund	a	343,586
	Maxim S&P 500 Index	Mutual Fund	a	2,847,290
	STI Classic Capital Appreciation I	Mutual Fund	a	395,109
	American Funds Growth Fund R3	Mutual Fund	a	1,459,022
	Maxim US Government Mortgage Securities	Mutual Fund	a	859,054
	PIMCO Total Return Admin	Mutual Fund	a	1,124,158
	Pioneer High Yield A	Mutual Fund	a	294,576
*	Guaranteed Portfolio Fund	Guaranteed Interest Account	a	1,485,265
	Total pooled separate accounts			19,247,458
		Interest rates ranging from 4.0% to 10.25%	a	\$ 484,710
				\$ 19,732,167

* - A party-in-interest as defined by ERISA.

a - The cost of participant directed investments is not required to be disclosed.

Transport Industries LP Profit Sharing Plan & Trust
Form 5500, Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions
Year Ended December 31, 2006

Revision to Schedule of Late Remittances in financial statement

For the years ended December 31, 2006

EIN: 75-2892077

Plan Number: 001

<i>Participant Contributions Transferred Late to Plan During Year</i>	<i>Amounts Not Corrected</i>	<i>Amounts Corrected Outside VFCP*</i>	<i>Amounts Pending Correction in VFCP</i>	<i>Total Fully Corrected in Accordance with VFCP and PTE 2002- 52*</i>
<i>January-December, 2005 Deferrals</i>		<i>\$ 1,587</i>		<i>\$ 1,587</i>
<i>January-December, 2006 Deferrals</i>		<i>\$ 9,992</i>		<i>\$ 9,992</i>

**All corrections completed by November 5, 2010 and included in VFCP filed on November 8, 2010.*