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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
T.H. RYAN CARTAGE CO./L & D DRIVERS SERVICE 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/2003

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
T.H. RYAN CARTAGE COMPANY

111 SOUTH 7TH AVENUE
MAYWOOD, IL 60153

2b Employer Identification Number (EIN)
36-2096450

2c Sponsor's telephone number
708-345-0900

2d Business code (see instructions)
484110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/31/2012	TIMOTHY RYAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
T.H. RYAN CARTAGE COMPANY

111 SOUTH 7TH AVENUE
MAYWOOD, IL 60153

3b Administrator's EIN
36-2096450

3c Administrator's telephone number
708-345-0900

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
T.H. RYAN CARTAGE COMPANY

4b EIN
36-2096450

4c PN
003

5	Total number of participants at the beginning of the plan year	**5**	229
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**	157
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	38
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	195
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	195
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	187
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	23
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
T.H. RYAN CARTAGE CO./L & D DRIVERS SERVICE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
T.H. RYAN CARTAGE COMPANY

D Employer Identification Number (EIN)
36-2096450

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)

HOWARD SIMON & ASSOCIATES, INC.
304 SAUNDERS ROAD
RIVERWOODS, IL 60015-3858

(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?
17	NONE	13118	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
T.H. RYAN CARTAGE CO./L & D DRIVERS SERVICE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
T.H. RYAN CARTAGE COMPANY

D Employer Identification Number (EIN)
36-2096450

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)	0	56721
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	53666	54139
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1487650	1498894
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	1541316	1609754
Liabilities			
g Benefit claims payable	1g	0	
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	378	
k Total liabilities (add all amounts in lines 1g through1j)	1k	378	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1540938	1609754

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)	56721	
(B) Participants	2a(1)(B)	123658	
(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)		180379
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)	2619	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2619
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		83925
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		266923
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	182764	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		182764
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)	15343	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		15343
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		198107
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		68816
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: PIERCE, RIESBECK & ASSOCIATES, LLP **(2)** EIN: 36-3542307

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		185000
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
T.H. RYAN CARTAGE CO./L & D DRIVERS SERVICE 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
T.H. RYAN CARTAGE COMPANY

D Employer Identification Number (EIN)
36-2096450

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): 95-6817943

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):

T.H. RYAN CARTAGE CO./
L & D DRIVERS SERVICE 401(k) PLAN

FINANCIAL STATEMENTS AND
SUPPLEMENTARY SCHEDULE

For the Years Ended
December 31, 2010 and 2009

Together with Auditors' Report

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Pierce, Riesbeck & Associates, LLP

certified public accountants and consultants

INDEPENDENT AUDITORS' REPORT

To the Trustee of the
T.H. Ryan Cartage Co./L & D Drivers Service 401(k) Plan
Maywood, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of the T.H. Ryan Cartage Co./L & D Drivers Service 401(k) Plan (the Plan) as of December 31, 2010 and 2009 and the related statements of changes in net assets available for benefits and the supplemental schedules as listed in the accompanying table of contents for the years then ended. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note H, which was certified by Capital Bank and Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Capital Bank and Trust Company holds the Plan's investment assets and executed investment transactions. The Plan administrator has obtained a certification from the Capital Bank and Trust Company as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and 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.

Pierce, Riesbeck & Associates, LLP

Pierce, Riesbeck & Associates LLP
Burr Ridge, Illinois
October 7, 2011

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T.H. RYAN CARTAGE CO./L & D DRIVERS SERVICE 401(k) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
As of December 31, 2010 and 2009

	2010	2009
ASSETS		
Investments, at fair value	$ 1,498,894	$ 1,487,650
Receivables		
Employer's matching contribution	56,721	-0-
Notes receivable from participants	54,139	53,666
TOTAL ASSETS	1,609,754	1,541,316
LIABILITIES	-0-	378
NET ASSETS AVAILABLE FOR BENEFITS	$ 1,609,754	$ 1,540,938

The accompanying notes are an integral part of these statements.

T.H. RYAN CARTAGE CO./L & D DRIVERS SERVICE 401(k) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended December 31, 2010 and 2009

	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Contributions		
Participants' & participants' rollovers	$ 123,658	$ 159,884
Employer's matching contribution	56,721	-0-
TOTAL CONTRIBUTIONS	180,379	159,884
Investment Income		
Interest income	2,619	2,702
Dividend income	11,593	10,888
Net change in market value of investments	72,331	90,338
TOTAL INVESTMENT GAIN (LOSS)	86,543	103,928
TOTAL ADDITIONS	266,922	263,812
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Withdrawals by participants	182,764	97,476
Plan fees	15,342	680
TOTAL DEDUCTIONS	198,106	98,156
INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	68,816	165,656
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	1,540,938	1,375,282
END OF YEAR	$ 1,609,754	$ 1,540,938

The accompanying notes are an integral part of these statements.

NOTE A - DESCRIPTION OF THE PLAN

The following description of the T.H. Ryan Cartage Co./L & D Drivers Service 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan is a defined contribution plan covering eligible employees of T.H. Ryan Cartage Co. and L & D Drivers Service (the Company). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

Provided an employee is not an excluded employee, they may begin participating under the Plan once they have satisfied the eligibility requirements and have reached their entry date. Excluded employees include non-union employees whose employment is not governed by a collective bargaining agreement under which retirement benefits were the subject of good faith bargaining, certain nonresident aliens, and leased employees. Those employees who are not excluded become eligible to participate for the purposes of salary deferrals, matching contributions and profit sharing contributions when they have completed one year of service. To complete one year of service, the employee must have been credited with at least 1,000 hours of service at the end of the twelve month period beginning on their date of hire. When all eligibility requirements have been met, the participants' entry date will be the first day of the month coinciding with or next following the date the eligibility requirements have been satisfied.

Employee Contributions

Each participant may elect to contribute up to 100 percent of their total compensation to be allocated to his or her account in the trust subject to the maximum allowable employee deferral contribution as prescribed under the Internal Revenue Code. Participants have the option of pre-tax 401(k) deferrals or Roth 401(k) deferrals. Participants' contributions are 100 percent vested and nonforfeitable. Employee contributions are made through payroll deductions. Employees can change their deferral contribution percentages during the first ten days of each quarter and deferral contributions may be stopped at any time. In addition, participants are allowed rollover contributions in which they will always be 100 percent vested.

Employer Contributions

The Company may make a discretionary matching contribution equal to a uniform percentage of the participant's salary deferrals. Each year, the Company will determine the amount of the discretionary percentage and have the option to disregard salary deferrals made each year that exceed a certain dollar amount or a certain percentage of the participant's compensation. In order to share in the matching contribution, the participant must be employed on the last day of the Plan year unless the Plan year was the year of the participant's death, disability or retirement. Matching contributions were $56,721 and $-0- for the years ended December 31, 2010 and 2009.

The Company may also contribute a discretionary profit sharing contribution. In order to share in the profit sharing contribution, the participant must be employed on the last day of the Plan year unless the Plan year was the year of the participant's death, disability or retirement. There were no profit sharing contributions for the years ended December 31, 2010 and 2009.

Withdrawals From the Plan

Participants will receive their account balance upon termination as prescribed by the Plan. The Plan provides for withdrawals upon attaining age 65.

NOTE A - DESCRIPTION OF THE PLAN - CONTINUED

Vesting

Participants are immediately vested in their voluntary and rollover contributions plus earnings thereon. Vesting in the Company's matching and profit sharing contributions portion of their accounts plus earnings thereon are based on years of continuous service. Vesting schedules are as follows:

Years of Vesting Service	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Participant Loans

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum of $50,000 or 50 percent of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates currently ranging from 4.25 percent to 8.75 percent, which are commensurate with local prevailing rates as determined quarterly by the Plan administrator. Principal and interest are paid ratably through weekly payroll deductions. Loans may be acquired for hardship reasons only as described by the Plan.

Plan Expenses

Plan expenses paid during the years ended December 31, 2010 and 2009 were $15,343 and $680. Plan expenses may be absorbed by the employer.

Forfeited Accounts

For the years ended December 31, 2010 and 2009, employer contributions were reduced by forfeited non-vested accounts in the amount of $13,118 and $30,724 respectively.

Participants' Account

All investments are participant directed. Participants receive quarterly statements from the administrator reflecting the current activity in their accounts.

Investment Options

Upon enrollment in the Plan, participants may direct their contributions into one of several investment options. Participants may change their investment options anytime.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan uses the accrual method of accounting.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - CONTINUED

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments 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 C for discussion of fair value measurements.

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

Payment of Benefits

Benefits are recorded when paid.

Plan Expenses

During 2009, all Plan expenses were paid by the Company with the exception of certain service fees which were paid by the Plan. For 2010, Plan expenses were paid by the Plan through the use of forfeitures.

Subsequent Events

The Plan has evaluated subsequent events through October 7, 2011, the date the financial statements were available to be issued.

NOTE C - FAIR VALUE MEASUREMENTS

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

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2010			
Mutual funds	$ 1,498,894	$ 1,498,894	$ -0-
Participant loans	54,139	-0-	54,139
Total	$ 1,553,033	$ 1,498,894	$ 54,139
December 31, 2009			
Mutual funds	$ 1,487,650	$ 1,487,650	$ -0-
Participant loans	53,666	-0-	53,666
Total	$ 1,541,316	$ 1,487,650	$ 53,666

NOTE C - FAIR VALUE MEASUREMENTS - CONTINUED

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 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 two levels of the fair value hierarchy under FASB ASC 820 used by this Plan are described as follows:

Level 1 Fair Value Measurements

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 3 Fair Value Measurements

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.

Following is a description of the valuation methodologies used for assets measured at fair value. 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.

Participant loans: Valued at amortized cost, which approximates fair value.

The following table sets forth a summary of changes in the fair value of the plan's level 3 assets for the years ended December 31, 2010 and 2009.

December 31, 2010	Participant Loans
Beginning balance	$ 53,666
Purchases, sales, issuances, and settlements (net)	473
Ending balance	$ 54,139
December 31, 2009	
Beginning balance	$ 44,641
Purchases, sales, issuances, and settlements (net)	9,025
Ending balance	$ 53,666

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

NOTE D - 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 a Plan termination, participants will become 100 percent vested in their accounts.

NOTE E - TAX STATUS

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTE F - INVESTMENTS

The following presents investments at December 31, 2010 and 2009 that represent 5 percent or more of the Plan net assets.

	2010	2009
Investment Company of America	$ 83,522	$ 77,666
The Growth Fund of America	106,568	104,824
American Funds Money Market Fund	627,018	671,537
American Balanced Fund	168,296	155,496
EuroPacific Growth Fund	137,115	121,058
Intermediate Bond Fund of America	128,749	128,149
Total	$ 1,251,268	$ 1,258,730

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated and (depreciated) in value as follows:

	2010	2009
Mutual Funds	$ 72,331	$ 90,338

NOTE G - 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.

NOTE H - INFORMATION PREPARED AND CERTIFIED BY THE AGENT ON BEHALF OF THE CUSTODIAN

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by the custodian in accordance with 20CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosing under the Employee Retirement Security Act of 1974 for the years ended December 31, 2010 and 2009.

	2010	2009
Investments at Fair Value:		
Funds Held in Trust		
Investments, at Fair Value	$ 1,498,894	$ 1,487,650
Notes Receivable from Participants	$ 54,139	$ 53,666
Net Appreciation (Depreciation) in Fair Value Of Investments	$ 72,331	$ 90,338
Dividend Income	$ 11,593	$ 10,888
Interest Income	$ 2,619	$ 2,702

NOTE I - DISTRIBUTIONS PAYABLE

At December 31, 2010 and 2009, net assets available for Plan benefits included $-0- and $2,607 respectively, for distributions to participants who have requested a distribution from the Plan prior to the end of the Plan year.

The Plan had a delinquent loan outstanding from a participant as of December 31, 2009 in the amount of approximately $1,650. This amount was taken as a distribution in 2010 with the participant receiving a form 1099R to report the income.

SUPPLEMENTAL SCHEDULES

T.H. RYAN CARTAGE CO./L & D DRIVERS SERVICE 401(k) PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2010

PLAN NUMBER: 003
FEIN: 36-2096450
FORM 5500, Schedule H, Part IV, Item 4i

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost of Asset	(e) Current Value
*	Investment Company of America	Value of int in regist invest Co	**	$ 83,522
*	The Growth Fund of America	Value of int in regist invest Co	**	106,568
*	American Funds Money Market Fund	Value of int in regist invest Co	**	627,018
*	American Balanced Fund	Value of int in regist invest Co	**	168,296
*	EuroPacific Growth Fund	Value of int in regist invest Co	**	137,115
*	Intermediate Bond Fund of America	Value of int in regist invest Co	**	128,749
*	Smallcap World Fund	Value of int in regist invest Co	**	58,129
*	American Funds 2010 Target Date Retirement Fund	Value of int in regist invest Co	**	15,232
*	American Funds 2015 Target Date Retirement Fund	Value of int in regist invest Co	**	49,434
*	American Funds 2020 Target Date Retirement Fund	Value of int in regist invest Co	**	28,931
*	American Funds 2025 Target Date Retirement Fund	Value of int in regist invest Co	**	43,727
*	American Funds 2030 Target Date Retirement Fund	Value of int in regist invest Co	**	29,043
*	American Funds 2035 Target Date Retirement Fund	Value of int in regist invest Co	**	16,981
*	American Funds 2040 Target Date Retirement Fund	Value of int in regist invest Co	**	3,789
*	American Funds 2050 Target Date Retirement Fund	Value of int in regist invest Co	**	2,360
	Loans	Interest at 4.25% - 8.75% Maturity generally within 5 years		54,139
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES			$ 1,553,033

* Known party in interest.
** Cost basis in not required to be reported for participant-directed accounts.

The accompanying notes are an integral part of this schedule.

T.H. RYAN CARTAGE CO./L & D DRIVERS SERVICE 401(k) PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2009

PLAN NUMBER: 003
FEIN: 36-2096450
FORM 5500, Schedule H, Part IV, Item 4i

	(b) Identity of Issue	(c) Description of Investment	(d) Cost of Asset	(e) Current Value
*	Investment Company of America	Value of int in regist invest Co	**	$ 77,666
*	The Growth Fund of America	Value of int in regist invest Co	**	104,824
*	American Funds Money Market Fund	Value of int in regist invest Co	**	671,537
*	American Balanced Fund	Value of int in regist invest Co	**	155,496
*	EuroPacific Growth Fund	Value of int in regist invest Co	**	121,058
*	Intermediate Bond Fund of America	Value of int in regist invest Co	**	128,149
*	Smallcap World Fund	Value of int in regist invest Co	**	51,106
*	American Funds 2010 Target Date Retirement Fund	Value of int in regist invest Co	**	13,653
*	American Funds 2015 Target Date Retirement Fund	Value of int in regist invest Co	**	49,525
*	American Funds 2020 Target Date Retirement Fund	Value of int in regist invest Co	**	27,624
*	American Funds 2025 Target Date Retirement Fund	Value of int in regist invest Co	**	35,503
*	American Funds 2030 Target Date Retirement Fund	Value of int in regist invest Co	**	22,043
*	American Funds 2035 Target Date Retirement Fund	Value of int in regist invest Co	**	24,224
*	American Funds 2040 Target Date Retirement Fund	Value of int in regist invest Co	**	3,166
*	American Funds 2050 Target Date Retirement Fund	Value of int in regist invest Co	**	2,075
	Loans	Interest at 4.25% - 8.75% Maturity generally within 5 years		53,667
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES			$ 1,541,316

* Known party in interest.
** Cost basis is not required to be reported for participant-directed accounts.

The accompanying notes are an integral part of this schedule.

T.H. RYAN CARTAGE CO./L & D DRIVERS SERVICE 401(k) PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2010

PLAN NUMBER: 003
FEIN: 36-2096450
FORM 5500, Schedule H, Part IV, Item 4i

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost of Asset	(e) Current Value
*	Investment Company of America	Value of int in regist invest Co	**	$ 83,522
*	The Growth Fund of America	Value of int in regist invest Co	**	106,568
*	American Funds Money Market Fund	Value of int in regist invest Co	**	627,018
*	American Balanced Fund	Value of int in regist invest Co	**	168,296
*	EuroPacific Growth Fund	Value of int in regist invest Co	**	137,115
*	Intermediate Bond Fund of America	Value of int in regist invest Co	**	128,749
*	Smallcap World Fund	Value of int in regist invest Co	**	58,129
*	American Funds 2010 Target Date Retirement Fund	Value of int in regist invest Co	**	15,232
*	American Funds 2015 Target Date Retirement Fund	Value of int in regist invest Co	**	49,434
*	American Funds 2020 Target Date Retirement Fund	Value of int in regist invest Co	**	28,931
*	American Funds 2025 Target Date Retirement Fund	Value of int in regist invest Co	**	43,727
*	American Funds 2030 Target Date Retirement Fund	Value of int in regist invest Co	**	29,043
*	American Funds 2035 Target Date Retirement Fund	Value of int in regist invest Co	**	16,981
*	American Funds 2040 Target Date Retirement Fund	Value of int in regist invest Co	**	3,789
*	American Funds 2050 Target Date Retirement Fund	Value of int in regist invest Co	**	2,360
	Loans	Interest at 4.25% - 8.75% Maturity generally within 5 years		54,139
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES			$ 1,553,033

* Known party in interest.
** Cost basis in not required to be reported for participant-directed accounts.

The accompanying notes are an integral part of this schedule.

T.H. RYAN CARTAGE CO./L & D DRIVERS SERVICE 401(k) PLAN
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
DECEMBER 31, 2009

PLAN NUMBER: 003
FEIN: 36-2096450
FORM 5500, Schedule H, Part IV, Item 4i

	(b) Identity of Issue	(c) Description of Investment	(d) Cost of Asset	(e) Current Value
*	Investment Company of America	Value of int in regist invest Co	**	$ 77,666
*	The Growth Fund of America	Value of int in regist invest Co	**	104,824
*	American Funds Money Market Fund	Value of int in regist invest Co	**	671,537
*	American Balanced Fund	Value of int in regist invest Co	**	155,496
*	EuroPacific Growth Fund	Value of int in regist invest Co	**	121,058
*	Intermediate Bond Fund of America	Value of int in regist invest Co	**	128,149
*	Smallcap World Fund	Value of int in regist invest Co	**	51,106
*	American Funds 2010 Target Date Retirement Fund	Value of int in regist invest Co	**	13,653
*	American Funds 2015 Target Date Retirement Fund	Value of int in regist invest Co	**	49,525
*	American Funds 2020 Target Date Retirement Fund	Value of int in regist invest Co	**	27,624
*	American Funds 2025 Target Date Retirement Fund	Value of int in regist invest Co	**	35,503
*	American Funds 2030 Target Date Retirement Fund	Value of int in regist invest Co	**	22,043
*	American Funds 2035 Target Date Retirement Fund	Value of int in regist invest Co	**	24,224
*	American Funds 2040 Target Date Retirement Fund	Value of int in regist invest Co	**	3,166
*	American Funds 2050 Target Date Retirement Fund	Value of int in regist invest Co	**	2,075
	Loans	Interest at 4.25% - 8.75% Maturity generally within 5 years		53,667
	TOTAL ASSETS HELD FOR INVESTMENT PURPOSES			$ 1,541,316

* Known party in interest.
** Cost basis is not required to be reported for participant-directed accounts.

The accompanying notes are an integral part of this schedule.