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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 03/01/2015 and ending 02/29/2016

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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. . . . . ▶ [X]

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
WESTSIDE TRANSIT LINES- A.T.U. PENSION PLAN

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 03/01/1987

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRANSDEV SERVICES, INC.

720 BUTTERFIELD RD.
SUITE 300
LOMBARD, IL 60148

2b Employer Identification Number (EIN) 52-1493194

2c Plan Sponsor's telephone number 630-571-7070

2d Business code (see instructions) 485110

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.	12/14/2016	DERRICK BREUN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BOARD OF TRUSTEES OF WESTSIDE TRANSIT
ATU PENSION
90 FIRST STREET
GRETNA, LA 70054

3b Administrator's EIN: 36-3637275

3c Administrator's telephone number: 708-474-6404

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**	116
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	111
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	116
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	13
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	129
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	129
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	122
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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 Characteristics Codes in the instructions:
2C 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)	☐		**I** (Financial Information – Small Plan)
(3)	☐	0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	☐		**D** (DFE/Participating Plan Information)
(6)	☐		**G** (Financial Transaction Schedules)

Part III **Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

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.**	**2015** **This Form is Open to Public Inspection.**

For calendar plan year 2015 or fiscal plan year beginning 03/01/2015 and ending 02/29/2016

A Name of plan
WESTSIDE TRANSIT LINES- A.T.U. PENSION PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
TRANSDEV SERVICES, INC.

D Employer Identification Number (EIN)
52-1493194

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

EAGLE CAPITAL MANAGEMENT, LLC

3850 NORTH CAUSEWAY BLVD.
SUITE 1090
METAIRIE, LA 70002

72-1467823

(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?
27 71 28 51	ADVISOR	92979	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

KUSHNER LAGRAIZE, LLC

3330 W. ESPLANADE AVE.
SUITE 100
METAIRIE, LA 70002

72-1042866

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 15	AUDITOR	26094	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GULF COAST BANK & TRUST COMPANY

200 ST. CHARLES AVE
NEW ORLEANS, LA 70130

72-1167423

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 19 64 18	RECORDKEEPER	13032	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

THE HASLAUER GROUP, INC.

700 HICKORY AVE.
HARAHAN, LA 70123

72-1487108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64	TPA	10160	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning 03/01/2015 and ending 02/29/2016

A Name of plan
WESTSIDE TRANSIT LINES- A.T.U. PENSION PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
TRANSDEV SERVICES, INC.

D Employer Identification Number (EIN)
52-1493194

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	11888	14797
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	18397	0
(2) Participant contributions	1b(2)	11239	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	534924	1641715
(2) U.S. Government securities	1c(2)	1125976	551421
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1109296	2911641
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	4351572	1762902
(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)		
(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)		
(15) Other	1c(15)	172881	183015

			(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	7336173	7065491
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	7336173	7065491

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)	461191	
	(B) Participants	2a(1)(B)	279886	
	(C) Others (including rollovers)	2a(1)(C)	8	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		741085
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)	336	
	(C) Corporate debt instruments	2b(1)(C)	50809	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		51145
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	58940	
	(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)		58940
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	7045173	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	7386645	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-341472
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	147602	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		147602

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		15822
d Total income. Add all **income** amounts in column (b) and enter total	2d		673122
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	778722	
(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)		778722
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)	45235	
(2) Contract administrator fees	2i(2)	23192	
(3) Investment advisory and management fees	2i(3)	92979	
(4) Other	2i(4)	3676	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		165082
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		943804
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-270682
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: KUSHNER LAGRAIZE, LLC **(2)** EIN: 72-1042866

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

		Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X		

		Yes	No	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X		
e Was this plan covered by a fidelity bond?	4e	X			500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X		
l Has the plan failed to provide any benefit when due under the plan?	4l		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n				
o Did the plan trust incur unrelated business taxable income?	4o				
p Were in-service distributions made during the plan year?	4p				

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ..... ☐ Yes ☐ No ☐ Not determined

Part V Trust Information

6a Name of trust

6b Trust's EIN

6c Name of trustee or custodian

6d Trustee's or custodian's telephone number

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

2015

This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 03/01/2015 and ending 02/29/2016

A Name of plan
WESTSIDE TRANSIT LINES- A.T.U. PENSION PLAN

B Three-digit plan number (PN) ▶ 007

C Plan sponsor's name as shown on line 2a of Form 5500
TRANSDEV SERVICES, INC.

D Employer Identification Number (EIN)
52-1493194

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): 36-3637275

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	6

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	461191
b	Enter the amount contributed by the employer to the plan for this plan year	6b	461191
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	0

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (a) through (c)

a Enter the percentage of plan assets held as:
Stock: 0.0% 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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII IRS Compliance Questions

20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A

22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____ (See instructions for tax law changes and codes).

22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter _____/_____/_____ and the letter's serial number _____.

22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter _____/_____/_____.

23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN

AUDITED FINANCIAL STATEMENTS

February 29, 2016 and February 28, 2015

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN

TABLE OF CONTENTS

February 29, 2016 and February 28, 2015

	PAGE
INDEPENDENT AUDITORS' REPORT	1-2
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements	5-13
SUPPLEMENTAL SCHEDULES	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14
Schedule H, Line 4i – Schedule of Assets (Acquired and Disposed of Within Year)	15 - 16
Schedule H, Line 4j – Schedule of Reportable Transactions	17 - 18

Kushner LaGraize, L.L.C.

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Westside Transit Lines - A.T.U. Pension Plan

Report on the Financial Statements

We have audited the accompanying financial statements of Westside Transit Lines – A.T.U. Pension Plan (the Plan), which comprise the statements of nets assets available for benefits as of February 29, 2016 and February 28, 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 Notes 3 and 4, which was certified by Gulf Coast Bank and Trust, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended February 29, 2016 and February 28, 2015, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters

The supplemental schedules of Assets Held at End of Year, Assets Acquired and Disposed of Within Year, and Reportable Transactions as of or for the year ended February 29, 2016 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do no express and opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the information certified by the custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is 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.

Metairie, Louisiana
December 7, 2016

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
February 29, 2016 and February 28, 2015

ASSETS

	2016	2015
Investments at fair value		
United States equities	$ 1,945,916	$ 3,253,952
Equity exchange traded funds	-	1,270,501
U.S. government securities	551,421	553,720
Corporate notes and bonds	2,911,641	1,109,296
Fixed income exchange traded funds	-	572,255
Total Investments	5,408,978	6,759,724
Receivables		
Employer contributions	-	18,397
Participant contributions	-	11,239
Accrued income	14,797	11,888
	14,797	41,524
Cash and cash equivalents	1,641,715	534,924
TOTAL ASSETS	7,065,490	7,336,172

LIABILITIES

Accrued expenses	18,552	22,885
TOTAL LIABILITIES	18,552	22,885
NET ASSETS AVAILABLE FOR BENEFITS	$ 7,046,938	$ 7,313,287

See Notes to Financial Statements.

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended February 29, 2016 and February 28, 2015

	2016	2015
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income		
Net appreciation in fair value of investments	$ -	$ 230,361
Interest and dividends	112,993	110,096
Other income	12,910	592
	125,903	341,049
Less investment expenses	92,205	92,450
Net investment income	33,698	248,599
Contributions		
Employer	461,197	467,475
Participants	279,889	286,092
Total Contributions	741,086	753,567
Total Additions	774,784	1,002,166
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net deprecation in fair value of investments	193,868	-
Benefits paid to and for participants	778,722	893,943
Administrative expenses	68,543	81,202
Total Deductions	1,041,133	975,145
NET INCREASE (DECREASE) IN NET ASSETS	(266,349)	27,021
NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR	7,313,287	7,286,266
NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR	$ 7,046,938	$ 7,313,287

See Notes to Financial Statements.

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
February 29, 2016 and February 28, 2015

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Westside Transit Lines - A.T.U. Pension Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

1. **General.** TransDev Services, Inc., formerly Veolia Transportation Services, Inc. (Westside Transit Division) is the Plan sponsor as well as the employer. The Plan is a defined contribution plan covering all full-time eligible class employees (employees covered by the collective bargaining agreement between the employer and the union and non-collectively bargained employees who are not highly compensated) of the employer who have at least one year of service and who are age 21 or older. Each employee shall participate in the Plan beginning on the first day of the month once the eligibility requirement has been satisfied.

   The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

   On October 10, 2013, the Plan was amended and restated effective January 1, 2014 to include an amount of employer contributions and mandatory employee contributions for the River Parish Transit employees that are eligible to receive an allocation by means of the collective bargaining agreement. These participants are required to defer 3% of their compensation as a condition to receiving an employer contribution of 0.5% of their compensation as defined in the Plan document.

   The Plan was amended and restated effective March 1, 2016 to include language related to the Pension Protection Act and change the language so that the union contracts are incorporated by reference.

2. **Contributions.** The funding of the Plan is by employer and participant contributions based on a percentage of eligible gross salary. For the years ended February 29, 2016 and February 28, 2015, for fixed route employees, participant contributions and employer contributions were 7% and 12.5% respectively, of eligible gross salary. Effective January 27, 2013, para-transit employees, participant and employer contributions were 3% and 0.25%, respectively, of eligible gross salary. Effective April 1, 2015, paratransit employees, employer contributions increased to .80% of eligible gross salary. Effective January 1, 2014, River Parish Transit employees, participant and employer contributions were 3% and 0.5%, respectfully, of eligible gross salary. Effective October 1, 2015 and February 1, 2016, River Parish Transit employees, employer contributions increased to 1.5% and 2.5%, respectfully, of eligible gross salary.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

3. **Participant Accounts.** The fund consists of two accounts for each participant: the participant's account (consisting of participant contributions plus earnings thereon), and the employer's account (consisting of employer's contributions plus earnings thereon less expenses of the Plan).

4. **Vesting.** Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the employer's contributions portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 0% vested before completing 3 years of credited service and 100% vested thereafter.

5. **Payment of Benefits.** Upon termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account, a qualified optional survivor annuity, or a qualified joint and survivor annuity. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

6. **Plan Expenses.** The Plan incurs fees for administrative services provided by the asset custodian and third party administrator as well as legal and accounting fees. Fees for investment services are provided by an investment manager. The respective fees are charged directly to the employer's account within the participants account and are included in the Statement of Changes of Net Assets Available for Benefits as administrative or investment expenses.

7. **Forfeited Accounts.** At February 29, 2016 and February 28, 2015, unapplied forfeited nonvested account assets totaled $0 and $6, respectively. These accounts can be used in the following order: (i) restore any previously forfeited accounts of participants who have been reemployed and are entitled to a restoration of the forfeited portion; (ii) fund any employer contributions required under USERRA with respect to qualified military service; (iii) pay administrative expenses of the Plan and; (iv) allocated to the Participants' Employer Contribution account. Forfeitures were utilized during the Plan year ended February 29, 2016 and February 28, 2015 to pay administrative expenses of the Plan.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

8. **Administration**. The Plan's assets are held by Gulf Coast Bank & Trust as custodian. The assets are managed by Eagle Capital Management, L.L.C. (Eagle). Eagle has the discretionary authority to invest and reinvest the assets of the Plan, pursuant to investment guidelines provided by the trustees. The Plan used Haslauer Group to perform the compliance testing and prepare the Form 5500 for the years ended February 29, 2016 and February 28, 2015.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting.

Investments

The Plan's investments are stated at fair value as provided by the asset custodian. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Estimates

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

Benefits

Benefits are recorded when paid.

Risks and Uncertainties

The Plan provides for various investment options in any combination of United States government securities, corporate notes and bonds, common stocks and equities, exchange traded funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits and participant account balances.

NOTE 3 - INVESTMENTS (Unaudited)

The following information included in the accompanying financial statements was obtained from data that has been prepared and certified as complete and accurate by the custodian:

	2016		2015	
	Cost	Fair Value	Cost	Fair Value
Investments at fair value as determined by quoted market prices				
United States equities	$ 1,237,457	$ 1,945,916	$ 2,463,918	$ 3,253,952
Equity exchange traded funds	-	-	1,136,430	1,270,501
Corporate notes and bonds	2,931,745	2,911,641	1,112,325	1,109,296
Government securities	554,023	551,421	554,023	553,720
Fixed income exchange traded funds	-	-	571,116	572,255
Total investments at fair value	$ 4,723,225	$ 5,408,978	$ 5,837,812	$ 6,759,724

During 2016 and 2015, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated), as follows:

	2016	2015
Investments at fair value as determined by quoted market prices		
United States government securities	$ (2,299)	$ (303)
Corporate notes and bonds	(28,430)	(3,029)
United States equities	37,340	202,150
Foreign equities	(108,030)	(1,236)
Equity exchange traded funds	(92,939)	71,939
Fixed income exchange traded funds	490	(39,160)
Net appreciation (depreciation) in fair value of investments	$ (193,868)	$ 230,361

NOTE 3 - INVESTMENTS (Unaudited) (Continued)

There were seven investments as indicated below, representing 5% or more of the Plan's net assets at February 29, 2016 and four representing 5% or more at February 28, 2015.

	2016	2015
Bank of America Corp Note 08/25/2017	$ 298,561	$ *
Citigroup Inc. Notes 11/15/2016	549,878	549,091
Dr. Pepper Snapple Notes 1/15/2016	*	560,072
FHLMC Notes 3/8/2017	551,568	*
FHLB Notes 3/8/2017	*	553,008
Schwab Short-Term Treasury ETF	*	572,225
Goldman Sachs Note 01/22/2018	603,682	*
J.P. Morgan Chase Note 07/05/2016	403,102	*
Lab Corp of America Note 08/23/2017	501,157	*
Wells Fargo & Co. Note 05/08/2017	555,386	*

* Asset does not represent 5% or more of the Plan's net assets available for Plan benefits.

NOTE 4 - FAIR VALUE MEASUREMENTS (Unaudited)

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

LEVEL 1 Inputs to the valuation methodology are unadjusted quoted prices for the 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.

NOTE 4 - FAIR VALUE MEASUREMENTS (Unaudited) (Continued)

LEVEL 3 Inputs to the valuation methodology are unobservable and significant to the value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for the Plan's assets measured at fair value. There have been no changes in the methodologies used at February 29, 2016 and February 28, 2015.

Common Stocks, Corporate Bonds, Equities, Exchange Traded Funds and U. S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with the 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 29, 2016.

	ASSETS AT FAIR VALUE AS OF FEBRUARY 29, 2016			
	Level 1	Level 2	Level 3	Total
U.S. equities	$ 1,945,916	$ -	$ -	$ 1,945,916
Corporate bonds and notes	2,911,641	-	-	2,911,641
U.S. Government securities	551,421	-	-	551,421
Total Assets at Fair Value	$ 5,408,978	$ -	$ -	$ 5,408,978

NOTE 4 - FAIR VALUE MEASUREMENTS (Unaudited) (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of February 28, 2015.

	ASSETS AT FAIR VALUE AS OF FEBRUARY 28, 2015			
	Level 1	Level 2	Level 3	Total
U.S. equities	$ 3,253,952	$ -	$ -	$ 3,253,952
Corporate bonds and notes	1,109,296	-	-	1,109,296
Equity exchange traded funds	1,270,501	-	-	1,270,501
U.S. Government securities	553,720	-	-	553,720
Fixed income exchange traded funds	572,255	-	-	572,255
Total Assets at Fair Value	$ 6,759,724	$ -	$ -	$ 6,759,724

NOTE 5 - CASH AND CASH EQUIVALENTS

Cash and cash equivalents at February 29, 2016 and February 28, 2015, consisted of amounts invested in money market accounts with variable interest rates. At February 29, 2016 and February 28, 2015, respectively, cash and cash equivalents totaled $1,641,715 and $534,924.

NOTE 6 - PLAN TERMINATION

Although it has not expressed any intent to do so, the employer 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 will become 100% vested in their accounts.

NOTE 7 - TAX STATUS

The Plan obtained its latest determination letter of July 14, 2011, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 7 - TAX STATUS (Continued)

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan has taken uncertain tax positions that more likely than not would be sustained upon the examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of February 29, 2016, 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 recognizes the tax benefit from uncertain tax positions only if it is "more likely than not" the tax position will be sustained on examination by the taxing authorities. To the extent the Plan's assessment of such tax positions change, the change will be recorded in the period in which the determination is made. No adjustments were required for the year ended February 29, 2016. The Plan's Form 5500 for the years ended February 28, 2013, 2014 and 2015 remain subject to examination by the taxing authorities. The 2016 Form 5500 has not yet been filed.

NOTE 8 - LABOR CONTRACT

The Plan sponsor executed a labor contract with the Amalgamated Transit Union Joint Council Division No. 1535 for fixed route employees, which covers the period April 1, 2012 through March 31, 2015. Under the contract, participants contribute 7% of eligible gross salary and the employer contributes 12.5% of eligible gross salary. On March 11, 2015, the Plan sponsor renewed their labor contract effective April 1, 2015 through March 31, 2018. Under the new contract, effective April 1, 2016, the employer will contribute 13% of eligible gross salary.

The Plan sponsor executed a contract with the Amalgamated Transit Union Joint Council Division No. 1535 for paratransit employees, which covers the period April 1, 2012 through March 31, 2015. Under the contract, participants contribute 3.0% of eligible gross salary and the employer contributes 0.25% of eligible gross salary in accordance with the Plan amendment effective January 27, 2013. On December 19, 2014, the Plan sponsor renewed their labor contract effective April 1, 2015 through March 31, 2018 increasing the employer contribution to .80% from .25%. In addition, effective April 1, 2016, employer contributions will increase to 1.80% from .80% of eligible gross salary.

NOTE 8 - LABOR CONTRACT (Continued)

The Plan sponsor executed a contract with the Amalgamated Transit Union Joint Council Division No. 1535 for River Parish Division employees, which covers the period July 1, 2013 through June 30, 2015. Under this contract, participants contribute 3% of eligible gross salary and the employer contributes 0.5% of eligible gross salary in accordance with Plan amendment effective January 1, 2014. On August 7, 2015, the Plan sponsor renewed their labor contract effective July 1, 2015 through June 30, 2018. Under the new contract, effective October 1, 2015 and February 1, 2016, employer contributions will increase from .5% to 1.5%, and 1.5% to 2.5%, respectively, of gross eligible salary.

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Net assets available for benefits as stated in the accrual basis financial statements exceed the amounts reported in the Form 5500 by $18,552 and $22,885 at February 29, 2016 and February 28, 2015, respectively. Such differences are attributable to financial statement accruals for income and expenses.

NOTE 10 - SUBSEQUENT EVENTS

Subsequent events were evaluated through December 7, 2016, the date the financial statements were available to be issued, which corresponds with the date of the independent auditors' report.

Other than the labor contract renewals effective April 1, 2016, as disclosed in NOTE 8, and the March 1, 2016 Plan amendment, as disclosed in NOTE 1, no material subsequent events have occurred since February 29, 2016, that require recognition or disclosure in the financial statements.

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN

E.I.N. 52-1493194 – PLAN NUMBER 007

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

February 29, 2016

(a)	(b) Identity of Issuer, Borrower or Similar Party	(c) Description of investment including maturing date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Gulf Coast Bank and Trust	Northern Institute Govt Select Shares	$1,641,715.29	$1,641,715.29
	Gulf Coast Bank and Trust	Federal Home Loan Mtg Note; 1%; 03/08/2017; 550000 Par	553,720.20	551,421.20
	Gulf Coast Bank and Trust	Bank of America Corp; 1.7%; 8/25/2017; 300000 Par	300,901.66	298,604.10
	Gulf Coast Bank and Trust	CitiGroup Inc Bond; 1.3%; 11/15/2016; 550000 Par	549,183.25	549,806.95
	Gulf Coast Bank and Trust	Goldman Sachs Group; 2.375%; 1/22/2018; 600000 Par	610,019.20	603,637.80
	Gulf Coast Bank and Trust	JP Morgan Chase & Co Note; 3.150%; 7/5/2016; 400000 Par	410,888.00	403,090.80
	Gulf Coast Bank and Trust	Laboratory Corp Amer Holdings; 2.2%; 8/23/2017; 500000 Par	502,416.67	501,187.50
	Gulf Coast Bank and Trust	Wells Fargo & Co Sr Nt; 2.1%; 5/8/2017; 5650000 Par	556,548.90	555,313.55
	Gulf Coast Bank and Trust	Alphabet, Inc Cap Stock Class C	39,537.73	49,541.67
	Gulf Coast Bank and Trust	Alphabet, Inc Cap Stock Class A	39,946.73	50,922.62
	Gulf Coast Bank and Trust	Amazon.com, Inc	86,296.32	125,422.04
	Gulf Coast Bank and Trust	American Water Works Company Inc.	102,914.24	123,352.46
	Gulf Coast Bank and Trust	Amgen, Inc	108,984.52	98,315.48
	Gulf Coast Bank and Trust	Apple Computer Inc	146,572.86	110,323.29
	Gulf Coast Bank and Trust	Disney Walt Company	109,388.08	100,391.52
	Gulf Coast Bank and Trust	Ecolab Inc	89,774.58	79,681.35
	Gulf Coast Bank and Trust	Facebook Inc. Class A	98,712.50	133,650.00
	Gulf Coast Bank and Trust	Home Depot, Inc	123,585.75	133,677.24
	Gulf Coast Bank and Trust	Kraft Heinz Co	49,134.02	59,074.34
	Gulf Coast Bank and Trust	Microsoft Corporation	98,487.10	114,276.48
	Gulf Coast Bank and Trust	Mid America Apartment Communities	67,743.56	72,761.46
	Gulf Coast Bank and Trust	Nike, Inc. Class B	105,278.08	133,527.12
	Gulf Coast Bank and Trust	Starbucks Corporation	107,694.72	134,115.84
	Gulf Coast Bank and Trust	UnitedHealth Group, Inc.	126,583.82	132,677.40
	Gulf Coast Bank and Trust	Visa, Inc Class A	104,183.04	111,191.04
	Gulf Coast Bank and Trust	Accenture, PLC	92,730.90	103,267.80
	Gulf Coast Bank and Trust	Check Point Software Tech LTD	80,150.40	79,747.20
	Gulf Coast Bank and Trust	Accrued Income	14,797.22	14,797.22
		TOTAL	$6,917,889.34	$7,065,490.76

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN

E.I.N. 52-1493194 – PLAN NUMBER 007
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR)
February 29, 2016

(a) Identity of Issuer, Borrower or Similar Party	(b) Description of investment including maturing date, rate of interest, collateral, par or maturity value	(c) Cost of Acquisition	(d) Proceeds of Disposition
Gulf Coast Bank and Trust	Northern Institutional Govt Select Shares	$ 4,083,087.36	
Gulf Coast Bank and Trust	Bank Amer Corp	300,901.66	
Gulf Coast Bank and Trust	Goldman Sachs Group Inc	610,019.20	
Gulf Coast Bank and Trust	JP Morgan Chase & Co Note	410,888.00	
Gulf Coast Bank and Trust	Laboratory Corp Amer Hldgs	502,416.67	
Gulf Coast Bank and Trust	McKesson Corp	92,167.86	
Gulf Coast Bank and Trust	Mid America Apartment Communities	67,743.56	
Gulf Coast Bank and Trust	NetFlix, Inc.	82,330.31	
Gulf Coast Bank and Trust	SPDR Trust Unit Series 1	203,767.69	
Gulf Coast Bank and Trust	SPDR Trust Unit Series 1	4,794.73	
Gulf Coast Bank and Trust	Under Armor Inc.	80,418.89	
Gulf Coast Bank and Trust	Wells Fargo & Co Sr Nt	556,548.90	
	TOTAL	$ 6,995,084.83	
Gulf Coast Bank and Trust	3M Company		$ 89,737.70
Gulf Coast Bank and Trust	Ambarella, Inc.		27,409.41
Gulf Coast Bank and Trust	Ambarella, Inc.		61,129.48
Gulf Coast Bank and Trust	Biogen Idec, Inc.		72,946.06
Gulf Coast Bank and Trust	Boeing Company		46,493.86
Gulf Coast Bank and Trust	Chevron Texaco Corporation		49,878.57
Gulf Coast Bank and Trust	Dr Pepper Snapple Group Note		550,000.00
Gulf Coast Bank and Trust	Genuine Parts Co		92,316.49
Gulf Coast Bank and Trust	Gilead Sciences, Inc.		108,209.37
Gulf Coast Bank and Trust	Google, Inc. Class C		111.15
Gulf Coast Bank and Trust	Hewlett-Packard Company		60,596.77
Gulf Coast Bank and Trust	Intel Corporation		57,995.22
Gulf Coast Bank and Trust	Kimberly-Clark Corporation		81,004.39
Gulf Coast Bank and Trust	Kinder Morgan, Inc.		36,379.69
Gulf Coast Bank and Trust	McKesson Corp.		75,927.04
Gulf Coast Bank and Trust	MFC Ishares Trust Dow Jones		134,268.17
Gulf Coast Bank and Trust	MFC Market Vectors		107,856.01
Gulf Coast Bank and Trust	MFC Powershares QQQ TR UNIT		163,002.28
Gulf Coast Bank and Trust	MFC Proshares S&P 500 Dividend Aristocrats		235,250.17
Gulf Coast Bank and Trust	MFC Select Sector SPDR TR Energy		59,012.84
Gulf Coast Bank and Trust	MFC SPDR Dow Jones Indl Average		128,018.34
Gulf Coast Bank and Trust	NetFlix, Inc.		73,089.64
Gulf Coast Bank and Trust	Northern Institutional Govt Select Shares		2,976,296.49
Gulf Coast Bank and Trust	Powershares Exchange-Traded FD TR		82,742.60
Gulf Coast Bank and Trust	Schwab Short-Term US Treasury ETF		350,334.70
Gulf Coast Bank and Trust	Schwab Short-Term US Treasury ETF		222,410.41

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN

E.I.N. 52-1493194 – PLAN NUMBER 007
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS
(ACQUIRED AND DISPOSED OF WITHIN YEAR) - CONTINUED
February 29, 2016

(a) Identity of Issuer, Borrower or Similar Party	(b) Description of investment including maturing date, rate of interest, collateral, par or maturity value	(c) Cost of Acquisition	(d) Proceeds of Disposition
Gulf Coast Bank and Trust	Sempra Energy, Inc.		83,128.65
Gulf Coast Bank and Trust	Southwest Airlines		80,789.15
Gulf Coast Bank and Trust	SPDR S&P Transportation		77,872.32
Gulf Coast Bank and Trust	SPDR Trust Unit Series 1		205,142.68
Gulf Coast Bank and Trust	SPDR Trust Unit Series 1		192,959.51
Gulf Coast Bank and Trust	Texas Instrs Inc		93,848.60
Gulf Coast Bank and Trust	Thermo Fisher Scientific Corporation		82,163.73
Gulf Coast Bank and Trust	Under Armor Inc CL		57,276.47
Gulf Coast Bank and Trust	Union Pacific Corporation		76,074.48
Gulf Coast Bank and Trust	United Parcel Service, Inc.		67,916.56
Gulf Coast Bank and Trust	Verizon Communications		85,584.42
	TOTAL		$ 7,045,173.42

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN
E.I.N. 52-1493194 – PLAN NUMBER 007
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
February 29, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.47758		0.83	$126,594.09	$ 126,716.37	$ 122.28
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.477575		0.67	101,302.15	101,373.09	70.94
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.47758		0.28	42,242.82	42,238.79	(4.03)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.477575		0.22	33,794.25	33,791.03	(3.22)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.477575		0.22	33,794.25	33,791.03	(3.22)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.477575		0.22	33,794.25	33,791.03	(3.22)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.477566		0.17	25,345.69	25,343.27	(2.42)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.77733		0.12	25,345.69	25,343.32	(2.37)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4776		0.11	16,897.13	16,895.52	(1.61)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4776		0.11	16,897.13	16,895.52	(1.61)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4776		0.11	16,897.13	16,895.52	(1.61)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4776		0.11	16,897.13	16,895.52	(1.61)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4776		0.11	16,897.12	16,895.52	(1.60)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4775		0.06	8,448.56	8,447.75	(0.81)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4785		0.06	8,448.56	8,447.85	(0.71)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4775		0.06	8,448.56	8,447.75	(0.81)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4775		0.06	8,448.56	8,447.75	(0.81)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4775		0.06	8,448.56	8,447.75	(0.81)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4775		0.06	8,448.56	8,447.75	(0.81)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4775		0.06	8,448.57	8,447.75	(0.82)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4775		0.06	8,448.56	8,447.75	(0.81)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4775		0.06	8,448.57	8,447.75	(0.82)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4775		0.06	8,448.56	8,447.75	(0.81)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4775		0.06	8,448.57	8,447.75	(0.82)
Charles Schwab	ISHARES Barclay 1-3 Yr Treasury Bond Fund		84.4775		0.06	8,448.56	8,447.75	(0.81)
						TOTAL	608,238.63	157.05
Charles Schwab	Schwab Short-Term US Treasury ETF	50.585			0	126,260.16	126,260.16	0
Charles Schwab	Schwab Short-Term US Treasury ETF	50.59			0	121,416.00	121,416.00	0
Charles Schwab	Schwab Short-Term US Treasury ETF	50.585			0	121,404.00	121,404.00	0
						TOTAL	369,080.16	0
No Broker Specified	Northern Institutional Govt Select Shares	100			0	3,747,012.54	3,747,012.54	0
			100		0	3,483,357.61	3,483,357.61	0
						TOTAL	7,230,370.15	0
Charles Schwab	MFC SPDR Barclays Short Term High Yld Bd EFT	30.934116			4	571,909.94	571,909.94	0
Charles Schwab	MFC SPDR Barclays Short Term High Yld Bd EFT		29.164487		282.27	571,909.94	539,193.05	(32,716.89)
						TOTAL	1,111,102.99	(32,716.89)
Charles Schwab	Federal Home Loan Mtg Note 1.096; 03/08/2017	100.7314			0	554,022.70	554,022.70	0
						TOTAL	554,022.70	0
Charles Schwab	Ishares Tr Barclays 1-3 Year Cr Bd Fund		105.496292		4	175,933.42	177,550.26	1,616.84
Charles Schwab	Ishares Tr Barclays 1-3 Year Cr Bd Fund		105.307672		108.34	570,176.13	570,451.66	275.53
						TOTAL	748,001.92	1,892.37

WESTSIDE TRANSIT LINES
A.T.U. PENSION PLAN
E.I.N. 52-1493194 – PLAN NUMBER 007
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS - CONTINUED
February 29, 2016

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or Loss
Charles Schwab	MFC ishares Tr Floating Rate ETF	50.700141			4	64,490.58	64,490.58	0
Charles Schwab	MFC ishares Tr Floating Rate ETF		50.528983		225.44	570,792.53	569,562.70	(1,229.83)
						TOTAL	634,053.28	(1,229.83)
Charles Schwab	Pimco Enhanced Short Maturity Strgy ETF Fund		101.392794		4	36,586.68	37,008.37	421.69
Charles Schwab	Pimco Enhanced Short Maturity Strgy ETF Fund		101.007767		112.7	565,941.21	569,178.77	3,237.56
						TOTAL	606,187.14	3,659.25
Charles Schwab	Citigroup Inc Bond 1.3%; 11/15/2016	100.1764			0	550,970.20	550,970.20	0
						TOTAL	550,970.20	0
Charles Schwab	Dr. Pepper Snapple Group Note 2.9%; 01/15/2016	102.0644			0	561,354.64	561,354.64	0
						TOTAL	561,354.64	0

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

2015

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2015 or fiscal plan year beginning 03/01/2015 and ending 02/29/2016

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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. ▶ [x]

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
Westside Transit Lines - A.T.U. Pension Plan

1b Three-digit plan number (PN) ▶ 007

1c Effective date of plan 03/01/1987

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
Transdev Services, Inc.

720 Butterfield Rd.
Suite 300
Lombard IL 60148

2b Employer Identification Number (EIN)
52-1493194

2c Plan Sponsor's telephone number
630-571-7070

2d Business code (see instructions)
485110

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	Derrick E. Breun	12/14/16	Derrick Breun
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Preparer's telephone number

Schedule H, line 4j - Schedule of Reportable Transactions								
Identity of Party Involved	Description of Asset (including interest rate and Maturity in case of a loan)	Purchase Price	Selling Price	Lease Rental	Expense incurred with transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or Loss
Charles Schwab	**ISHARES Barclay 1-3 Yr Treasury Bond Fund**							
Charles Schwab			84.47758		0.83	126594.09	126716.37	122.28
Charles Schwab			84.477575		0.67	101302.15	101373.09	70.94
Charles Schwab			84.47758		0.28	42242.82	42238.79	-4.03
Charles Schwab			84.477575		0.22	33794.25	33791.03	-3.22
Charles Schwab			84.477575		0.22	33794.25	33791.03	-3.22
Charles Schwab			84.477575		0.22	33794.25	33791.03	-3.22
Charles Schwab			84.477566		0.17	25345.69	25343.27	-2.42
Charles Schwab			84.477733		0.12	25345.69	25343.32	-2.37
Charles Schwab			84.4776		0.11	16897.13	16895.52	-1.61
Charles Schwab			84.4776		0.11	16897.13	16895.52	-1.61
Charles Schwab			84.4776		0.11	16897.13	16895.52	-1.61
Charles Schwab			84.4776		0.11	16897.13	16895.52	-1.61
Charles Schwab			84.4776		0.11	16897.12	16895.52	-1.6
Charles Schwab			84.4775		0.06	8448.56	8447.75	-0.81
Charles Schwab			84.4785		0.06	8448.56	8447.85	-0.71
Charles Schwab			84.4775		0.06	8448.56	8447.75	-0.81
Charles Schwab			84.4775		0.06	8448.56	8447.75	-0.81
Charles Schwab			84.4775		0.06	8448.56	8447.75	-0.81
Charles Schwab			84.4775		0.06	8448.56	8447.75	-0.81
Charles Schwab			84.4775		0.06	8448.57	8447.75	-0.82
Charles Schwab			84.4775		0.06	8448.56	8447.75	-0.81
Charles Schwab			84.4775		0.06	8448.57	8447.75	-0.82
Charles Schwab			84.4775		0.06	8448.56	8447.75	-0.81
Charles Schwab			84.4775		0.06	8448.57	8447.75	-0.82
Charles Schwab			84.4775		0.06	8448.56	8447.75	-0.81
Charles Schwab	**Schwab Short-Term US Treasury ETF**	50.585			0	126260.16	126260.16	0
Charles Schwab		50.59			0	121416	121416	0
Charles Schwab		50.585			0	121404	121404	0
No Broker Specified	**Northern Institutional Govt Select Shares**	100			0	3747012.54	3747012.54	0
			100		0	3483357.61	3483357.61	0
Charles Schwab	**MFC SPDR Barclays Short Term High Yld Bd ETF**	30.934116			4	571909.94	571909.94	0
Charles Schwab			29.164487		282.27	571909.94	539193.05	-32716.89
Charles Schwab	**Federal Home Loan Mtg Note 1.0%; 03/08/2017**	100.7314			0	554022.7	554022.7	0
Charles Schwab	**Ishares Tr Barclays 1-3 Year Cr Bd Fund**		105.496292		4	175933.42	177550.26	1616.84
Charles Schwab			105.307672		108.34	570176.13	570451.66	275.53
Charles Schwab	**MFC Ishares Tr. Floating Rate ETF**	50.700141			4	64490.58	64490.58	0
Charles Schwab			50.528983		225.44	570792.53	569562.7	-1229.83
Charles Schwab	**Pimco Enhanced Short Maturity Strgy ETF Fund**		101.392794		4	36586.68	37008.37	421.69
			101.007767		112.7	565941.21	569178.77	3237.56
Charles Schwab	**CITIGROUP INC BOND 1.3%; 11/15/2016**	100.1764			0	550970.2	550970.2	0
Charles Schwab	**Dr. Pepper Snapple Group Note 2.9%; 01/15/2016**	102.0644			0	561354.64	561354.64	0

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

Name of Plan:

► Westside Transit Lines- A.T.U. Pension Plan

Employer Identification Number:► 52-1493194

For plan year (beginning/ending):► 03/01/2015 - 2/28/2016 Plan number:► 007

(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
	GULF COAST BANK AND TRUST	Northern Institute Govt Select Shares	1,641,715.29	1,641,715.29
	GULF COAST BANK AND TRUST	Federal Home Loan Mtg Note; 1% ; 03/08/2017; 550000 Par	553,720.20	551,421.20
	GULF COAST BANK AND TRUST	Bank of America Corp; 1.7%; 8/25/2017; 300000 Par	300,901.66	298,604.10
	GULF COAST BANK AND TRUST	CitiGroup Inc Bond; 1.3%; 11/15/2016; 550000 Par	549,183.25	549,806.95
	GULF COAST BANK AND TRUST	Goldman Sachs Group; 2.375%; 1/22/2018; 600000 Par	610,019.20	603,637.80
	GULF COAST BANK AND TRUST	JP Morgan Chase & Co Note; 3.150%; 7/5/2016; 400000 Par	410,888.00	403,090.80
	GULF COAST BANK AND TRUST	Labortory Corp Amer Holdings; 2.2%; 8/23/2017; 500000 Par	502,416.67	501,187.50
	GULF COAST BANK AND TRUST	Wells Fargo & Co Sr Nt; 2.1%; 5/8/2017; 550000 Par	556,548.90	555,313.55
	GULF COAST BANK AND TRUST	Alphabet, Inc Cap Stock Class C	39,537.73	49,541.67
	GULF COAST BANK AND TRUST	Alphabet, Inc Cap Stock Class A	39,946.73	50,922.62
	GULF COAST BANK AND TRUST	Amazon.com, Inc	86,296.32	125,422.04
	GULF COAST BANK AND TRUST	American Water Works Company Inc.	102,914.24	123,352.46
	GULF COAST BANK AND TRUST	Amgen, Inc	108,984.52	98,315.48
	GULF COAST BANK AND TRUST	Apple Computer Inc.	146,572.86	110,323.29
	GULF COAST BANK AND TRUST	Disney Walt Company	109,388.08	100,391.52
	GULF COAST BANK AND TRUST	Ecolab Inc	89,774.58	79,681.35
	GULF COAST BANK AND TRUST	Facebook Inc. Class A	98,712.50	133,650.00
	GULF COAST BANK AND TRUST	Home Depot, Inc	123,585.75	133,677.24
	GULF COAST BANK AND TRUST	Kraft Heinz Co	49,134.02	59,074.34
	GULF COAST BANK AND TRUST	Microsoft Corporation	98,487.10	114,276.48
	GULF COAST BANK AND TRUST	Mid America Apartment Communities	67,743.56	72,761.46
	GULF COAST BANK AND TRUST	Nike, Inc. Class B	105,278.08	133,527.12
	GULF COAST BANK AND TRUST	Starbucks Corporation	107,694.72	134,115.84
	GULF COAST BANK AND TRUST	UnitedHealth Group, Inc.	126,583.82	132,677.40
	GULF COAST BANK AND TRUST	Visa, Inc. Class A	104,183.04	111,191.04
	GULF COAST BANK AND TRUST	Accenture, PLC	92,730.90	103,267.80
	GULF COAST BANK AND TRUST	Check Point Software Tech LTD	80,150.40	79,747.20
	GULF COAST BANK AND TRUST	Accrued Income	14,797.22	14,797.22
		Total	**6,917,889.34**	**7,065,490.76**

Schedule H, Line 4i
Schedule of Assets (Acquired and Disposed of Within Year)

Name of Plan:

► Westside Transit Lines- A.T.U. Pension Plan

Employer Identification Number:► 52-1493194

For plan year (beginning/ending):► 03/01/2015 - 2/28/2016 Plan number:► 007

(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 of acquisitions	(e) Proceeds of dispositions
	GULF COAST BANK AND TRUST	Northern Institutional Govt Select Shares	4,083,087.36	
	GULF COAST BANK AND TRUST	Bank Amer Corp	300,901.66	
	GULF COAST BANK AND TRUST	Goldman Sachs Group Inc	610,019.20	
	GULF COAST BANK AND TRUST	JP Morgan Chase & Co Note	410,888.00	
	GULF COAST BANK AND TRUST	Labortory Corp Amer Hldgs	502,416.67	
	GULF COAST BANK AND TRUST	McKesson Corp	92,167.86	
	GULF COAST BANK AND TRUST	Mid America Apartment Communities	67,743.56	
	GULF COAST BANK AND TRUST	NetFlix, Inc.	82,330.31	
	GULF COAST BANK AND TRUST	SPDR Trust Unit Series 1	203,767.69	
	GULF COAST BANK AND TRUST	SPDR Trust Unit Series 1	4,794.73	
	GULF COAST BANK AND TRUST	Under Armor Inc.	80,418.89	
	GULF COAST BANK AND TRUST	Wells Fargo & Co Sr Nt	556,548.90	
		Total:	6,995,084.83	
	GULF COAST BANK AND TRUST	3M Company		89,737.70
	GULF COAST BANK AND TRUST	Ambarella, Inc.		27,409.41
	GULF COAST BANK AND TRUST	Ambarella, Inc.		61,129.48
	GULF COAST BANK AND TRUST	Biogen Idec, Inc.		72,946.06
	GULF COAST BANK AND TRUST	Boeing Company		46,493.86
	GULF COAST BANK AND TRUST	Chevron Texaco Corporation		49,878.57
	GULF COAST BANK AND TRUST	Dr Pepper Snapple Group Note		550,000.00
	GULF COAST BANK AND TRUST	Genuine Parts Co.		92,316.49
	GULF COAST BANK AND TRUST	Gilead Sciences, Inc.		108,209.37
	GULF COAST BANK AND TRUST	Google, Inc. Class C		111.15
	GULF COAST BANK AND TRUST	Hewlett-Packard Company		60,596.77
	GULF COAST BANK AND TRUST	Intel Corporation		57,995.22
	GULF COAST BANK AND TRUST	Kimberly-Clark Corporation		81,004.39
	GULF COAST BANK AND TRUST	Kinder Morgan, Inc.		36,379.69
	GULF COAST BANK AND TRUST	McKesson Corp.		75,927.04
	GULF COAST BANK AND TRUST	MFC Ishares Trust Dow Jones		134,268.17
	GULF COAST BANK AND TRUST	MFC Market Vectors		107,856.01
	GULF COAST BANK AND TRUST	MFC Powershares QQQ TR UNIT		163,002.28
	GULF COAST BANK AND TRUST	MFC Proshares S&P 500 Dividend Aristocrats		235,250.17
	GULF COAST BANK AND TRUST	MFC Select Sector SPDR TR Energy		59,012.84
	GULF COAST BANK AND TRUST	MFC SPDR Dow Jones Indl Average		128,018.34
	GULF COAST BANK AND TRUST	NetFlix, Inc.		73,089.64
	GULF COAST BANK AND TRUST	Northern Institutional Govt Select Shares		2,976,296.49
	GULF COAST BANK AND TRUST	Powershares Exchange-Traded FD TR		82,742.60
	GULF COAST BANK AND TRUST	Schwab Short-Term US Treasury ETF		350,334.70
	GULF COAST BANK AND TRUST	Schwab Short-Term US Treasury ETF		222,410.41
	GULF COAST BANK AND TRUST	Sempra Energy, Inc.		83,128.65
	GULF COAST BANK AND TRUST	Southwest Airlines		80,789.15
	GULF COAST BANK AND TRUST	SPDR S&P Transportation		77,872.32
	GULF COAST BANK AND TRUST	SPDR Trust Unit Series 1		205,142.68
	GULF COAST BANK AND TRUST	SPDR Trust Unit Series 1		192,959.51
	GULF COAST BANK AND TRUST	Texas Instrs Inc		93,848.60
	GULF COAST BANK AND TRUST	Thermo Fisher Scientific Corporation		82,163.73
	GULF COAST BANK AND TRUST	Under Armor Inc CL		57,276.47

	GULF COAST BANK AND TRUST	Union Pacific Corporation		76,074.48
	GULF COAST BANK AND TRUST	United Parcel Service, Inc.		67,916.56
	GULF COAST BANK AND TRUST	Verizon Communications		85,584.42
		Total:		7,045,173.42