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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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, including room or suite number (Employer, if for single-employer plan)

CONSOLIDATED BUS TRANSIT COMPANY, INC.

50 SNEDIKER AVENUE
BROOKLYN, NY 11207

2b Employer Identification Number (EIN) 11-3046431

2c Sponsor's telephone number 718-346-9600

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.	10/15/2012	JODI GENOVESE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2012	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
718-346-9600

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**	169
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**	133
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	152
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	152
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	67
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
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)	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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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	89	01/01/2011	12/31/2011

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	6019

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
	6019		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		
	(c) Amount	(d) Purpose	(e) Organization code

(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	310060
5	Current value of plan's interest under this contract in separate accounts at year end	5	1156344

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.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ VARIABLE ANNUITY

b	Balance at the end of the previous year			7b	264893
c	Additions: (1) Contributions deposited during the year	7c(1)	231447		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	10185		
	(4) Transferred from separate account	7c(4)	127126		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	368758
d	Total of balance and additions (add **b** and **c(6)**).			7d	633651
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	126090		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	196566		
	(4) Other (specify below)	7e(4)	935		
	▶ TRANSFERS TO OTHER ACCOUNT, TPA FEES, VALUE ADJ.				
	(5) Total deductions			7e(5)	323591
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	310060

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 organizations(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.**	**2011** **This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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 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

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

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

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

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

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

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

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

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

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

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

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

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 [ ]	18050	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]	6986	Yes [ ] No [X]

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

ING LIFE INSURANCE AND ANNUITY COMP

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 [ ]	18050	Yes [ ] No [X]

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 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		Yes [X] No [ ]	Yes [ ] No [X]	6986	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 [ ]

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	1110

(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/REMIBURSEMENT 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	1367

(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	1508

(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/REMIBURSEMENT 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	1144

(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 INTERNATIONAL INDEX PORT I PO BOX 990067 HARTFORD, CT 06199-1268 71-0294708	SUB-TRANSFER/REMIBURSEMENT 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	1263

(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 I PO BOX 990067 HARTFORD, CT 06199-1268 71-0294708	SUB-TRANSFER/REMIBURSEMENT 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	1577

(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 TROWE PRICE DIVR MIDCP GR PT I PO BOX 990067 HARTFROD, CT 06199-1268 71-0294708	SUB-TRANSFER/REMIBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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 CLARION GLOBAL REAL ESTATE 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	44320

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	283526

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	26535

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	81423

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	21063

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	40808

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	23041

a Name of MTIA, CCT, PSA, or 103-12 IE: ING INDEX PLUS SMALLCAP 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)	11865
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)	101964
a Name of MTIA, CCT, PSA, or 103-12 IE: ING GROWTH AND INCOME PORT-C1			
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)	36986
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)	47107
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)	51325
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)	3663
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)	71933
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)	26252
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)	44713
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)	78849

a Name of MTIA, CCT, PSA, or 103-12 IE: ING MONEY MARKET PORTFOLLIO CLASS 1

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) 132029

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) 46457

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) 2974

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) 30172

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) 31063

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) 15054

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) 96298

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) 53299

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) 28156

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) 27660

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) 7872

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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)	93517	85276
(2) Participant contributions	1b(2)	4670	4606
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	124515	132029
(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)	1018998	1024315
(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)	264893	310060
(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	1506593	1556286
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	
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1506593	1556286

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)	85395	
(B) Participants	2a(1)(B)	132561	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		217956
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)	33	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		33
(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)		
(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)		

		(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)		
(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)		-41280
(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		176709
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	126081	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		126081
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)	935	
(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)		935
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		127016
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		49693
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		57601
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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. 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): _____

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):

CONSOLIDATED BUS TRANSIT COMPANY
401(k) PLAN

BROOKLYN, NEW YORK

DECEMBER 31, 2011

CONSOLIDATED BUS TRANSIT COMPANY
401(k) PLAN

BROOKLYN, NEW YORK

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2011 AND 2010

CONTENTS

	PAGES
Financial statements:	
Independent auditors' report	1
Statements of net assets available for benefits	2
Statements of changes in net assets available for benefits	3
Notes to financial statements	4 - 13
Supplementary information:	
Schedule H, line 4i - Schedule of assets (held at year end)	14
Schedule H, part IV, line 4a - Schedule of delinquent deposits	15

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, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years ended December 31, 2011 and 2010 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, 2011. 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 10, 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, 2011 and 2010, 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 L.L.P.

Latham, New York
October 9, 2012

CONSOLIDATED BUS TRANSIT COMPANY 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
INVESTMENTS (Notes 3 - 5)	$ 1,475,335	$ 1,417,439
RECEIVABLES:		
Employer's contribution	$ 85,276	$ 93,517
Participants' contribution	4,606	4,670
Total receivables	$ 89,882	$ 98,187
Total assets	$ 1,565,217	$ 1,515,626
NET ASSETS AVAILABLE FOR BENEFITS	**$ 1,565,217**	**$ 1,515,626**

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, 2011 AND 2010

	2011	2010
ADDITIONS (SUBTRACTIONS) TO NET ASSETS ATTRIBUTED TO:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments (Note 3)	$ (41,382)	$ 133,404
Lost earnings on late deposits of participant contributions (Note 8)	20	15
Interest income	13	-
Total investment income (loss)	$ (41,349)	$ 133,419
CONTRIBUTIONS:		
Participants	$ 132,561	$ 136,585
Employer	85,395	98,823
Total contributions	$ 217,956	$ 235,408
Total investment income (loss) and contributions	$ 176,607	$ 368,827
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants (Note 6)	(126,081)	(30,594)
Rollovers to qualified plans (Note 6)	-	(50,607)
Corrective distributions (Note 6)	-	(3,599)
Administrative expenses (Note 9)	(935)	-
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	$ 49,591	$ 284,027
NETS ASSETS AVAILABLE FOR BENEFITS - BEGINNING	1,515,626	1,231,599
NET ASSETS AVAILABLE FOR BENEFITS - END	**$ 1,565,217**	**$ 1,515,626**

See notes to financial statements

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 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 2011, 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, a participant is entitled to a lump-sum amount equal to the value of the participant's vested interest in his or her account.

f) Forfeited Accounts

At December 31, 2011 and 2010, forfeited non-vested accounts totaled $20,912 and $18,489. These accounts will be used to reduce future employer contributions. In 2011, there were no reductions of forfeited non-vested accounts to reduce employer contributions.

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.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) 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 October 9, 2012, 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.

g) Reclassifications

Certain amounts from the prior year have been reclassified to conform to the current year's presentation. The reclassifications have no effect on the increase in nets available for benefits.

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.

	2011	2010
ING Life Insurance and Annuity Company:		
ING Long Term Guaranteed Accumulation Account	$ 290,377	$ 255,741
ING Money Market Portfolio	132,029	124,515
ING Small Company Portfolio	101,964	92,210
ING T. Rowe Price Diversified Mid Cap Growth Portfolio	96,298	102,007
ING Strategic Allocation Growth Portfolio	81,423	75,968
ING International Index Equity Portfolio	78,849	91,740
Fidelity VIP Equity-Income Portfolio	71,933	73,175
Other	622,462	602,083
TOTAL INVESTMENTS	**$ 1,475,335**	**$ 1,417,439**

During the twelve months ended December 31, 2011, the Plan's investments (including investments bought, sold and held during the year) depreciated in value by $41,382 as follows:

Mutual funds	$ (51,558)
Guaranteed accumulation account	9,484
Fixed account investment	692
NET DEPRECIATION IN FAIR VALUE	**$ (41,382)**

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, 2011 and 2010:

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, 2011 and 2010:

December 31, 2011	Level 1	Level 2	Level 3	Total
Investments, at fair value:				
Mutual funds:				
Blend funds	$ 588,867	$ -	$ -	$ 588,867
Growth funds	262,015	-	-	262,015
Fixed income funds	177,255	-	-	177,255
Value funds	128,206	-	-	128,206
Guar. accumulation acct.	-	-	290,377	290,377
Fixed acct. investment	-	-	28,615	28,615
Total Assets at Fair Value	**$ 1,156,343**	**$ -**	**$ 318,992**	**$ 1,475,335**

December 31, 2010	Level 1	Level 2	Level 3	Total
Investments, at fair value:				
Mutual funds:				
Blend funds	$ 580,754	$ -	$ -	$ 580,754
Growth funds	271,130	-	-	271,130
Fixed income funds	165,366	-	-	165,366
Value funds	126,264	-	-	126,264
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**

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, 2011:

	Guar. Accum. Account	Fixed Acct. Investment
Balance, beginning of the year	$ 255,741	$ 18,184
Unrealized gains relating to instruments still held at reporting date	9,484	692
Purchases, sales, issuances, and settlements, net	25,152	9,693
Transfers into Level 3 assets*	-	46
Balance, December 31, 2011	**$ 290,377**	**$ 28,615**

*Transferred from Level 1 to Level 3 at the direction of the participant. The Company's policy is to recognize transfers in and out as of the actual date of the participant's request.

The amount of total gains for the period included in changes in net assets attributable to the change in unrealized gains relating to assets still held at the reporting date.	$ 9,484	$ 692

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

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

INVESTMENT CONTRACTS (Cont.)

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.

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 $126,081 and $84,800 were paid to or on behalf of participants for the plan years ended December 31, 2011 and December 31, 2010. These distributions include payments of $0 and $3,599 for the plan years ended December 31, 2011 and 2010 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) PROHIBITED TRANSACTION

As required by ERISA Section 2510.3-102, the Plan Sponsor is required to deposit employee contributions when the assets can be reasonably segregated from the general assets of the company. During the Plan years ended December 31, 2011 and 2010, there were deposits of participant contributions which have been determined to be late. The Plan Sponsor has made interest payments of $20 and $15 for Plan years ended December 31, 2011 and 2010 to compensate the Plan participants for investment earnings relating to this prohibited transaction.

9) 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, 2011 and 2010:

	2011	2010
Included in net appreciation (depreciation) in fair value of investments:		
ING Life Insurance and Annuity Company- Trustee, commissions and management fees	$ 18,050	$ 21,762
UBS Financial Services -Investment broker commissions	6,019	3,005
Citigroup Life Agency, Inc. - Investment broker commissions	-	1,967
Total included in net appreciation (depreciation) in fair value of investments	$ 24,069	$ 26,734
Included in administrative expenses:		
Creative Pension Consultants, Inc. - Third party administrator	$ 935	$ -
Total included in administrative expenses	$ 935	$ -
TOTAL RELATED PARTY TRANSACTIONS	**$ 25,004**	**$ 26,734**

10) 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.

	2011	2010
Mutual funds	$ 1,156,343	$ 1,143,514
Guaranteed accumulation account	290,377	255,741
Fixed account investment	28,615	18,184
Investment income (loss)	$ (41,382)	$ 133,404

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:

	2011	2010
Net assets available for benefits per the financial statements	$ 1,565,217	$ 1,515,626
Fair value adjustment	(8,931)	(9,033)
NET ASSETS AVAILABLE FOR BENEFITS PER SCHEDULE H OF THE FORM 5500	**$ 1,556,286**	**$ 1,506,593**

The following is a reconciliation of changes in net assets per the financial statements for the year ended December 31, 2011 to Schedule H of the Form 5500:

Increase in net assets available for benefits per the financial statements	$ 49,591
Fair value adjustment - net	102
INCREASE IN ASSETS AVAILABLE FOR BENEFITS PER SCHEDULE H OF THE FORM 5500	**$ 49,693**

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) TAX STATUS

On March 31, 2008, the Internal Revenue Service stated that the prototype adopted by the Plan, as designed, qualifies under Internal Revenue Code (IRC) Section 401(a). The Plan has not received a determination letter specific to the Plan itself; however the plan administrator and the Plan's tax counsel believe that the Plan was designed and was being operated in compliance with the applicable requirements of the IRS. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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, 2011, 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 2008.

13) 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, 2011

IDENTITY OF ISSUE * - Identifies party-in-interest	DESCRIPTION OF INVESTMENT	CURRENT VALUE
ING Long Term Guaranteed Accum. Account*	Guaranteed Accumulation Account	$ 290,377
ING Money Market Portfolio*	Mutual Fund	132,029
ING Small Company Portfolio*	Mutual Fund	101,964
ING T. Rowe Price Diver. Mid Cap Growth*	Mutual Fund	96,298
ING Strategic Allocation Growth Portfolio*	Mutual Fund	81,423
ING International Index Portfolio*	Mutual Fund	78,849
Fidelity VIP Equity-Income Portfolio	Mutual Fund	71,933
ING Van Kampen Equity and Inc. Portfolio*	Mutual Fund	53,299
Invesco V.I. Core Equity Fund	Mutual Fund	51,325
Invesco V.I. Capital Appreciation Fund	Mutual Fund	47,107
ING Blackrock Large Cap Growth Portfolio*	Mutual Fund	46,457
Fidelity VIP Contrafund Portfolio	Mutual Fund	44,713
ING Clarion Global Real Estate Portfolio*	Mutual Fund	44,320
ING Strategic Allocation Conservative Port.*	Mutual Fund	40,808
ING Growth and Income Portfolio*	Mutual Fund	36,986
ING Baron Small Cap Growth Portfolio*	Mutual Fund	31,063
ING Global Bond Portfolio*	Mutual Fund	30,172
ING Fixed Account*	Fixed Account Investment	28,615
ING T. Rowe Price Int'l. Stock Portfolio*	Mutual Fund	28,156
ING JPMorgan Emerging Mrkts. Equity Port.*	Mutual Fund	27,660
ING T. Rowe Price Growth Equity Portfolio*	Mutual Fund	26,252
ING Index Plus Large Cap Portfolio*	Mutual Fund	23,041
ING Strategic Allocation Moderate Portfolio*	Mutual Fund	21,063
ING PIMCO Total Return Portfolio*	Mutual Fund	15,054
ING Index Plus Small Cap Portfolio*	Mutual Fund	11,865
ING Artio Foreign Portfolio*	Mutual Fund	7,872
ING UBS US Large Cap Equity Portfolio*	Mutual Fund	3,663
Lord Abbett Series Fund-Growth and Income	Mutual Fund	2,971
TOTAL ASSETS HELD FOR INVESTMENT		**$ 1,475,335**

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, 2011

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
January late contributions	$ -	$ 10,483	$ -	$ -
February late contributions	-	5,622	-	-
March late contributions	-	5,066	-	-
April late contributions	-	7,412	-	-
May late contributions	-	4,849	-	-
June late contributions	-	7,317	-	-
July late contributions	-	4,952	-	-
August late contributions	-	2,372	-	-
September late contributions	-	2,467	-	-
December late contributions	-	7,061	-	-
	$ -	$ 57,601	$ -	$ -

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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For the calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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, including room or suite number (Employer, if for single-employer plan)

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) 346-9600

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	Jodi Genovese	10/11/12	Jodi Genovese
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Jodi Genovese	10/11/12	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

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, 2011

IDENTITY OF ISSUE * - Identifies party-in-interest	DESCRIPTION OF INVESTMENT	CURRENT VALUE
ING Long Term Guaranteed Accum. Account*	Guaranteed Accumulation Account	$ 290,377
ING Money Market Portfolio*	Mutual Fund	132,029
ING Small Company Portfolio*	Mutual Fund	101,964
ING T. Rowe Price Diver. Mid Cap Growth*	Mutual Fund	96,298
ING Strategic Allocation Growth Portfolio*	Mutual Fund	81,423
ING International Index Portfolio*	Mutual Fund	78,849
Fidelity VIP Equity-Income Portfolio	Mutual Fund	71,933
ING Van Kampen Equity and Inc. Portfolio*	Mutual Fund	53,299
Invesco V.I. Core Equity Fund	Mutual Fund	51,325
Invesco V.I. Capital Appreciation Fund	Mutual Fund	47,107
ING Blackrock Large Cap Growth Portfolio*	Mutual Fund	46,457
Fidelity VIP Contrafund Portfolio	Mutual Fund	44,713
ING Clarion Global Real Estate Portfolio*	Mutual Fund	44,320
ING Strategic Allocation Conservative Port.*	Mutual Fund	40,808
ING Growth and Income Portfolio*	Mutual Fund	36,986
ING Baron Small Cap Growth Portfolio*	Mutual Fund	31,063
ING Global Bond Portfolio*	Mutual Fund	30,172
ING Fixed Account*	Fixed Account Investment	28,615
ING T. Rowe Price Int'l. Stock Portfolio*	Mutual Fund	28,156
ING JPMorgan Emerging Mrkts. Equity Port.*	Mutual Fund	27,660
ING T. Rowe Price Growth Equity Portfolio*	Mutual Fund	26,252
ING Index Plus Large Cap Portfolio*	Mutual Fund	23,041
ING Strategic Allocation Moderate Portfolio*	Mutual Fund	21,063
ING PIMCO Total Return Portfolio*	Mutual Fund	15,054
ING Index Plus Small Cap Portfolio*	Mutual Fund	11,865
ING Artio Foreign Portfolio*	Mutual Fund	7,872
ING UBS US Large Cap Equity Portfolio*	Mutual Fund	3,663
Lord Abbett Series Fund-Growth and Income	Mutual Fund	2,971
TOTAL ASSETS HELD FOR INVESTMENT		**$ 1,475,335**

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

For the plan year beginning 01/01/2011 and ending 12/31/2011

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	
	ING VP Money Market Portfolio	Money Market Account		
	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	Mutual Fund		
	ING T. Rowe Price Growth Equit	Mutual Fund		
	ING Index Plus Large Cap Port	Mutual Fund		
	ING Strategic Allocation Moder	Mutual Fund		
	ING Fixed Account	Fixed Account Investment		
	ING Artio Foreign Port	Mutual Fund		
	ING PIMCO Total Return Porrt	Mutual Fund		
	ING Index Plus Small Cap Portf	Mutual Fund		
	ING UBS US Large Cap Equity Po	Mutual Fund		
	Lord Abbett Series Fund-Growth	Mutual Fund		

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

For the plan year beginning 01/01/2011 and ending 12/31/2011

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	
	ING VP Money Market Portfolio	Money Market Account		
	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 01/01/2011 and ending 12/31/2011

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	
	ING VP Money Market Portfolio	Money Market Account		
	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	Mutual Fund		
	ING T. Rowe Price Growth Equit	Mutual Fund		
	ING Index Plus Large Cap Port	Mutual Fund		
	ING Strategic Allocation Moder	Mutual Fund		
	ING Fixed Account	Fixed Account Investment		
	ING Artio Foreign Port	Mutual Fund		
	ING PIMCO Total Return Porrt	Mutual Fund		
	ING Index Plus Small Cap Portf	Mutual Fund		
	ING UBS US Large Cap Equity Po	Mutual Fund		
	Lord Abbett Series Fund-Growth	Mutual Fund		

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2011 and Ending 12/31/2011
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	
$57,601		$57,601		

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2011 and Ending 12/31/2011
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	
$57,601		$57,601		