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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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
CONSOLIDATED BUS TRANSIT COMPANY 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/01/2000

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

50 SNEDIKER AVENUE
BROOKLYN, NY 11207

2b Employer Identification Number (EIN)
11-3046431

2c Sponsor's telephone number
718-346-9000

2d Business code (see instructions)
485410

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/18/2011	JODI GENOVESE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/18/2011	JODI GENOVESE
	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")
CONSOLIDATED BUS TRANSIT COMPANY, INC.

50 SNEDIKER AVENUE
BROOKLYN, NY 11207

3b Administrator's EIN
11-3046431

3c Administrator's telephone number
718-346-9000

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**	163
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**	155
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	23
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	178
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	178
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	96
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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 3H 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)	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)	X	1	**A** (Insurance Information)
(4)	X		**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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CONSOLIDATED BUS TRANSIT COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
CONSOLIDATED BUS TRANSIT COMPANY, INC.

D Employer Identification Number (EIN)
11-3046431

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
ING LIFE INSURANCE AND ANNUITY 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
71-0294708	86509	PHH679	85	01/01/2010	12/31/2010

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
0	4972

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
UBS FINANCIAL SERVICES INSURANCE AG
100 HARBOR BLVD FL 8
WEEHAWKEN, NJ 07086

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	3005		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
CITIGROUP LIFE AGENCY, LLC
700 RED BROOK BLVD
STE 300
OWINGS MILLS, MD 21117

(b) Amount of sales and base commissions paid	Fees and other commissions paid		
	(c) Amount	(d) Purpose	(e) Organization code
	1967		3

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	264893
5	Current value of plan's interest under this contract in separate accounts at year end	5	1143513

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶ RATES PUBLISHED IN ING MANUALS

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

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

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

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

b	Balance at the end of the previous year			7b	239327
c	Additions: (1) Contributions deposited during the year	7c(1)	248717		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	9196		
	(4) Transferred from separate account	7c(4)	105430		
	(5) Other (specify below) ▶ TRANSFERS TO OTHER ACCTS; VALUE ADJUSTMENTS, ETC.	7c(5)	8538		
	(6) Total additions			7c(6)	371881
d	Total of balance and additions (add **b** and **c(6)**)			7d	611208
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	105955		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	231152		
	(4) Other (specify below) ▶ TRANSFERS TO OTHER ACCOUNTS, TPA FEES, VALUE ADJ.	7e(4)	9208		
	(5) Total deductions			7e(5)	346315
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	264893

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	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.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
CONSOLIDATED BUS TRANSIT COMPANY 401(K) PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CONSOLIDATED BUS TRANSIT COMPANY, INC.	11-3046431

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)

ING

PO BOX 990067
HARTFORD, CT 06199-1268

71-0294708

(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?
60 64 65 66	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	15216	Yes [ ] No [X]

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

ING MUTUAL FUNDS

PO BOX 990067
HARTFORD, CT 06199-1268

95-4516049

(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?
28 52 63	INVESTMENT PR ODUCT PROVI	0	Yes [X] No [ ]	Yes [ ] No [X]	5876	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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
ING LIFE INSURANCE AND ANNUITY CO	60 66	1019

(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.
FIDELITY VIP EQUITY-INCOME PORT PO BOX 990067 HARTFORD, CT 06199-1268 04-2940581	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	64	1251

(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.
ING LONG TERM GUARANTEED ACCUMUL PO BOX 990067 HARTFORD, CT 06199-1268 71-0294708	RECORD-KEEPING FEES

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	1308

(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.
ING MONEY MARKET PORTFOLIO PO BOX 990067 HARTFORD, CT 06199-1268 06-0920532	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

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
ING LIFE INSURANCE AND ANNUITY CO	60 66	1197

(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.
ING SMALL COMPANY PORTFOLIO PO BOX 990067 HARTFORD, CT 06199-1268 06-1462045	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY CO	60 66	1387

(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.
ING T. ROWE PRICE DIV MID CAP GROW PO BOX 990067 HARTFORD, CT 06199-1268 52-2354156	SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

(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 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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CONSOLIDATED BUS TRANSIT COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED BUS TRANSIT COMPANY, INC.

D Employer Identification Number (EIN)
11-3046431

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: ING VP MONEY MARKET PORTFOLIO

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

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)
71-0294708-000	P	124515

a Name of MTIA, CCT, PSA, or 103-12 IE: ING LONG TERM GUAR ACCUM ACCT

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

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)
71-0294708-000	P	246902

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

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE CO.

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)
71-0294708-000	P	17991

a Name of MTIA, CCT, PSA, or 103-12 IE: ING STRATEGIC ALLOC GROWTH PORT

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

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)
71-0294708-000	P	75968

a Name of MTIA, CCT, PSA, or 103-12 IE: ING STRATEGIC ALLOC MODERATE PORT

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

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)
71-0294708-000	P	19206

a Name of MTIA, CCT, PSA, or 103-12 IE: ING STRATEGIC ALLOC CONSERVATIVE

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

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)
71-0294708-000	P	38737

a Name of MTIA, CCT, PSA, or 103-12 IE: ING INDEX PLUS LARGECAP PORT

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

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)
71-0294708-000	P	20293

a Name of MTIA, CCT, PSA, or 103-12 IE: ING SMALL COMPANY PORT		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 92210
a Name of MTIA, CCT, PSA, or 103-12 IE: ING INDEX PLUS SMALL CAP PORT		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11064
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. CAP APPRECIATION FUND		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43594
a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. CORE EQUITY FUND		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45123
a Name of MTIA, CCT, PSA, or 103-12 IE: ING UBS U.S. LARGE CAP EQUITY PORT		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5321
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQUITY-INCOME PORT		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 73175
a Name of MTIA, CCT, PSA, or 103-12 IE: ING T. ROWE PRICE GROWTH EQUITY POR		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22106
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP CONTRFUND PORT		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 42080
a Name of MTIA, CCT, PSA, or 103-12 IE: ING INTERNATIONAL INDEX PORT		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 91740
a Name of MTIA, CCT, PSA, or 103-12 IE: ING CLARION GLOBAL REAL ESTATE		
b Name of sponsor of entity listed in (a): ING		
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54632

a Name of MTIA, CCT, PSA, or 103-12 IE: ING GROWTH AND INCOME PORTFOLIO			
b Name of sponsor of entity listed in (a): ING			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	37033
a Name of MTIA, CCT, PSA, or 103-12 IE: ING BLACKROCK LARGE CAP GROWTH PORT			
b Name of sponsor of entity listed in (a): ING			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	45831
a Name of MTIA, CCT, PSA, or 103-12 IE: LORD ABBETT SERIES FUND-GRWTH & INC			
b Name of sponsor of entity listed in (a): ING			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1943
a Name of MTIA, CCT, PSA, or 103-12 IE: ING GLOBAL BOND PORTFOLIO			
b Name of sponsor of entity listed in (a): ING			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	28388
a Name of MTIA, CCT, PSA, or 103-12 IE: ING BARON SMALL CAP GROWTH PORT			
b Name of sponsor of entity listed in (a): ING			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29048
a Name of MTIA, CCT, PSA, or 103-12 IE: ING PIMCO TOTAL RETURN PORT			
b Name of sponsor of entity listed in (a): ING			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	12463
a Name of MTIA, CCT, PSA, or 103-12 IE: ING T.ROWE PRICE DIVER MID CAP GROW			
b Name of sponsor of entity listed in (a): ING			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	102007
a Name of MTIA, CCT, PSA, or 103-12 IE: ING VAN KAMPEN EQUITY & INCOME			
b Name of sponsor of entity listed in (a): ING			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	51146
a Name of MTIA, CCT, PSA, or 103-12 IE: ING T. ROWE PRICE INT L STOCK PORT			
b Name of sponsor of entity listed in (a): ING			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	29460
a Name of MTIA, CCT, PSA, or 103-12 IE: ING JPMORGAN EMERGING MARKETS EQUIT			
b Name of sponsor of entity listed in (a): ING			
c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33070

a Name of MTIA, CCT, PSA, or 103-12 IE: ING ARTIO FOREIGN PORTFOLIO

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

c EIN-PN 71-0294708-000	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13359

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CONSOLIDATED BUS TRANSIT COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED BUS TRANSIT COMPANY, INC.

D Employer Identification Number (EIN)
11-3046431

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)	102326	93517
(2) Participant contributions	1b(2)	6837	4670
(3) Other	1b(3)	1867	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	99172	124515
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	794576	1018998
(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)	239327	264893
(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	1244105	1506593
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		0
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	1244105	1506593

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)	98823	
(B) Participants	2a(1)(B)	136585	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		235408
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(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)		135572
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		370980
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	107822	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		107822
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)	670	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		670
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		108492
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		262488
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: LCS&Z, LLP **(2)** EIN: 14-1745230

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		26848
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		200000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
CONSOLIDATED BUS TRANSIT COMPANY 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CONSOLIDATED BUS TRANSIT COMPANY, INC.

D Employer Identification Number (EIN)
11-3046431

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): 71-0294708

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):

LCS&Z, L.L.P.
Certified Public Accountants and Consultants

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Consolidated Bus Transit Company 401(k) Plan
Brooklyn, New York

We were engaged to audit the accompanying statements of net assets available for benefits of Consolidated Bus Transit Company 401(k) Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years ended December 31, 2010 and 2009 and the supplemental schedules (1) Schedule H, line 4i – schedule of assets (held at year end) (2) Schedule H, part IV, line 4a – schedule of delinquent deposits as of December 31, 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 summarized in Note 9, which was certified by The ING Life Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

LCS&Z LLP

Latham, New York
July 25, 2011

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420 Lexington Avenue, Suite 300, New York, NY 10170 • (212) 297-6204
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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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For the calendar plan year 2010 or fiscal plan year beginning 01/01/2010 **and ending** 12/31/2010

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
Consolidated Bus Transit Company 401(k) Plan

1b Three-digit plan number (PN) ► 001

1c Effective date of plan 06/01/2000

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

Consolidated Bus Transit Company, Inc.

50 Snediker Avenue

US Brooklyn NY 11207

2b Employer Identification Number (EIN)
11-3046431

2c Sponsor's telephone number
(718) 346-9000

2d Business code (see instructions)
485410

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	Signature of plan administrator	Date 10/11/11	Jodi Genovese Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date 10/11/11	Jodi Genovese 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") Same	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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**	163
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**	155
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	23
d Subtotal. Add lines **6a, 6b** and **6c**	**6d**	178
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	178
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	96
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer 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 3H 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)	**9b** Plan benefit arrangement (check all that apply)
(1) [X] Insurance	(1) [ ] Insurance
(2) [ ] Code section 412(e)(3) insurance contracts	(2) [ ] Code section 412(e)(3) insurance contracts
(3) [X] Trust	(3) [X] Trust
(4) [ ] General assets of the sponsor	(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	**b** General Schedules	
(1) [X] **R** (Retirement Plan Information)	(1) [X]	**H** (Financial Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ]	**I** (Financial Information - Small Plan)
	(3) [X] 1	**A** (Insurance Information)
	(4) [X]	**C** (Service Provider Information)
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) [X]	**D** (DFE/Participating Plan Information)
	(6) [ ]	**G** (Financial Transaction Information)

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

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan
Consolidated Bus Transit Company 401(k) Plan

Employer Identification Number
11-3046431

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	ING Long Term Guaranteed Accum	Guaranteed Accumulation Accoun	0	255,741
	ING VP Money Market Portfolio	Money Market Account		124,515
	ING T.Rowe Price Diver Mid Cap	Mutual Fund		102,007
	ING Small Company Portfolio	Mutual Fund		92,210
	ING International Index Portfo	Mutual Fund		91,740
	ING Strategic Allocation Growt	Mutual Fund		75,968
	Fiedelity VIP Equity-Income Po	Mutual Fund		73,175
	ING Clarlon Global Real Estate	Mutual Fund		54,632
	ING Van Kampen Equity and Inco	Mutual Fund		51,146
	ING Blackrock Large Cap Growth	Mutual Fund		45,831
	Invesco V.I. Core Equity Fund	Mutual Fund		45,123
	Invesco V.I. Capital Appreciat	Mutual Fund		43,594
	Fidelity VIP Contrafund Portfo	Mutual Fund		42,080
	ING Strategic Allocation Conse	Mutual Fund		38,737
	ING Growth and Income Portfoli	Mutual Fund		37,033
	ING JPMorgan Emerging Mrkts.	Mutual Fund		33,070
	ING T.Rowe Price Int'l stock p	Mutual Fund		29,460
	ING Baron Small Cap Growth Equ	Mutual Fund		29,048
	ING Global Bond Portfolio	Mutual Fund		28,388
	ING T. Rowe Price Growth Equit	Mutual Fund		22,106
	ING Index Plus Large Cap Port	Mutual Fund		20,293
	ING Strategic Allocation Moder	Mutual Fund		19,206
	ING Fixed Account	Fixed Account Investment		18,184
	ING Artio Foreign Port	Mutual Fund		13,359
	ING PIMCO Total Return Porrt	Mutual Fund		12,463
	ING Index Plus Small Cap Portf	Mutual Fund		11,064
	ING UBS US Large Cap Equity Po	Mutual Fund		5,321
	Lord Abbett Series Fund-Growth	Mutual Fund		1,945

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

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan
Consolidated Bus Transit Company 401(k) Plan

Employer Identification Number
11-3046431

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	ING Long Term Guaranteed Accum	Guaranteed Accumulation Accoun	0	225,741
	ING VP Money Market Portfolio	Money Market Account		124,515
	ING T.Rowe Price Diver Mid Cap	Mutual Fund		
	ING Small Company Portfolio	Mutual Fund		
	ING International Index Portfo	Mutual Fund		
	ING Strategic Allocation Growt	Mutual Fund		
	Fiedelity VIP Equity-Income Po	Mutual Fund		
	ING Clarlon Global Real Estate	Mutual Fund		
	ING Van Kampen Equity and Inco	Mutual Fund		
	ING Blackrock Large Cap Growth	Mutual Fund		
	Invesco V.I. Core Equity Fund	Mutual Fund		
	Invesco V.I. Capital Appreciat	Mutual Fund		
	Fidelity VIP Contrafund Portfo	Mutual Fund		
	ING Strategic Allocation Conse	Mutual Fund		
	ING Growth and Income Portfoli	Mutual Fund		
	ING JPMorgan Emerging Mrkts.	Mutual Fund		
	ING T.Rowe Price Int'l stock p	Mutual Fund		
	ING Baron Small Cap Growth Equ	Mutual Fund		
	ING Global Bond Portfolio			
	ING T. Rowe Price Growth Equit			

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

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan
Consolidated Bus Transit Company 401(k) Plan

Employer Identification Number
11-3046431

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	ING Long Term Guaranteed Accum	Guaranteed Accumulation Accoun	0	225,741
	ING VP Money Market Portfolio	Money Market Account		124,515
	ING T.Rowe Price Diver Mid Cap	Mutual Fund		102,007
	ING Small Company Portfolio	Mutual Fund		92,210
	ING International Index Portfo	Mutual Fund		91,740
	ING Strategic Allocation Growt	Mutual Fund		75,968
	Fiedelity VIP Equity-Income Po	Mutual Fund		73,175
	ING Clarlon Global Real Estate	Mutual Fund		54,632
	ING Van Kampen Equity and Inco	Mutual Fund		51,146
	ING Blackrock Large Cap Growth	Mutual Fund		45,831
	Invesco V.I. Core Equity Fund	Mutual Fund		45,123
	Invesco V.I. Capital Appreciat	Mutual Fund		43,594
	Fidelity VIP Contrafund Portfo	Mutual Fund		42,080
	ING Strategic Allocation Conse	Mutual Fund		38,737
	ING Growth and Income Portfoli	Mutual Fund		37,033
	ING JPMorgan Emerging Mrkts.	Mutual Fund		33,070
	ING T.Rowe Price Int'l stock p	Mutual Fund		29,460
	ING Baron Small Cap Growth Equ	Mutual Fund		29,048
	ING Global Bond Portfolio	Mutual Fund		28,388
	ING T. Rowe Price Growth Equit	Mutual Fund		22,106
	ING Index Plus Large Cap Port	Mutual Fund		20,293
	ING Strategic Allocation Moder	Mutual Fund		19,206
	ING Fixed Account	Fixed Account Investment		18,184
	ING Artio Foreign Port	Mutual Fund		13,359
	ING PIMCO Total Return Porrt	Mutual Fund		12,463
	ING Index Plus Small Cap Portf	Mutual Fund		11,064
	ING UBS US Large Cap Equity Po	Mutual Fund		5,321
	Lord Abbett Series Fund-Growth	Mutual Fund		1,945

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2010 and Ending 12/31/2010
Name of Plan: Consolidated Bus Transit Company 401(k) Plan
Employer Identification Number: 11-3046431 Three-digit plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ____	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$26,848	$0	$26,848	$0	$0

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2010 and Ending 12/31/2010
Name of Plan: Consolidated Bus Transit Company 401(k) Plan
Employer Identification Number: 11-3046431 Three-digit plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ____	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$26,848	$0	$26,848	$0	$0

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2010 and Ending 12/31/2010
Name of Plan: Consolidated Bus Transit Company 401(k) Plan
Employer Identification Number: 11-3046431 Three-digit plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ____	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$26,848	$0	$26,848	$0	$0

CONSOLIDATED BUS TRANSIT COMPANY 401(k) PLAN

SUPPLEMENTARY INFORMATION
EIN # 11-3046431, PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
DECEMBER 31, 2010

IDENTITY OF ISSUE	DESCRIPTION OF INVESTMENT	CURRENT VALUE
ING Long Term Guaranteed Accum Account	Guaranteed Accumulation Account	$ 255,741
ING VP Money Market Portfolio	Money Market Account	124,515
ING T. Rowe Price Diver. Mid Cap Growth	Mutual Fund	102,007
ING Small Company Portfolio	Mutual Fund	92,210
ING International Index Portfolio	Mutual Fund	91,740
ING Strategic Allocation Growth Portfolio	Mutual Fund	75,968
Fidelity VIP Equity-Income Portfolio	Mutual Fund	73,175
ING Clarion Global Real Estate Portfolio	Mutual Fund	54,632
ING Van Kampen Equity and Income Port	Mutual Fund	51,146
ING Blackrock Large Cap Growth Portfolio	Mutual Fund	45,831
Invesco V.I. Core Equity Fund	Mutual Fund	45,123
Invesco V.I. Capital Appreciation Fund	Mutual Fund	43,594
Fidelity VIP Contrafund Portfolio	Mutual Fund	42,080
ING Strategic Allocation Conservative Port.	Mutual Fund	38,737
ING Growth and Income Portfolio	Mutual Fund	37,033
ING JPMorgan Emerging Mrkts. Equity Port	Mutual Fund	33,070
ING T. Rowe Price Int'l. Stock Portfolio	Mutual Fund	29,460
ING Baron Small Cap Growth Portfolio	Mutual Fund	29,048
ING Global Bond Portfolio	Mutual Fund	28,388
ING T. Rowe Price Growth Equity Portfolio	Mutual Fund	22,106
ING Index Plus Large Cap Portfolio	Mutual Fund	20,293
ING Strategic Allocation Moderate Portfolio	Mutual Fund	19,206
ING Fixed Account	Fixed Account Investment	18,184
ING Artio Foreign Portfolio	Mutual Fund	13,359
ING PIMCO Total Return Portfolio	Mutual Fund	12,463
ING Index Plus Small Cap Portfolio	Mutual Fund	11,064
ING UBS US Large Cap Equity Portfolio	Mutual Fund	5,321
Lord Abbett Series Fund-Growth and Income	Mutual Fund	1,945
TOTAL ASSETS HELD FOR INVESTMENT		**$ 1,417,439**

CONSOLIDATED BUS TRANSIT COMPANY 401(k) PLAN

BROOKLYN, NEW YORK

DECEMBER 31, 2010

CONSOLIDATED BUS TRANSIT COMPANY
401(k) PLAN

BROOKLYN, NEW YORK

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2010 AND 2009

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Statements of changes in net assets available for benefits	3
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LCS&Z, L.L.P.
Certified Public Accountants and Consultants

INDEPENDENT AUDITORS' REPORT

To the Administrative Committee of
Consolidated Bus Transit Company 401(k) Plan
Brooklyn, New York

We were engaged to audit the accompanying statements of net assets available for benefits of Consolidated Bus Transit Company 401(k) Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years ended December 31, 2010 and 2009 and the supplemental schedules (1) Schedule H, line 4i – schedule of assets (held at year end) (2) Schedule H, part IV, line 4a – schedule of delinquent deposits as of December 31, 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 summarized in Note 9, which was certified by The ING Life Insurance and Annuity Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

LCS&Z LLP

Latham, New York
July 25, 2011

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CONSOLIDATED BUS TRANSIT COMPANY 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
INVESTMENTS (Notes 3 - 5)	$ 1,417,439	$ 1,141,151
RECEIVABLES:		
Employer's contribution	$ 93,517	$ 103,507
Participants' contribution	4,670	8,032
Other receivables	-	1,867
Total receivables	$ 98,187	$ 113,406
Total assets	$ 1,515,626	$ 1,254,557
LIABILITIES:		
Other liabilities	$ -	$ 22,958
Total liabilities	$ -	$ 22,958
NET ASSETS AVAILABLE FOR BENEFITS	**$ 1,515,626**	**$ 1,231,599**

See notes to financial statements

CONSOLIDATED BUS TRANSIT COMPANY 401(k) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments (Note 3)	$ 160,153	$ 181,757
CONTRIBUTIONS:		
Employer	98,823	100,421
Participants	136,585	153,458
Total investment income and contributions	$ 395,561	$ 435,636
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants (Note 6)	$ (30,594)	$ (36,513)
Rollovers to qualified plans (Note 6)	(50,607)	(58,245)
Corrective distributions (Note 6)	(3,599)	(22,958)
Administrative expenses (Note 8)	(26,734)	(5,662)
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	$ 284,027	$ 312,258
NETS ASSETS AVAILABLE FOR BENEFITS - BEGINNING	1,231,599	919,341
NET ASSETS AVAILABLE FOR BENEFITS - END	**$ 1,515,626**	**$ 1,231,599**

See notes to financial statements

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

1) PLAN DESCRIPTION

The following description of Consolidated Bus Transit Company 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

a) General

The Plan is a defined contribution plan covering all non-union employees who have completed six months of service and have attained age 21 by the effective date of participation, as defined by the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b) Plan Contribution Policy

Each year participants may contribute a percentage of pre-tax annual compensation, as defined by the Plan. Participants who have attained age fifty before the end of the Plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants may modify salary deferral elections periodically. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds, a money market account, a guaranteed accumulation account and a fixed investment account as investment options for participants. The Company at its discretion may match contributions equal to a percentage of the participants' annual salary deferral. In 2010, the matching contribution was 100% of the first 5% of contributions to the Plan. Contributions are subject to certain limitations.

c) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution and, (b) Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit than can be provided from the participant's vested account.

d) Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service. A year of service is defined by at least 1,000 hours of service during any plan year. The Plan contains additional specific rules for crediting hours of service for vesting purposes.

Participants will become fully vested upon death, total and permanent disability, and reaching normal retirement age (defined by the Plan as 65).

PLAN DESCRIPTION (Cont.)

e) Payment of Benefits

On termination of service due to death, disability, retirement or other reasons, a participant is entitled to a lump-sum amount equal to the value of the participant's vested interest in his or her account. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

f) Forfeited Accounts

At December 31, 2010 and 2009, forfeited non-vested accounts totaled $18,489 and $10,994. These accounts will be used to reduce future employer contributions. Also, in 2010, employer contributions were reduced by $5,777 from forfeited non-vested accounts.

2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

a) Basis of Accounting

The financial statements of the plan are prepared on the accrual basis of accounting.

b) Estimates

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

c) Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is 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. See note 4 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

d) Payment of Benefits

Benefits are recorded when paid.

e) Subsequent Events

The Plan has evaluated subsequent events through July 25, 2011, which is the date the financial statements were available to be issued. There are no material subsequent events which require recognition or disclosure.

SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Cont.)

f) Administrative Expenses

The Plan Sponsor (Consolidated Bus Transit, Inc.) absorbs significant costs of plan administration. These costs include third party administration fees and the independent auditors' report.

3) INVESTMENTS

The following presents investments of the Plan's net assets. Investments which represent 5% or more of the Plan's assets are separately identified.

Investments at fair value as determined by quoted market price:

	2010	2009
ING Life Insurance and Annuity Company:		
Long Term Guaranteed Accumulation Account	$ 255,741	$ 218,935
Money Market Portfolio	124,515	99,172
T. Rowe Price Diversified Mid Cap Growth Portfolio	102,007	94,051
Small Company Portfolio	92,210	59,852
International Index Equity Portfolio	91,740	78,858
Strategic Allocation Growth Portfolio	75,968	57,889
Fidelity VIP Equity-Income Portfolio	73,175	61,788
Other	602,083	470,606
TOTAL INVESTMENTS	**$ 1,417,439**	**$ 1,141,151**

During the twelve months ended December 31, 2010, the Plan's investments (including investments bought, sold and held during the year) appreciated in value by $160,153 as follows:

Mutual funds	$ 150,066
Guaranteed accumulation account	9,037
Fixed account investment	1,050
NET APPRECIATION IN FAIR VALUE	**$ 160,153**

4) FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides for a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets.
- Quoted prices for identical or similar assets or liabilities in inactive markets.
- Inputs other than quoted prices that are observable for the asset or liability.
- 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.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset 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.

The following is a description of the valuation methodologies used for assets measured at fair value by the Plan. There have been no changes in the methodologies used at December 31, 2010 and 2009:

Mutual Funds: Valued at net asset value (NAV) of shares held by the Plan at year end.

Guaranteed Accumulation Account & Fixed Account Investment: Valued at the approximate amount that would have been paid if the contract had been terminated as of the last day of the reporting period. Potential surrender charges and market value adjustments were applied as of such date.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.



FAIR VALUE MEASUREMENTS (Cont.)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

December 31, 2010	Level 1	Level 2	Level 3	Total
Investments, at fair value:				
Mutual funds:				
Growth funds	$ 579,177	$ -	$ -	$ 579,177
Balanced funds	275,874	-	-	275,874
Fixed income funds	165,366	-	-	165,366
Index funds	123,097	-	-	123,097
Guar. accumulation acct.	-	-	255,741	255,741
Fixed acct. investment	-	-	18,184	18,184
Total Assets at Fair Value	**$ 1,143,514**	**$ -**	**$ 273,925**	**$ 1,417,439**

December 31, 2009	Level 1	Level 2	Level 3	Total
Investments, at fair value:				
Mutual funds:				
Growth funds	$ 462,256	$ -	$ -	$ 462,256
Balanced funds	198,102			198,102
Fixed income funds	129,595			129,595
Index funds	103,796			103,796
Guar. accumulation acct.	-	-	218,935	218,935
Fixed acct. investment	-	-	28,467	28,467
Total Assets at Fair Value	**$ 893,749**	**$ -**	**$ 247,402**	**$ 1,141,151**

FAIR VALUE MEASUREMENTS (Cont.)

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended December 31, 2010:

	Guar. Accum. Account	Fixed Acct. Investment
Balance, beginning of the year	$ 218,935	$ 28,467
Unrealized gains relating to instruments still held at reporting date	9,037	1,050
Purchases, sales, issuances, and settlements, net	27,769	(11,333)
Balance, December 31, 2010	**$ 255,741**	**$ 18,184**
The amount of total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	**$ 9,037**	**$ 1,050**

5) INVESTMENT CONTRACTS

The Plan has the ING Fixed Account, ING Guaranteed Accumulation Account and multiple variable funds (i.e. mutual funds) as investment options for participants.

The Fixed Account and Guaranteed Accumulation Account are credited with declared rates of interest. The Fixed Account is subject to a minimum rate described in the contract. Amounts allocated to the Fixed Account are held in the Company's general account which supports insurance and annuity obligations. ING's general account is managed on an aggregate basis and supports all of the company's financial commitments. No portion of the general account is attributable to a particular plan nor do plans have any undivided ownership interest in general account assets.

The variable funds are pooled separate accounts that invest directly in designated mutual funds. The separate account owns and holds the underlying mutual fund shares which are valued daily at their net asset values (NAV). Plan and participants hold "units of participation" in the separate account. The "accumulation unit value" (AUV) is the value of each unit in the separate account and the separate account is valued daily as the number of accumulation units held multiplied by the AUV. The AUV is first established when a new fund starts (typically the beginning AUV is $10.00) and is then determined daily based on the net asset value of the shares of the underlying fund, the fund's dividends and the contract's separate account charges.

In most cases, amounts available for participant transfer among the investment options are available at contract value. Transfers from the Guaranteed Accumulation Account prior to its maturity are subject to a market value adjustment. Certain conditions or restrictions apply to transfers in connection with the Fixed Account.

INVESTMENT CONTRACTS (Cont.)

The contracts do not have a maturity date. In general, fully benefit responsive contracts as described under SOP 94-1-1 require participant initiated transactions to occur at contract value with no conditions, limitations or restrictions. Since the investment contracts have the potential to restrict certain transfer and withdrawals, the Plan does not consider them fully benefit responsive under a conservative interpretation of SOP 94-1-1. Therefore, the investment contracts are reported at fair value.

6) DISTRIBUTIONS

Benefit distributions of $84,800 and $117,716 were paid to or on behalf of participants for the plan years ended December 31, 2010 and December 31, 2009. These distributions include payments of $3,599 and $22,958 for the plan years ended December 31, 2010 and 2009 made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant non-discrimination provisions of the Plan for the year.

7) PLAN TERMINATION

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

8) RELATED PARTY TRANSACTIONS

The following table sets forth a summary of related party transactions and a description of each parties relationship with the Plan for the year ended December 31, 2010 and 2009:

	2010	2009
ING - Trustee, commissions and management fees	$ 21,762	$ 990
UBS Financial Services - Investment broker commission	3,005	-
Citigroup Life Agency, LLC - Investment broker commission	1,967	1,071
SBHU Life Agency, Inc. - Investment broker commission	-	2,581
Creative Pension Consultants, Inc. - TPA fees	-	1,020
TOTAL RELATED-PARTY TRANSACTIONS	**$ 26,734**	**$ 5,662**

9) INFORMATION PREPARED AND CERTIFIED BY TRUSTEE

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

	2010	2009
Investments, at fair value:		
Mutual funds	$ 1,143,514	$ 893,749
Guaranteed accumulation account	255,741	218,935
Fixed account investment	18,184	28,467
Investment income	$ 160,153	$ 181,757

10) VOLUNTARY CORRECTION PROGRAM SUBMISSION

On February 18, 2009, the Plan submitted a Voluntary Correction Program (VCP) submission to the Internal Revenue Service. The plan was not amended to comply with the applicable provisions of the following legislative and regulatory requirements by the applicable deadlines in accordance with 401(b) and the regulations there under: GUST & the changes required by the 2006 Cumulative List (Notice 2007-3, 2007-1 C.B. 255). The Plan Sponsor has adopted amendments that satisfy the requirements of the applicable provisions stated above.

11) RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500:

	2010	2009
Net assets available for benefits per the financial statements	$ 1,515,626	$ 1,231,599
Fair value adjustment	(9,033)	(8,076)
Corrective distributions for 2009 paid in 2010	-	22,958
Reclassification of ineligible contributions	-	(2,363)
Lost earnings on late deposit of participant contributions	-	(13)
NET ASSETS AVAILABLE FOR BENEFITS PER SCHEDULE H OF THE FORM 5500	**$ 1,506,593**	**$ 1,244,105**

RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500 (Cont.)

The following is a reconciliation of changes in net assets per the financial statements for the year ended December 31, 2010 to Schedule H of the Form 5500:

Increase in net assets available for benefits per the financial statements	$	284,027
Fair value adjustment - net		(957)
Corrective distributions for 2009 paid in 2010		(22,958)
Reclassification of ineligible contributions		2,363
Lost earnings on late deposit of participant contributions		13
INCREASE IN ASSETS AVAILABLE FOR BENEFITS PER SCHEDULE H OF THE FORM 5500	**$**	**262,488**

Amounts allocated to withdrawing participants are recorded on the Schedule H of Form 5500 for benefit claims that have been processed and approved for payment prior to December 31 but not yet paid as of that date.

12) INELIGIBLE PARTICIPANT CONTRIBUTIONS

During the plan year ended December 31, 2009, a participant who requested a hardship distribution continued to make contributions to the Plan even though the Plan document requires suspension of participant deferrals for six months. Upon discovery, the Plan corrected this error by forfeiting the employee contribution of $1,195, the calculated employer match on the ineligible contributions of $1,167, plus a lost earnings calculation of $173. The Plan's tax counsel has recommended the Plan file a Voluntary Correction Program Submission with the Internal Revenue Service.

13) LATE DEPOSITS OF PARTICIPANT CONTRIBUTIONS

During the Plan year ended December 31, 2010 and December 31, 2009, there were several late deposits of participant contributions as defined by Department of Labor Rules and Regulations. Upon discovery, the Plan corrected this error under the IRS Self-Correction Program by making lost earnings contributions in the amount of $15 and $13 for the Plan years ended December 31, 2010 and December 31, 2009. The Plan Administrator has determined the failure meets the "insignificant operational failure" standard as required by the Plan.

14) TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. As referenced in Note 12, the Plan's tax counsel has recommended a Voluntary Correction Program submission for the ineligible participant contributions.

TAX STATUS (Cont.)

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would be sustained upon examination by the Internal Revenue Service (IRS). The Plan Administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2007.

15) RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of 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 benefits.

CONSOLIDATED BUS TRANSIT COMPANY 401(k) PLAN

SUPPLEMENTARY INFORMATION
EIN # 11-3046431, PLAN # 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)
DECEMBER 31, 2010

IDENTITY OF ISSUE	DESCRIPTION OF INVESTMENT	CURRENT VALUE
ING Long Term Guaranteed Accum Account	Guaranteed Accumulation Account	$ 255,741
ING VP Money Market Portfolio	Money Market Account	124,515
ING T. Rowe Price Diver. Mid Cap Growth	Mutual Fund	102,007
ING Small Company Portfolio	Mutual Fund	92,210
ING International Index Portfolio	Mutual Fund	91,740
ING Strategic Allocation Growth Portfolio	Mutual Fund	75,968
Fidelity VIP Equity-Income Portfolio	Mutual Fund	73,175
ING Clarion Global Real Estate Portfolio	Mutual Fund	54,632
ING Van Kampen Equity and Income Port	Mutual Fund	51,146
ING Blackrock Large Cap Growth Portfolio	Mutual Fund	45,831
Invesco V.I. Core Equity Fund	Mutual Fund	45,123
Invesco V.I. Capital Appreciation Fund	Mutual Fund	43,594
Fidelity VIP Contrafund Portfolio	Mutual Fund	42,080
ING Strategic Allocation Conservative Port.	Mutual Fund	38,737
ING Growth and Income Portfolio	Mutual Fund	37,033
ING JPMorgan Emerging Mrkts. Equity Port	Mutual Fund	33,070
ING T. Rowe Price Int'l. Stock Portfolio	Mutual Fund	29,460
ING Baron Small Cap Growth Portfolio	Mutual Fund	29,048
ING Global Bond Portfolio	Mutual Fund	28,388
ING T. Rowe Price Growth Equity Portfolio	Mutual Fund	22,106
ING Index Plus Large Cap Portfolio	Mutual Fund	20,293
ING Strategic Allocation Moderate Portfolio	Mutual Fund	19,206
ING Fixed Account	Fixed Account Investment	18,184
ING Artio Foreign Portfolio	Mutual Fund	13,359
ING PIMCO Total Return Portfolio	Mutual Fund	12,463
ING Index Plus Small Cap Portfolio	Mutual Fund	11,064
ING UBS US Large Cap Equity Portfolio	Mutual Fund	5,321
Lord Abbett Series Fund-Growth and Income	Mutual Fund	1,945
TOTAL ASSETS HELD FOR INVESTMENT		**$ 1,417,439**

CONSOLIDATED BUS TRANSIT COMPANY 401(k) PLAN

SUPPLEMENTARY INFORMATION
EIN # 11-3046431, PLAN # 001
SCHEDULE H, PART IV, LINE 4a - SCHEDULE OF DELINQUENT DEPOSITS
DECEMBER 31, 2010

Participant Contributions Transferred Late To Plan	Total that Constitute Nonexempt Prohibited Transactions: Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
March late contributions	$ -	$ 5,512	$ -	$ -
April late contributions	-	2,608	-	-
June late contributions	-	5,342	-	-
October late contributions	-	5,351	-	-
November late contributions	-	8,035	-	-
	$ -	$ 26,848	$ -	$ -

LCS&Z, L.L.P.
Certified Public Accountants and Consultants

July 25, 2011

To the Administrative Committee of
Consolidated Bus Transit Company 401(k) Plan
Brooklyn, NY

Except as discussed in the following paragraph, in planning and performing our audit of the financial statements of Consolidated Bus Transit Company 401(k) Plan as of and for the year ended December 31, 2010, in accordance with auditing standards generally accepted in the United States of America, we considered Consolidated Bus Transit Company 401(k) Plan's internal control over financial reporting (internal control) as a basis for designing our audit procedures for the purpose of issuing a report on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, we do not express an opinion on the effectiveness of the Plan's internal control.

We were engaged to perform a DOL limited-scope audit of those financial statements 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. Our audit did not include all of the procedures required by U.S. generally accepted auditing standards and did not include a consideration of internal control relating to the information summarized in Note 9 to those financial statements. Because of the significance of the information we did not audit, we were unable to, and did not, express an opinion on those financial statements.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be significant deficiencies or material weaknesses and, therefore, there can be no assurance that all such deficiencies have been identified. However, as discussed below, we identified a certain deficiency in internal control that we consider to be a material weakness and other deficiencies that we consider to be significant deficiencies.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct misstatements on a timely basis. A material weakness is a deficiency or combination of deficiencies in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. We consider the following deficiency in Consolidated Bus Transit Company 401(k) Plan's internal control to be a material weakness:

While the trustees' of the Plan are knowledgeable regarding the operation of the Plan Sponsor, they do not stay current on the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. A control deficiency exists when the client does not have control over the preparation of the financial statements which would prevent or detect misstatement in the financial statements.

A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance. We consider the following deficiencies in Consolidated Bus Transit Company 401(k) Plan's internal control to be significant deficiencies.

During 2010, there were several late deposits of participant contributions as defined by the Department of Labor's Rules and Regulations. We recommend electronic transfer of participant contributions when the funds can be clearly segregated to prevent future late deposits. If electronic transfer is not an option for the Plan, we recommend mailing the check with participant contributions on the next business day following the payroll date.

An internal investment committee should be formed to review the investment performance of Plan assets and evaluate the performance of service providers engaged during the year. Annual minutes should be prepared outlining the discussions and decisions of this committee. This committee should include at least four participants of the Plan (three of which are not Plan trustees).

The independent investment adviser should meet with Plan participants and potential Plan participants at least once a year to discuss the importance of saving for retirement and discuss the various investment options offered by the Plan.

ING sent a letter to the Plan Administrator regarding fund mergers for various investments offered by the Plan. The Plan Administrator did not distribute this information to the participants of the Plan. All correspondence regarding the Plan's investment options should be distributed to the participants to enable them to make decisions regarding the allocation of their accounts.

This communication is intended solely for the information and use of the Administrative Committee of Consolidated Bus Transit Company 401(k) Plan, and is not intended to be and should not be used by anyone other than these specified parties.

Latham, New York
July 25, 2011

LCS&Z, L.L.P.
Certified Public Accountants and Consultants

July 25, 2011

To the Administrative Committee of
Consolidated Bus Transit Company 401(k) Plan
Brooklyn, NY

We have conducted a DOL limited-scope audit of the financial statements of Consolidated Bus Transit Company 401(k) Plan for the year ended December 31, 2010 and have issued our report thereon dated July 25, 2011. 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 information summarized in Note 9 to those financial statements. Because of the significance of the information that we did not audit, we were unable to, and have not, expressed an opinion on those financial statements and schedules taken as a whole. Professional standards require that we provide you with the information about our responsibilities under generally accepted auditing standards, as well as certain information related to the planned scope and timing of our audit. We have communicated such information in our letter to you dated June 14, 2011. Professional standards also require that we communicate to you the following information related to our audit:

Significant Audit Findings

Qualitative Aspects of Accounting Practices

Management is responsible for the selection and use of appropriate accounting policies. The significant accounting policies used by Consolidated Bus Transit Company 401(k) Plan are described in Note 2 to the financial statements. No new accounting policies were adopted and the application of existing policies was not changed during 2010. We noted no transactions entered into by the Company during the year for which there is a lack of authoritative guidance or consensus. All significant transactions have been recognized in the financial statements in the proper period.

Accounting estimates are an integral part of the financial statements prepared by management and are based on management's knowledge and experience about past and current events and assumptions about future events. Certain accounting estimates are particularly sensitive because of their significance to the financial statements and because of the possibility that future events affecting them may differ significantly from those expected.

Certain financial statement disclosures are particularly sensitive because of their significance to financial statement users. The most sensitive disclosures affecting the financial statements were:

33 Century Hill Drive, Latham, NY 12110-2113 • (518) 783-7200 • FAX (518) 783-7385
420 Lexington Avenue, Suite 300, New York, NY 10170 • (212) 297-6204
33 Bleecker Street, P.O. Box 72, Gloversville, NY 12078-0001 • (518) 773-2267 • FAX (518) 773-2273
www.lcszcpa.com E-mail: lcsz@lcszcpa.com

Note 8: Related Party Transactions – Discusses the fees paid by the Plan to related parties.

Note 9: Information Prepared and Certified by the Trustee – Discloses the assets covered under the limited scope certification.

Notes 12-13: Disclose prohibited transactions noted in the years included in this audit report.

Difficulties Encountered in Performing the Audit

We encountered no significant difficulties in dealing with management in performing and completing our audit.

Corrected and Uncorrected Misstatements

Professional standards require us to accumulate all known and likely misstatements identified during the audit, other than those that are trivial, and communicate them to the appropriate level of management. Management has corrected all such misstatements. In addition, none of the misstatements detected as a result of audit procedures and corrected by management were material, either individually or in the aggregate, to the financial statements taken as a whole.

Disagreements with Management

For purposes of this letter, professional standards define a disagreement with management as a financial accounting, reporting, or auditing matter, whether or not resolved to our satisfaction, that could be significant to the financial statements or the auditor's report. We are pleased to report that no such disagreements arose during the course of our audit.

Management Representations

We have requested certain representations from management that are included in the management representation letter dated July 25, 2011.

Management Consultations with Other Independent Accountants

In some cases, management may decide to consult with other accountants about auditing and accounting matters, similar to obtaining a "second opinion" on certain situations. If a consultation involves application of an accounting principle to the Company's financial statements or a determination of the type of auditor's opinion that may be expressed on those statements, our professional standards require the consulting accountant to check with us to determine that the consultant has all the relevant facts. To our knowledge, there were no such consultations with other accountants.

Other Audit Findings or Issues

We generally discuss a variety of matters, including the application of accounting principles and auditing standards, with management each year prior to retention as the Company's auditors. However, these discussions occurred in the normal course of our professional relationship and our responses were not a condition to our retention.

Other Information in Documents Containing Audited Financial Statements

With respect to the supplementary information accompanying the financial statements, we made certain inquiries of management and evaluated the form, content, and methods of preparing the information to determine that the information complies with U.S. generally accepted accounting principles, the method of preparing it has not changed from the prior period, and the information is appropriate and complete in relation to our audit of the financial statements. We compared and reconciled the supplementary information to the underlying accounting records used to prepare the financial statements or to the financial statements themselves.

This information is intended solely for the use of the Administrative Committee of Consolidated Bus Transit Company 401(k) Plan and is not intended to be and should not be used by anyone other than these specified parties.

FCV & 2 LLP