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 07/01/2009 and ending 06/30/2010

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
BRUCKNER TRUCK SALES, INC. EMPLOYEE PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/10/1960

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

9471 E. INTERSTATE 40
AMARILLO, TX 79118-6960

8351 AMARILLO BLVD.
AMARILLO, TX 79118

2b Employer Identification Number (EIN)
75-0972825

2c Sponsor's telephone number
806-376-6273

2d Business code (see instructions)
441229

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.	04/15/2011	PAT FROST
	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")

PAT FROST

9471 E. INTERSTATE 40
AMARILLO, TX 79118

3b Administrator's EIN
75-0972825

3c Administrator's telephone number
806-376-6273

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**	685
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**	492
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	198
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	690
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	690
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	664
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	42
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 3D 2K

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)		0	**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 07/01/2009 and ending 06/30/2010

A Name of plan
BRUCKNER TRUCK SALES, INC. EMPLOYEE PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRUCKNER TRUCK SALES, INC.

D Employer Identification Number (EIN)
75-0972825

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)

TRANSITION FINANCE STRATEGIES, LLC

154 HANSEN ROAD, SUITE 102
CHARLOTTESVILLE, VA 22911

(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?
13	NONE	38073	Yes [X] No [ ]	Yes [ ] No [X]	17361	Yes [ ] No [X]

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

NATIONWIDE

ONE NATIONAL PLAZA
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 37 38	NONE	42308	Yes [X] No [ ]	Yes [ ] No [X]	1055	Yes [ ] No [X]

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

NFP SECURITIES, INC.

1250 CAPITAL OF TEXAS, HYW S
BUILDING 2 STE125
AUSTIN, TX 78746

75-1386677

(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?
71	NONE	0	Yes [X] No [ ]	Yes [ ] No [X]	18862	Yes [ ] No [X]

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

BROWN GRAHAM & CO.

3232 HOBBS
P.O. BOX 9297
AMARILLO, TX 79105

(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?
10	NONE	14500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CAPITAL RESEARCH MANAGEMENT CO

3500 WISEMAN BOULEVARD
SAN ANTONIO, TX 78251

(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?
37 15 19	NONE	9090	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
BLUE RIDGE ESOP ASSOCIATES	13	3391

(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.
CAPITAL RESEARCH & MANAGEMENT 3500 WISEMAN BOULEVARD SAN ANTONIO, TX 78251	ADMINISTRATIVE SUPPORT PAYMENTS EQUAL TO .02% OF PLAN ASSETS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
BLUE RIDGE ESOP ASSOCIATES	13	13970

(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 NATIONAL PLAZA COLUMBUS, OH 43215	ADMINISTRATIVE SUPPORT PAYMENTS

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONWIDE	15	1055

(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.
MANNING AND NAPIER FUND, INC. P.O. BOX 805 FAIRPORT, NY 14450	REVENUE SHARING ON MUTUAL FUNDS

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
NFP SECURITIES	71	18862

(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	COMMISSIONS TO BROKER

(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

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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 07/01/2009 and ending 06/30/2010

A Name of plan
BRUCKNER TRUCK SALES, INC. EMPLOYEE PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRUCKNER TRUCK SALES, INC.

D Employer Identification Number (EIN)
75-0972825

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	1524	472
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	561000	485670
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3327611	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	515898	755800
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	16608875	23102660
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	21014908	24344602
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	21014908	24344602

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)	559588	
	(B) Participants	2a(1)(B)	1221277	
	(C) Others (including rollovers)	2a(1)(C)	165201	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1946066
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	33325	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		33325
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2078942
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4058333
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	667631	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		667631
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	14500	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	46508	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		61008
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		728639
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		3329694
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BROWN, GRAHAM & CO., P.C. (2) EIN: 75-1386677

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**	X		

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 07/01/2009 and ending 06/30/2010

A Name of plan
BRUCKNER TRUCK SALES, INC. EMPLOYEE PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
BRUCKNER TRUCK SALES, INC.

D Employer Identification Number (EIN)
75-0972825

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): 20-3691658 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):

BRUCKNER TRUCK SALES, INC.
EMPLOYEE PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITOR'S REPORT

YEARS ENDED
JUNE 30, 2010 AND 2009

BROWN, GRAHAM & COMPANY
PROFESSIONAL CORPORATION
CERTIFIED PUBLIC ACCOUNTANTS

3232 Hobbs • P.O. Box 9297 • 79105-9297
Amarillo, Texas 79105 • 806-355-8241 • FAX 806-355-6415

INDEPENDENT AUDITOR'S REPORT

To the Trustees of Bruckner Truck Sales, Inc.
Employee Profit Sharing Plan
Amarillo, Texas

We were engaged to audit the accompanying statements of net assets available for plan benefits of Bruckner Truck Sales, Inc. Employee Profit Sharing Plan (the "Plan") as of June 30, 2010 and 2009, and the related statement of changes in net assets available for plan benefits for the year ended June 30, 2010, and the supplemental schedules of assets (held at end of year) and reportable transactions as of and for the year ended June 30, 2010. These financial statements and supplemental 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 described in Note 5, which was certified by Nationwide Financial Services, Inc. and Capital Bank and Trust Company, the trustees of the investments 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 Nationwide Financial Services, Inc. held the Plan's investment assets and executed investment transactions from February 9, 2010 to June 30, 2010, and Capital Bank and Trust Company held the Plan's investment assets and executed investment transactions as of June 30, 2009 and for the period July 1, 2009 to February 8, 2010. The Plan administrator has obtained certifications from the trustees as of and for the years ended June 30, 2010 and 2009, that the information provided to the Plan administrator by the trustees 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 the trustees, 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.

Brown, Graham & Company, P.C.

Amarillo, Texas
April 15, 2011

BRUCKNER TRUCK SALES, INC.
EMPLOYEE PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
JUNE 30, 2010 AND 2009

	2010	2009
Assets		
Cash (Note 5)	$ 472	$ 47,834
Contribution receivable from employer	485,670	561,000
Participant loans (Note 5)	755,800	515,898
Investments, at fair value (Notes 5 and 6)	23,102,660	19,890,176
Total net assets available for plan benefits	$ 24,344,602	$ 21,014,908

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

BRUCKNER TRUCK SALES, INC.
EMPLOYEE PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
YEAR ENDED JUNE 30, 2010

Additions to net assets attributable to:	
Investment income (Note 5):	
Net appreciation in fair value of investments	$ 2,078,944
Earnings on participant loans	33,325
Total investment income, net	2,112,269
Contributions:	
Employer	559,588
Employees	1,221,277
Rollover	165,201
Total contributions	1,946,066
Total additions to net assets	4,058,335
Deductions from net assets attributable to:	
Benefits paid to participants	667,631
Administrative expenses (Note 7)	61,010
Total deductions from net assets	728,641
Net change in net assets	3,329,694
Net assets available for plan benefits:	
Beginning of year	21,014,908
End of year	$ 24,344,602

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

BRUCKNER TRUCK SALES, INC.
EMPLOYEE PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
YEARS ENDED JUNE 30, 2010 AND 2009

Note 1 - Description of the plan:

The following description of Bruckner Truck Sales, Inc. (the Company) Employee Profit Sharing Plan (the Plan) provides only general information. The Plan agreement should be referred to for a more complete description of the Plan's provisions.

General

The Plan is a profit sharing plan qualified under Section 401(a) of the Internal Revenue Code (IRC), as amended. The Plan became effective April 10, 1960 and covers qualifying employees of the Company. The Plan also provides benefits to employees under Section 401(k) of the IRC. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may contribute to the Plan such amounts of its current or accumulated profits as determined by the Board of Directors. Contributions are subject to certain limitations, as prescribed in various sections of the Internal Revenue Code.

Participant accounts

A separate account is maintained for each participant to which his share of employer contributions, employee contributions, forfeitures, and Plan earnings are allocated. Employer contributions and forfeitures are allocated among the participants eligible to receive an allocation in the Plan in proportion to their compensation for the year. Investments are valued daily and gains and losses are allocated to participant accounts.

Eligibility

Any employee of the Company and its subsidiaries (Bruckner Leasing Company and BTE Body Company, Inc.) who is 18 years or older will be eligible to make elective deferrals into the Plan when the employee begins service for the Company. Any employee of the Company who is 18 years or older will be eligible to participate in the Company's profit sharing contributions if they have 500 hours of service during the year and are employed on the last day of the Plan year.

Note 1 - Description of the plan (continued):

Vesting

Participant contributions under Section 401(k) and earnings thereon are immediately vested. Vesting for employer contributions is based on years of continuous service as follows:

Years of Service	Non-forfeitable Percentage
Less than two years	0%
Two years but less than three years	20%
Three years but less than four years	40%
Four years but less than five years	60%
Five years but less than six years	80%
Six years or more	100%

Participant loans

Participants may borrow from their fund accounts a maximum of $50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest is paid ratably through payroll deductions.

Payments of benefits

Distributions of Plan benefits are not permitted before age 59½, except in the event of (1) death, (2) disability, or (3) termination of employment. The participant is entitled to receive their vested benefits payable in lump sum form or in periodic installments.

Forfeited accounts

At June 30, 2010, all forfeited non-vested accounts were reallocated to eligible participants as additional employer non-elective contributions. During the year ended June 30, 2010, forfeited non-vested accounts in the amount of $160,927 were reallocated to eligible participants' accounts.

Note 2 - Summary of accounting policies:

Basis of accounting

The financial statements are prepared using the accrual method of accounting. Benefits are recorded when paid.

Investment valuation

Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year-end. The Plan has adopted Financial Accounting Standards Board Accounting Standards Update No. 2010-25, *Plan Accounting—Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans.* This provides that participant loans be measured at their unpaid principal balances plus any accrued but unpaid interest.

Note 2 - Summary of accounting policies (continued):

Investment valuation (continued)

All investment and participant loan information disclosed in the accompanying financial statements, schedule of investments held at June 30, 2010 and 2009, and the related net appreciation in fair value of investments for the year ended June 30, 2010, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by Nationwide Financial Services, Inc. and Capital Bank and Trust Company, the trustees and custodians for the Plan. This information is summarized in Note 5. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Estimates

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

Administration of plan assets

The Plan's assets are held and invested by the trustee of the Plan, Capital Bank and Trust Company. They are responsible for interpreting Plan provisions, determining Plan benefits, and maintaining Plan records. Certain administrative functions are performed by officers or employees of the Company or its subsidiaries. No such officer or employee receives compensation from the Plan. Administrative expenses for the trustee's and plan administrator's fees were paid directly by the Plan and are included in the Plan's expenses.

Reclassification

Certain amounts in the June 30, 2009 financial statements have been reclassified in order to conform to the June 30, 2010 presentation.

Note 3 - Plan termination:

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

Note 4 - Tax status:

In its latest determination letter dated May 28, 2002, the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Management has submitted the plan for determination of qualification in order to receive an updated determination letter. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 5 - Investments:

The Plan's investments are held in mutual funds. The following table presents the investment information provided and certified as complete and accurate by Nationwide Financial Services, Inc. and Capital Bank and Trust as of June 30, 2010 and 2009, and for the year ended June 30, 2010. Nationwide Financial Services, Inc became the trustee February 8, 2010, and Capital Bank and Trust was the trustee prior to that date. Individual investments representing more than 5% of net assets are separately identified.

	2010	2009
Mutual funds:		
American Funds Growth Fund of America	$ -	$ 2,226,127
American Funds Capital World Growth and Income Fund	-	1,699,740
American Funds Investment Company of America Fund	-	2,986,706
American Funds Income Fund of America	-	1,593,917
American Funds American Balanced Fund	-	1,910,571
American Funds Bond Fund of America	-	1,470,685
American Funds Cash Management Trust of America Fund	-	3,281,301
Vanguard Target Retirement 2010 Inv	1,637,499	-
Vanguard Target Retirement 2015 Inv	3,096,779	-
Vanguard Target Retirement 2020 Inv	4,081,514	-
Vanguard Target Retirement 2025 Inv	2,591,754	-
Vanguard Target Retirement 2030 Inv	1,396,626	
Vanguard Target Retirement Income Inv	3,896,762	-
Manning & Napier Pro-Blend Max Term S	1,465,719	-
Individual investments representing less than 5% of net assets	4,936,007	4,721,129
Total investments	$ 23,102,660	$ 19,890,176
Cash (on deposit with trustee)	$ -	$ 46,303
Participant loans	$ 755,800	$ 515,898
Net appreciation in fair value of investments	$ 2,078,944	
Earnings on participant loans	33,325	
Net investment income	$ 2,112,269	

Note 6 - Fair Value Measurements:

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures,* defines fair value, establishes a framework for measuring fair value, and expands disclosures about fair value measurements. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. A fair value measurement assumes that the transaction to sell the asset or transfer the liability occurs in the principal market for the asset or liability, or in the absence of a principal market, the most advantageous market. The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels as follows:

Level 1: Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets (examples include equity securities);

Level 2: Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, and inputs that are observable for the asset or liability other than quoted prices, either directly or indirectly, including inputs in markets that are not considered to be active, inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability (examples include corporate or municipal bonds);

Level 3: Inputs to the valuation methodology are unobservable (supported by little or no market activity) and significant to the fair value measurement. The inputs to the determination of fair value require significant management judgment (examples include certain private equity securities and hedge funds).

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There have been no changes in the methodologies used at June 30, 2010. The following table sets forth by level, within the fair value hierarchy, the Plan's assets and liabilities, at fair value as of June 30, 2010:

	Fair value measurements using input type:		
Mutual funds asset class:	Level 1	Level 2	Level 3
Balanced	$ 21,230,311	$ -	$ -
Bonds	54,633	-	-
Cash	40,959	-	-
International stocks	101,675	-	-
Large Cap	1,635,475	-	-
Mid Cap	6,837	-	-
Small Cap	1,017	-	-
Specialty	31,753	-	-
Total	$ 23,102,660	$ -	$ -

Note 6 - Fair Value Measurements (continued):

The following table sets forth by level, within the fair value hierarchy, the Plan's assets and liabilities, at fair value as of June 30, 2009:

	Fair value measurements using input type:		
Mutual funds asset class:	Level 1	Level 2	Level 3
Balanced	$ 3,751,605	$ -	$ -
Bonds	1,470,685	-	-
Cash	3,281,301	-	-
International stocks	2,418,848	-	-
Large Cap	8,504,178	-	-
Small Cap	463,559	-	-
Total	$ 19,890,176	$ -	$ -

Note 7 - Plan expenses:

During the year ended June 30, 2010, the Plan incurred the following expenses:

Administration fees	$ 46,510
Accounting fees	14,500
Total	$ 61,010

Note 8 - Subsequent events:

The trustees of the Plan have evaluated subsequent events through April 15, 2011, which is the date on which the financial statements were issued.

Note 9 - Risks and Uncertainties:

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

BRUCKNER TRUCK SALES, INC.
EMPLOYEE PROFIT SHARING PLAN
EIN# 75-0972825, PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2010

(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
	Cash:			
	Amarillo National Bank		N/A	$ 472
	Mutual Funds:			
	American Funds American Balanced R6	mutual fund	N/A	30,195
	Manning & Napier Pro-Blend Consrv Term S	mutual fund	N/A	529,568
	Manning & Napier Pro-Blend Extnd Term S	mutual fund	N/A	786,500
	Manning & Napier Pro-Blend Mod Term S	mutual fund	N/A	904,943
	Vanguard Target Retirement 2005 Inv	mutual fund	N/A	193
	Vanguard Target Retirement 2010 Inv	mutual fund	N/A	1,637,499
	Vanguard Target Retirement 2015 Inv	mutual fund	N/A	3,096,779
	Vanguard Target Retirement 2020 Inv	mutual fund	N/A	4,081,514
	Vanguard Target Retirement 2025 Inv	mutual fund	N/A	2,591,754
	Vanguard Target Retirement 2030 Inv	mutual fund	N/A	1,396,626
	Vanguard Target Retirement 2035 Inv	mutual fund	N/A	1,155,344
	Vanguard Target Retirement 2040 Inv	mutual fund	N/A	645,006
	Vanguard Target Retirement 2045 Inv	mutual fund	N/A	312,588
	Vanguard Target Retirement 2050 Inv	mutual fund	N/A	165,039
	Vanguard Target Retirement Income Inv	mutual fund	N/A	3,896,762
	American Funds Bond Fund of America R6	mutual fund	N/A	21,080
	Vanguard GNMA Inv	mutual fund	N/A	1,962
	Vanguard Interm- Term Invmt-Grade Inv	mutual fund	N/A	30,008
	Vanguard Short-Term Bond Index Inv	mutual fund	N/A	1,583
	Dreyfus Institutional Preferred Money Market	mutual fund	N/A	40,959
	American Funds Capital World G/I R6	mutual fund	N/A	55,806
	American Funds EuroPacific Gr R6	mutual fund	N/A	34,325
	American Funds New Perspective R6	mutual fund	N/A	6,778
	American Funds New World R6	mutual fund	N/A	4,765
	American Funds AMCAP R6	mutual fund	N/A	13,591
	American Funds American Mutual R6	mutual fund	N/A	1,313
	American Funds Fundamental Investors R6	mutual fund	N/A	55
	American Funds Growth Fund of Amer R6	mutual fund	N/A	88,439
	American Funds Invmt Co of Amer R6	mutual fund	N/A	35,289
	American Funds Washington Mutual R6	mutual fund	N/A	31,070
	Manning & Napier Pro-Blend Max Term S	mutual fund	N/A	1,465,719
	JPMorgan Mid Cap Value Instl	mutual fund	N/A	35
	Vanguard Mid Cap Growth Inv	mutual fund	N/A	1,894
	Vanguard Mid Cap Value Inv	mutual fund	N/A	4,909

See accompanying independent auditor's report.

BRUCKNER TRUCK SALES, INC.
EMPLOYEE PROFIT SHARING PLAN
EIN# 75-0972825, PLAN #001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
JUNE 30, 2010
(CONTINUED)

(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
	Vanguard Small Cap Index Inv	mutual fund	N/A	$ 611
	Vanguard Small Cap Value Index Inv	mutual fund	N/A	406
	American Funds SMALLCAP World R6	mutual fund	N/A	19,074
	Fidelity Advisor Real Estate I	mutual fund	N/A	4,193
	Vanguard Health Care Inv	mutual fund	N/A	4,207
	Vanguard Precious Metals and Mining Inv	mutual fund	N/A	4,279
	Participant loans	Loans to participants with interest rates from 4.25% to 9.25%	$ 0.00	755,800
	Total			$ 23,858,932

* Denotes party in interest

See accompanying independent auditor's report.

BRUCKNER TRUCK SALES, INC.
EMPLOYEE PROFIT SHARING PLAN
EIN# 75-0972825, PLAN #001
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED JUNE 30, 2010

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)

No reportable transactions

See accompanying independent auditor's report.

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

Name of Plan:

► The Bruckner Truck Sales, Inc. Employee Stock Ownership Plan

Employer Identification Number:► 75-0972825

For plan year (beginning/ending):► 07/01/09-6/30/10 Plan number:► 002

(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
	American Funds American Balanced R6	Balanced		30,195
	Manning & Napier Pro-Blend Consrv Term S	Balanced		529,568
	Manning & Napier Pro-Blend Extnd Term S	Balanced		786,500
	Manning & Napier Pro-Blend Mod Term S	Balanced		904,943
	Vanguard Target Retirement 2005 Inv	Balanced		193
	Vanguard Target Retirement 2010 Inv	Balanced		1,637,499
	Vanguard Target Retirement 2015 Inv	Balanced		3,096,779
	Vanguard Target Retirement 2020 Inv	Balanced		4,081,514
	Vanguard Target Retirement 2025 Inv	Balanced		2,591,754
	Vanguard Target Retirement 2030 Inv	Balanced		1,396,626
	Vanguard Target Retirement 2035 Inv	Balanced		1,155,344
	Vanguard Target Retirement 2040 Inv	Balanced		645,006
	Vanguard Target Retirement 2045 Inv	Balanced		312,588
	Vanguard Target Retirement 2050 Inv	Balanced		165,039
	Vanguard Target Retirement Income Inv	Balanced		3,896,762
	American Funds Bond Fund of America R6	Bonds		21,080
	Vanguard GNMA Inv	Bonds		1,962
	Vanguard Interm- Term Invmt-Grade Inv	Bonds		30,008
	Vanguard Short-Term Bond Index Inv	Bonds		1,583
	Dreyfus Institutional Preferred Money Market Fund	Cash		40,959
	American Funds Capital World G/I R6	Intl Stocks		55,806
	American Funds EuroPacific Gr R6	Intl Stocks		34,325
	American Funds New Perspective R6	Intl Stocks		6,778
	American Funds New World R6	Intl Stocks		4,765
	American Funds AMCAP R6	Large Cap		13,591
	American Funds American Mutual R6	Large Cap		1,313
	American Funds Fundamental Investors R6	Large Cap		55
	American Funds Growth Fund of Amer R6	Large Cap		88,439
	American Funds Invmt Co of Amer R6	Large Cap		35,289
	American Funds Washington Mutual R6	Large Cap		31,070
	Manning & Napier Pro-Blend Max Term S	Large Cap		1,465,719
	JPMorgan Mid Cap Value Instl	Mid Cap		35
	Vanguard Mid Cap Growth Inv	Mid Cap		1,894
	Vanguard Mid Cap Value Inv	Mid Cap		4,909
	Vanguard Small Cap Index Inv	Small Cap		611

	Vanguard Small Cap Value Index Inv	Small Cap		406
	American Funds SMALLCAP World R6	Specialty		19,074
	Fidelity Advisor Real Estate I	Specialty		4,193
	Vanguard Health Care Inv	Specialty		4,207
	Vanguard Precious Metals and Mining Inv	Specialty		4,278