Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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
EDUCATIONAL BUS TRANSPORT INC. PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1969

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

50 COURT STREET
COPIAGUE, NY 11726-1537

2b Employer Identification Number (EIN)
11-1976948

2c Sponsor's telephone number
631-842-7373

2d Business code (see instructions)
485990

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.	07/14/2011	MURIEL BUDROCK-DALTON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/14/2011	MURIEL BUDROCK-DALTON
	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")
EDUCATIONAL BUS TRANSPORTATION, INC

50 COURT STREET
COPIAGUE, NY 11726-1537

3b Administrator's EIN
11-1976948

3c Administrator's telephone number
631-842-7373

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**	186
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**	205
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	205
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	205
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	205
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D

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)	X	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)		**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)	X	1	**A** (Insurance Information)
(4)			**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

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

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

A Name of plan
EDUCATIONAL BUS TRANSPORT INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
EDUCATIONAL BUS TRANSPORTATION, INC

D Employer Identification Number (EIN)
11-1976948

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.

1 Coverage Information:

(a) Name of insurance carrier
AXA EQUITABLE LIFE INSURANCE COMPANY

(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
13-5570651	62944	91664687	205	01/01/2009	12/31/2009

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
5315	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

RAYMOND E SIPEL
1111 MARCUS AVENUE
THE EQUITABLE
LAKE SUCCESS, NY 11042-1034

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
5315			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	

(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	93624
5	Current value of plan's interest under this contract in separate accounts at year end	5	1666593

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.	6d	

Specify nature of costs ▶

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 ▶ GUARANTEED INTEREST OPTION

b	Balance at the end of the previous year			7b	67969
c	Additions: (1) Contributions deposited during the year	7c(1)	17482		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	1966		
	(4) Transferred from separate account	7c(4)	114		
	(5) Other (specify below)	7c(5)	8143		
	▶ LOAN PRINCIPLE & INTEREST REPAID				
	(6) Total additions			7c(6)	27705
d	Total of balance and additions (add **b** and **c(6)**)			7d	95674
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1824		
	(2) Administration charge made by carrier	7e(2)	78		
	(3) Transferred to separate account	7e(3)	46		
	(4) Other (specify below)	7e(4)	102		
	▶ LOAN ISSUANCE				
	(5) Total deductions			7e(5)	2050
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	93624

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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
EDUCATIONAL BUS TRANSPORT INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
EDUCATIONAL BUS TRANSPORTATION, INC

D Employer Identification Number (EIN)
11-1976948

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: POOLED SEPARATE ACCOUNT 65

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

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)
13-5570651-065	P	1666593

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
EDUCATIONAL BUS TRANSPORT INC. PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
EDUCATIONAL BUS TRANSPORTATION, INC

D Employer Identification Number (EIN)
11-1976948

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	37787	3808
(2) Participant contributions	1b(2)	4306	38352
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	180763	177810
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	1322535	1666593
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	67969	93624
(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	1613360	1980187
	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	1613360	1980187

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)	38352	
	(B) Participants	2a(1)(B)	176732	
	(C) Others (including rollovers)	2a(1)(C)	1848	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		216932
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)	11297	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		11297
	(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)		235038
(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)		1966
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		465233
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	96195	
(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)		96195
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		931
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1280	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1280
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		98406
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		366827
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: GOLDSTEIN KARLEWICZ & GOLDSTEIN LLP (2) EIN: 13-3692922

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

GKG CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS
Goldstein, Karlewicz & Goldstein, LLP

CHESTNUT RIDGE, NY | NEWBURGH, NY | POUGHKEEPSIE, NY

To the Administrator of the
Educational Bus Transportation, Inc.
Profit Sharing Plan
56 West Church Street
Spring Valley, New York 10977

We were engaged to audit the financial statements of Educational Bus Transportation, Inc. Profit Sharing Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by AXA Equitable Life Insurance Company, the Custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the Custodian as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan administrator by the Custodian is complete and accurate.

The Plan's statement of changes in net assets available for benefits does not present investment income (other than from participants' notes) separate from the net change in fair value of investments. In our opinion, disclosure of that information is required to conform with accounting principles generally accepted in the United States of America; however, Plan management believes it is impracticable to develop the information.

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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, 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.

Goldstein Karlewicz & Goldstein, LLP
Certified Public Accountants

Chestnut Ridge, New York
June 15, 2011

777 Chestnut Ridge Road | Suite 301 | Chestnut Ridge, New York 10977
TEL 845.356.6100 | FAX 845.356.2560 | EMAIL accountants@gkgcpa.com | www.gkgcpa.com

EDUCATIONAL BUS TRANSPORTATION, INC.
PROFIT SHARING PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2009 AND 2008

EDUCATIONAL BUS TRANSPORTATION, INC.
PROFIT SHARING PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

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GKG CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS
Goldstein, Karlewicz & Goldstein, LLP

CHESTNUT RIDGE, NY | NEWBURGH, NY | POUGHKEEPSIE, NY

To the Administrator of the
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Profit Sharing Plan
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EDUCATIONAL BUS TRANSPORTATION, INC. PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2009 AND 2008

Assets:	2009	2008
Fair Value of Interest in:		
Guaranteed Interest Account	$ 93,624	$ 67,969
Pooled Separate Accounts:		
EQ Money Market Fund	453,161	424,505
EQ Invesco Constellation Fund	49,133	34,798
EQ Federated High Income Bond Fund	114,835	69,524
EQ Templeton Developing Markets Trust	52,247	20,864
EQ Templeton Foreign Fund	18,940	5,894
EQ AllianceBernstein International Growth Fund	63,926	39,559
EQ Federated Fund for U.S. Government Securities	230,963	234,494
EQ Templeton Growth Fund	115,668	86,965
EQ Mutual Quest Fund	42,181	29,118
EQ Invesco Mid Cap Core Equity Fund	183,704	134,930
EQ AllianceBernstein Growth and Income Fund	170,952	129,355
EQ AllianceBernstein Growth Fund	126,382	85,455
EQ AllianceBernstein Small Cap Growth Fund	44,501	27,074
Participants' Notes Receivable	177,810	180,763
Total Investments	1,938,027	1,571,267
Receivables:		
Employer's Contribution	38,352	37,787
Participants' Contributions	3,808	4,306
Total Receivables	42,160	42,093
Total Assets	1,980,187	1,613,360
Liabilities	-	-
Net Assets Available for Benefits	$ 1,980,187	$ 1,613,360

The Accompanying Notes are an Integral Part of the Financial Statements.

GKG CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS
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EDUCATIONAL BUS TRANSPORTATION, INC. PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2009

Additions to Net Assets Attributed to:		
Net Appreciation in Fair Value of Investments of Pooled Separate Accounts		$ 235,038
Interest:		
Guaranteed Interest Account	$ 1,966	
Participants' Notes	11,297	
Total Interest		13,263
Total Investment Income		248,301
Contributions:		
Participants	176,732	
Employer	38,352	
Rollover	1,848	
Total Contributions		216,932
Total Additions		465,233
Deductions From Net Assets Attributed to:		
Benefits Paid to Participants or Beneficiaries	96,195	
Deemed Distributions	931	
Administrative Expenses	1,280	
Total Deductions		98,406
Increase in Net Assets		366,827
Net Assets Available for Benefits - Beginning of Year		1,613,360
Net Assets Available for Benefits - End of Year		$ 1,980,187

The Accompanying Notes are an Integral Part of the Financial Statements.

GKG CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS
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EDUCATIONAL BUS TRANSPORTATION, INC. PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2009 AND 2008

Note 1 - Plan Description:

The Educational Bus Transportation, Inc. Profit Sharing Plan (the "Plan") is a profit sharing plan for Educational Bus Transportation, Inc. and Educational Bus, Inc. (collectively, the "Company"). The following description of the Plan provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan with a 401(k) feature covering all non-union employees of the Company who have completed one year of service, and are age 18 or older. Employees enter the Plan on the first day of the Plan year or the first day of the seventh month of the Plan year following completion of the eligibility requirements. They become eligible for discretionary employer contributions after completion of 1,000 hours of credited service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions - Each year, participants may make contributions up to 100% of eligible pretax annual compensation, as defined in the Plan. Participants may also contribute distributions from other qualified plans (rollovers). Company contributions are at the discretion of the Company's Board of Directors and are subject to limitations by law. For 2009, the Board of Directors elected to match 25% of each employee's annual contribution, up to a maximum of 2% of eligible compensation. All contributions are participant directed and are invested in a guaranteed interest account or units of pooled separate accounts. The Plan currently offers 13 pooled separate accounts as investment options for participants.

Participant Accounts - Each participant's account is credited with the participant's contributions, the Company's matching and allocations of discretionary contributions and Plan earnings and charged with the participant's withdrawals or distributions and an allocation of administrative expenses. Allocations are based on participant account balances as defined. The benefit to which a participant is entitled is the participant's vested account.

Vesting - Participants are immediately vested in their contributions plus actual earnings thereon. Company contributions and the earnings thereon vest in accordance with the following schedule:

Years of Service	Vesting
0 - 1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

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Note 1 - Plan Description (Continued):

Participants' Notes Receivable - Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loans require repayment within no more than 5 years, or up to 30 years if for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined by the Plan administrator. Principal and interest must be paid ratably through payroll deductions or otherwise in at least equal quarterly installments.

Forfeited Accounts - The Plan provides for forfeitures to reduce employer matching contributions. As of December 31, 2009, forfeitures available to reduce future employer contributions totaled $14,008. There were forfeitures of $528 during the year ended December 31, 2009.

Payments of Benefits - Upon termination of service for any reason, a participant, or his beneficiary, may receive one of the following forms of payment equal to the value of the participant's vested interest in his or her account: 1) Lump sum; 2) Installment payments; 3) Life annuity; 4) Qualified Joint and Survivor annuity; or 5) Installment payments over the life expectancy of the participant or the joint life expectancies of the participant and the participant's beneficiary.

Note 2 - Summary of Significant Accounting Policies:

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

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

Investment Valuation - The Plan's investments are stated at fair value except for the guaranteed interest account (See Note 5). Units of the pooled separate accounts are valued at quoted market prices which represent the net asset value of units held by the Plan at year end. Participant notes receivable are valued at cost which approximates fair value. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Expenses - Professional fees and other administrative expenses are paid by the Plan, except when paid by the Company.

Payment of Benefits - Benefits are recorded when paid.

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Note 2 - Summary of Significant Accounting Policies (Continued):

Accounting for Uncertainty in Income Taxes - FASB ASC Topic 740, Subtopic 10 prescribes a comprehensive model for how a plan should measure, recognize, present, and disclose in its financial statements uncertain tax positions that the plan has taken or expects to take on a tax return. The Plan adopted FASB ASC Topic 740, Subtopic 10 as of January 1, 2009 and thereafter, recognizes tax benefits from uncertain tax positions only if it is more likely than not that the tax position will be sustained on examination by taxing authorities, based on the technical merits of the position. The tax benefits recognized in the financial statements from such positions are measured based on the largest benefit that has a greater than 50% likelihood of being realized upon ultimate settlement. There was no impact to the Plan's financial statements as a result of the implementation of FASB ASC Topic 740, Subtopic 10.

Subsequent Events - Plan management evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure. The accompanying financial statements consider events through June 15, 2011, the date the financial statements were available to be issued.

Note 3 - Related Party Transactions:

As of December 31, 2009 and 2008, Plan investments include funds held in a guaranteed interest account and in pooled separate accounts managed by AXA Equitable Life Insurance Company, the Custodian of the Plan; therefore, these transactions qualify as party-in-interest.

Note 4 - Investments:

Investments that represent 5% or more of the Plan's net assets as of December 31, 2009 and 2008, respectively, are separately identified as follows:

	2009	2008
Pooled Separate Accounts:		
EQ Money Market Fund	$ 453,161	$ 424,505
EQ Federated High Income Bond Fund	114,835	*
EQ Federated Fund for U.S. Government Securities	230,963	234,494
EQ Templeton Growth Fund	115,668	86,965
EQ Invesco Mid Cap Core Equity Fund	183,704	134,930
EQ AllianceBernstein Growth and Income Fund	170,952	129,355
EQ AllianceBernstein Growth Fund	126,382	85,455

*-Investments are not 5% or more of Plan net assets

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Note 5 - Investment Contract with Insurance Company:

The Plan investment options include a guaranteed interest account. The account is credited with actual earnings on the underlying investments and charged for Plan withdrawals and administrative expenses charged by AXA Equitable Life Insurance Company ("Equitable"). The contract is non-benefit responsive and, as such is included in the financial statements at December 31, 2009 and 2008 at fair value, which approximates contract value.

An effective annual rate of interest shall become effective at the beginning of each calendar year as set by Equitable. If the assets are withdrawn from the contract prior to maturity, early termination fees apply.

Note 6 - Information Prepared and Certified by Custodian:

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the Custodian.

	2009	2008
Fair Value of Interest in:		
Guaranteed Interest Account	$ 93,624	$ 67,969
Pooled Separate Accounts	1,666,593	1,322,535
	$ 1,760,217	$ 1,390,504

Note 7 - Fair Value Measurements:

FASB ASC 820, *Fair Value Measurements and Disclosure*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value.

Level 2 Fair Value Measurements - The fair values of the guaranteed interest account and the pooled separate accounts are based on observable inputs including quoted net asset values for similar assets or liabilities in active or non-active markets.

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Note 7 - Fair Value Measurements (Continued):

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit:

	Fair Value Measurements Using:	
	Fair Value	Significant Other Observable Inputs (Level 2)
December 31, 2009:		
Guaranteed Interest Account	$ 93,624	$ 93,624
Pooled Separate Accounts	1,666,593	1,666,593
Total	$ 1,760,217	$ 1,760,217
December 31, 2008:		
Guaranteed Interest Account	$ 67,969	$ 67,969
Pooled Separate Accounts	1,322,535	1,322,535
Total	$ 1,390,504	$ 1,390,504

Note 8 - Tax Status:

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter, dated February 5, 2002, that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the determination letter; however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and the related trust was tax exempt as of the financial statement date. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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Note 9 - Plan Termination:

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan, subject to the provisions of ERISA. In the event of a termination, all amounts credited to the accounts of participants will fully vest and become nonforfeitable.

Note 10 - Current Vulnerability Due to Concentrations of Credit Risk:

The Plan may invest in various types of investment securities. Investment securities are exposed to various market 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 will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

Note 11 - Commitments:

As of December 31, 2009, the Plan owed $3,188 to terminated employees.

GKG CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS
Goldstein, Karlewicz & Goldstein, LLP

EDUCATIONAL BUS TRANSPORTATION, INC. PROFIT SHARING PLAN
SUPPLEMENTARY INFORMATION
AS OF DECEMBER 31, 2009

Re: Employer Identification Number 11-1976948
Plan Number 001

Form 5500, Schedule H, Part IV, Line 4i:

Schedule of Assets (Held at End of Year):

(a)	(b) Identity of Issue/Borrower	(c) Description of Investment (Rate of Interest)	(d) Cost	Current (e) Value
*	Guaranteed Interest Account	Guaranteed Investment Contract	NR	$ 93,624
*	EQ Money Market Fund	Pooled Separate Account	NR	453,161
*	EQ Invesco Constellation Fund	Pooled Separate Account	NR	49,133
*	EQ Federated High Income Bond Fund	Pooled Separate Account	NR	114,835
*	EQ Templeton Developing Markets Trust	Pooled Separate Account	NR	52,247
*	EQ Templeton Foreign Fund	Pooled Separate Account	NR	18,940
*	EQ AllianceBernstein International Growth Fund	Pooled Separate Account	NR	63,926
*	EQ Federated Fund for U.S. Government Securities	Pooled Separate Account	NR	230,963
*	EQ Templeton Growth Fund	Pooled Separate Account	NR	115,668
*	EQ Mutual Quest Fund	Pooled Separate Account	NR	42,181
*	EQ Invesco Mid Cap Core Equity Fund	Pooled Separate Account	NR	183,704
*	EQ AllianceBernstein Growth and Income Fund	Pooled Separate Account	NR	170,952
*	EQ AllianceBernstein Growth Fund	Pooled Separate Account	NR	126,382
*	EQ AllianceBernstein Small Cap Growth Fund	Pooled Separate Account	NR	44,501
	Participants' Notes Receivable	Interest Rates (4.25% - 9.25%)	0	177,810
		Total		$ 1,938,027

* - Party-in-Interest

NR - Not Required

The Accompanying Notes are an Integral Part of the Financial Statements.

GKG CERTIFIED PUBLIC ACCOUNTANTS & BUSINESS CONSULTANTS
Goldstein, Karlewicz & Goldstein, LLP

EDUCATIONAL BUS TRANSPORTATION, INC. PROFIT SHARING PLAN
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		Total		$ 1,938,027

* - Party-in-Interest

NR - Not Required

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