Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RIZZA DEALER GROUP SALARY SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 01/01/1989

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

8150 W. 159TH
ORLAND PARK, IL 60462

8150 W. 159TH
ORLAND PARK, IL 60462

2b Employer Identification Number (EIN)
36-2943945

2c Sponsor's telephone number
708-764-3612

2d Business code (see instructions)
441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/20/2011	JULIE LEBLANC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/20/2011	DANIEL MCMILLAN
	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")
JOE RIZZA ENTERPRISES

8150 W. 159TH
ORLAND PARK, IL 60462

3b Administrator's EIN
36-2943945

3c Administrator's telephone number
708-764-3612

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**	305
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**	203
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	49
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	252
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	3
f	Total. Add lines **6d** and **6e**	**6f**	255
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	161
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Service Provider Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
RIZZA DEALER GROUP SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
JOE RIZZA ENTERPRISES

D Employer Identification Number (EIN)
36-2943945

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).. . . . . [X] 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

FID.INV.INST.OPS.CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure 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)

P&H LLP

36-4052819

(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	ACCOUNTANT/AUDITOR	12000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65 60	RECORDKEEPER	300	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
CALVERT INCOME A - BOSTON FINANCIAL 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
FA STK SEL ALL CAP A - FIDELITY INV 04-2882358	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
GS SM/MD CAP GRTH A - GOLDMAN, SACH 13-5108880	0.25%

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
INVS CHARTER A - INVESCO AIM INVEST 98-0557567	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
PIM TOTAL RETURN A - BOSTON FINANCI 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0

(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.
THORNBURG CORE GR R3 - BOSTON FINAN 04-2526037	0.25%

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

2010

This Form is Open to Public Inspection.

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

A Name of plan
RIZZA DEALER GROUP SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JOE RIZZA ENTERPRISES

D Employer Identification Number (EIN)
36-2943945

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: FA STABLE VALUE

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

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)
04-3022712-026	C	499497

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

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

A Name of plan
RIZZA DEALER GROUP SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
JOE RIZZA ENTERPRISES

D Employer Identification Number (EIN)
36-2943945

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)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	921397	0
(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)	46935	30088
(9) Value of interest in common/collective trusts	1c(9)	0	499497
(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)	6235531	7502211
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	7203863	8031796
	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	7203863	8031796

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)	3828	
	(B) Participants	2a(1)(B)	290778	
	(C) Others (including rollovers)	2a(1)(C)	13165	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		307771
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	59	
	(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)	2429	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2488
	(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)	163696	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		163696
	(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)		12407
(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)		746159
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1232521
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	292890	
(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)		292890
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	12300	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		12300
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		305190
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		927331
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		99398

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) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PETEREK & HOWSE, LLP (2) EIN: 36-4052819

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

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

A Name of plan
RIZZA DEALER GROUP SALARY SAVINGS PLAN

B Three-digit plan number (PN) ▶ 004

C Plan sponsor's name as shown on line 2a of Form 5500
JOE RIZZA ENTERPRISES

D Employer Identification Number (EIN)
36-2943945

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): 04-6568107

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

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

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

RIZZA DEALER GROUP SALARY SAVINGS PLAN

Independent Auditor's Report and Modified Cash Basis Financial Statements

Years Ended December 31, 2010 and 2009

RIZZA DEALER GROUP SALARY SAVINGS PLAN
Years Ended December 31, 2010 and 2009

C O N T E N T S

	Reference	Page
Independent Auditor's Report		1
Statements of Net Assets Available for Benefits - Modified Cash Basis	Exhibit A	2
Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis	Exhibit B	3
Notes to the Financial Statements		4-11
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - Modified Cash Basis	Schedule A-1	12

P&H PETEREK & HOWSE, LLP
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Trustees of
Rizza Dealer Group Salary Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits - modified cash basis of RIZZA DEALER GROUP SALARY SAVINGS PLAN as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2010, and the supplemental Schedule of Assets (Held at End of Year) – modified cash basis. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying modified cash basis financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

As described in Note 2, these financial statements and supplemental schedule were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

Peterek & Howse, LLP

Westchester, Illinois
July 13, 2011

One Westbrook Corporate Center ▮ Suite 535 ▮ Westchester, Illinois 60154
Telephone 708/836-0830 ▮ Facsimile 708/836-0833

Exhibit A

RIZZA DEALER GROUP SALARY SAVINGS PLAN
Statements of Net Assets Available for Benefits – Modified Cash Basis
December 31, 2010 and 2009

	2010	2009
Assets		
Investments at Fair Value (Notes 3 and 4)		
Common collective trust (Note 5)	$ 499,497	$ -
Money market funds	-	921,397
Mutual funds	7,502,211	6,235,531
	8,001,708	7,156,928
Notes Receivable from Participants (Note 6)	30,088	46,935
Net Assets Available for Benefits at Fair Value	8,031,796	7,203,863
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts (Notes 2 and 5)	(9,341)	-
Net Assets Available for Benefits (Exhibit B)	$ 8,022,455	$ 7,203,863

The accompanying notes are an integral part of the financial statements.

Exhibit B

RIZZA DEALER GROUP SALARY SAVINGS PLAN
Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis
Year Ended December 31, 2010

Additions to Net Assets Attributed to:	
Contributions:	
Employee	$ 290,778
Employer	3,828
Rollovers	13,165
	307,771
Investment income:	
Interest and dividends	163,755
Net change in fair value of investments	749,225
Interest from notes receivable from participants	2,429
	915,409
Total additions	1,223,180
Deductions from Net Assets Attributed to:	
Benefits paid to participants	292,890
Professional fees	12,000
Other fees	300
Transfers to other plans	99,398
Total deductions	404,588
Net Increase during the Year	818,592
Net Assets Available for Benefits, Beginning of Year	7,203,863
Net Assets Available for Benefits, End of Year (Exhibit A)	$ 8,022,455

The accompanying notes are an integral part of the financial statements.

NOTE 1 – DESCRIPTION OF PLAN

The following description provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan began on June 15, 1989 upon termination of the Rizza Ford, Inc. Money Purchase Plan. All assets of that defined contribution plan were rolled over into the Rizza Dealer Group Salary Savings Plan.

The Plan is designed as a qualified cash deferred arrangement, pursuant to Section 401(k) of the Internal Revenue Code, covering all union employees of Joe Rizza Enterprises, Joe Rizza Ford, Inc., Joe Rizza Lincoln Mercury, Inc., Joe Rizza Ford Porsche of Orland Park, Inc., Midwestern Financial Corp., Seneca Insurance Agency, Joe Rizza Acura, Rizza Cadillac, Buick, & Hummer, and formerly of Rizza Chevrolet, Inc. ("Rizza Dealer Group") who have completed 3 months of service within a twelve month period, are age 20-1/2 or older and whose employment is governed by terms of a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Effective November 15, 2007, automatic enrollment was adopted whereby all employees are deemed participants in the plan with a deferral equal to 4% of eligible compensation unless the employee elects not to participate.

Each year, participants may contribute up to $16,500 or 90% of eligible compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Through August 31, 2009, Rizza Dealer Group matched contributions equal to 25% of the employee's pre-tax contribution up to the first 4% of compensation. The matching contribution is invested directly into the investment options proportional to the elective contributions made on behalf of a participant.

Effective September 1, 2009, the Plan was amended to change matching contributions from nondiscretionary to discretionary. No matching contributions for the periods subsequent to September 1, 2009 were made other than a corrective contribution made during the year ended December 31, 2010 for August 2009.

At its sole discretion, Rizza Dealer Group may make an additional annual profit sharing contribution. The profit sharing contribution is allocated to the participants based on the ratio that his/her compensation bears to the compensation of all eligible participants. No profit sharing contribution was made for the year ended December 31, 2010.

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, Rizza Dealer Group's matching and profit sharing contributions, and Plan earnings. Allocations are based on each participant's deferral and investment elections.

Vesting

Participants are immediately vested in their voluntary pre-tax contribution and rollover accounts plus actual earnings thereon. Vesting in the employer contribution and profit sharing portion of their accounts ranges from 20% after two years to 100% after six years of credited service.

Payment of Benefits

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested balance. Benefits under the Plan are payable to participants or their beneficiaries upon death, retirement, disability, proven financial hardship or severance of employment. Benefits are to be paid in either a lump-sum, or installments for a period not to exceed the participant's life expectancy (or the participant and the participant's beneficiary's life expectancy). Balances that do not exceed $1,000 must be distributed in a lump-sum.

Forfeited Accounts

In event of termination of employment before full vesting, the non-vested portion is forfeited upon certain conditions as specified in the Plan document, with such forfeitures being used to reduce future employer contributions and the Plan's ordinary and necessary administrative expenses. At December 31, 2010 and 2009 forfeited non-vested accounts totaled $4,985 and $14,260, respectively.

Administrative Expenses

Administrative expenses are generally paid using the Plan's assets; however, Rizza Dealer Group, at its discretion, may pay certain administrative expenses of the Plan.

Transfers to Other Plans

Certain employees were also participants in another plan maintained by the Plan sponsors. Amounts representing these employees' account balances were transferred to the other plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's policy is to prepare its financial statements on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

The modified cash basis of accounting differs from generally accepted accounting principles in that contributions are recorded when received rather than when the contributions are receivable from the employer and the participants, investment income is recorded when received rather than when earned, however, investments are adjusted to fair value.

Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation 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. Dividends are recorded on the ex-dividend date. Investment income includes interest, dividends, and realized and unrealized gains and losses.

The difference between the aggregate fair values of investments as of the end of the year and their carrying values (fair values at the beginning of the year for investments then owned, or purchase cost for acquisitions during the current period) and net gains (losses) on sales of investments during the period are reflected as "net change in fair value of investments."

Common Collective Trust

The Plan holds investments in a stable value portfolio which is a common collective trust. The stable value portfolio invests in fully benefit-responsive investment contracts issued by financial institutions and in fixed income securities, bond funds, and derivative instruments. The statements of net assets available for benefits-modified cash basis present common collective trusts at fair value as well as an additional line item showing an adjustment of the fully benefit-responsive contracts from fair value to contract value. The statement of changes in net assets available for benefits-modified cash basis is prepared on a contract basis.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Plan has adopted FASB ASC update 2010-25 whereby participant loans are classified as notes receivable from participants and measured at the unpaid principal balance plus any accrued interest. Previously participant loans were classified as investments and measured as fair market value. The change in accounting principle was applied retrospectively and participant loans were reclassified from investments to notes receivable from participants. There were no changes to net assets available for benefits – modified cash basis or change in net assets available for benefits – modified cash basis.

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Subsequent Events

The Plan has evaluated subsequent events through July 13, 2011, which is the date the financial statements were available to be issued.

NOTE 3 – FAIR VALUE MEASURES

Financial Accounting Standards Board established a three-tier hierarchy to measure the fair value of an asset or liability. Level 1 inputs include reported prices in active markets for identical assets or liabilities. Level 2 inputs include market data that are directly or indirectly observable. Level 3 inputs are unobservable and corroborated by little or no market data.

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

- Money market and mutual funds are valued at reported market prices which represent the net asset value (NAV) of shares held by the Plan at year end.

- Common collective trusts are valued at their net asset value as determined using the market price or fair value of the underlying securities and the fair value of fully benefit-responsive investment contracts.

There have been no changes in the methodologies used at December 31, 2010 and 2009.

The valuation methodologies described above may generate a fair value calculation that may not be indicative of net realizable value or future fair values. While the Plan believes the valuation methodologies used are appropriate, the use of different methodologies or assumptions in calculating fair value could result in a different fair value measurement at the reporting date.

NOTE 3 – FAIR VALUE MEASURES (Continued)

The following table provides a summary of investments at fair value by the input level used to determine fair value.

	Assets at Fair Value December 31, 2010		
	Level 1	Level 2	Total
Mutual Funds			
Target Date Funds	$ 6,563,640	$	$ 6,563,640
Fixed Income Funds	255,327		255,327
Blended Funds	241,016		241,016
Market Segment Funds	233,016		233,016
Growth Funds	141,425		141,425
International	67,787		67,787
Total Mutual Funds	7,502,211	-	7,502,211
Common Collective Trust			
Stable Value Portfolio	-	499,497	499,497
Total Investments at Fair Value	$ 7,502,211	$ 499,497	$ 8,001,708

A common collective trust calculates fair value by reference to underlying investments. The trust is a stable value fund with an investment objective to preserve capital while generating a competitive level of income over time consistent with preservation of capital. The trust invests in assets generally classified as Level 2 and is classified as Level 2.

	Assets at Fair Value December 31, 2009
	Level 1
Mutual Funds	
Target Date Funds	$ 5,482,786
Fixed Income Funds	286,934
Blended Funds	180,595
Market Segment Funds	101,181
Growth Funds	95,431
International	81,382
Value Funds	7,222
Total Mutual Funds	6,235,531
Money Market Funds	921,397
Total Investments at Fair Value	$ 7,156,928

NOTE 4 - INVESTMENTS

Participants direct the investment of their accounts, as listed on Schedule A-1. The Plan's custodian, Fidelity Management Trust Company provides a menu of investment options from which participants may select. Participants may modify or transfer existing balances each business day. The plan custodian executes all investment transactions and Schedule A-1 summarizes the fair value of investments at December 31, 2010.

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Fidelity Management Trust Company has certified to the completeness and accuracy of all investments reflected on the accompanying statement of assets available for benefits as of December 31, 2010 and 2009 and the supplemental Schedule H, line 4i-Schedule of Assets (Held at End of Year) as of December 31, 2010, and the related investment activity reflected in the statement of changes in assets available for benefits for the year ended December 31, 2010.

The following presents investments at December 31, 2010 and 2009 that represent 5% or more of the Plan's net assets:

	2010	2009
Fidelity Advisor Freedom 2020 A	$1,619,314	$1,299,561
Fidelity Advisor Freedom 2015 A	1,474,804	1,133,037
Fidelity Advisor Freedom 2025 A	835,016	695,173
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Fidelity Advisor Freedom 2010 A	532,672	510,485
Fidelity Advisor Stable Value	499,497	-
Fidelity Advisor Freedom 2030 A	456,556	-
Fidelity Advisor Prime Fund	-	921,397

NOTE 5 – FULLY RESPONSIVE INVESTMENT CONTRACT

Fidelity Advisor Stable Value Portfolio, a common collective trust, has entered into fully benefit-responsive investment contracts to provide preservation of capital, stable interest rate and liquidity at contract value for participant transactions.

As reported to the Plan by Fidelity Management Trust Company, the contract is "fully-benefit responsive". The contract provides that the interest rate credited on the contract never be less than zero and that Participants execute plan transactions at contract value which is the participants invested principal plus accrued interest.

NOTE 5 – FULLY RESPONSIVE INVESTMENT CONTRACT (Continued)

Generally, there are no restrictions on a participant's ability to redeem their investment in the common collective trust. Certain events, such as termination of common collective trust or changes in laws or regulations, may limit the ability of the Plan to transact at contract value. The Company does not believe that any events that may limit the ability of the Plan to transact at contract value are probable.

The crediting interest rate is reset daily. For year ended December 31, 2010, the average yield was 2.37% and the average yield credited was 1.48%.

NOTE 6 – PARTICIPANT LOANS

Participants may borrow from their accounts up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan terms range to a maximum of five years or thirty years if the loan is used for the purchase of a primary residence. Loans are secured by the balance in the participant's account. The loans bear interest at 5% to 10% which is commensurate with local prevailing rates. Principal and interest is paid ratably through payroll deductions.

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Although it has not expressed any intent to do so, Rizza Dealer Group 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 become 100% vested in their employer contributions.

NOTE 9 – RISKS AND UNCERTAINTIES

The plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE 10 – RECONCILIATION OF FINANCIAL STATEMENTS TO 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 to Form 5500:

Net assets available for benefits per the financial statements	$ 8,022,455
Adjustment from Contract to Fair Value for Fully Benefit-Responsive Investment Contracts	9,341
Net assets available for benefits per Form 5500	$ 8,031,796

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Investment income per Form 5500	$ 924,750

RIZZA DEALER GROUP SALARY SAVINGS PLAN

Schedule H, Line 4i--Schedule of Assets (Held At End of Year)-Modified Cash Basis

December 31, 2010

EIN: 36-2943945

PIN: 004

(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
	Value of Interest in Common Collective Trusts			
*	Fidelity Management Trust Co	Fidelity Advisor Stable Value	**	$ 499,497
	Registered Investment Companies:			
*	Fidelity Investments	Fidelity Advisor Stock Selector All Cap A	**	$ 113,300
*	Fidelity Investments	Fidelity Advisor Freedom 2005 A	**	628,127
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*	Fidelity Investments	Fidelity Advisor Real Estate A	**	108,314
	Invesco	Invesco Charter A	**	15,970
	Pimco	Pimco Total Return A	**	127,774
	Thornburg	Thornburg Core Growth R3	**	28,125
				$ 7,502,211
*	Notes Receivable from Participants	Notes Receivable from Participants (Interest rates of 5.00% to 9.75%, maturing through June 2016)	**	$ 30,088

*** Represents a Party-in-interest**

** **Cost omitted for participant-directed investments**

RIZZA DEALER GROUP SALARY SAVINGS PLAN

Independent Auditor's Report and Modified Cash Basis Financial Statements

Years Ended December 31, 2010 and 2009

RIZZA DEALER GROUP SALARY SAVINGS PLAN
Years Ended December 31, 2010 and 2009

C O N T E N T S

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Independent Auditor's Report		1
Statements of Net Assets Available for Benefits - Modified Cash Basis	Exhibit A	2
Statement of Changes in Net Assets Available for Benefits - Modified Cash Basis	Exhibit B	3
Notes to the Financial Statements		4-11
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - Modified Cash Basis	Schedule A-1	12

P&H PETEREK & HOWSE, LLP
CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Trustees of
Rizza Dealer Group Salary Savings Plan

We were engaged to audit the accompanying statements of net assets available for benefits - modified cash basis of RIZZA DEALER GROUP SALARY SAVINGS PLAN as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits - modified cash basis for the year ended December 31, 2010, and the supplemental Schedule of Assets (Held at End of Year) – modified cash basis. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian held the Plan's investment assets and executed investment transactions. The plan administrator has obtained certifications from the custodian as of December 31, 2010 and 2009, and for the year ended December 31, 2010, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying modified cash basis financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

As described in Note 2, these financial statements and supplemental schedule were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

Peterek & Howse, LLP

Westchester, Illinois
July 13, 2011

One Westbrook Corporate Center ▮ Suite 535 ▮ Westchester, Illinois 60154
Telephone 708/836-0830 ▮ Facsimile 708/836-0833

Exhibit A

RIZZA DEALER GROUP SALARY SAVINGS PLAN
Statements of Net Assets Available for Benefits – Modified Cash Basis
December 31, 2010 and 2009

	2010	2009
Assets		
Investments at Fair Value (Notes 3 and 4)		
Common collective trust (Note 5)	$ 499,497	$ -
Money market funds	-	921,397
Mutual funds	7,502,211	6,235,531
	8,001,708	7,156,928
Notes Receivable from Participants (Note 6)	30,088	46,935
Net Assets Available for Benefits at Fair Value	8,031,796	7,203,863
Adjustment from Fair Value to Contract Value for Fully Benefit-Responsive Investment Contracts (Notes 2 and 5)	(9,341)	-
Net Assets Available for Benefits (Exhibit B)	$ 8,022,455	$ 7,203,863

The accompanying notes are an integral part of the financial statements.

Exhibit B

RIZZA DEALER GROUP SALARY SAVINGS PLAN
Statement of Changes in Net Assets Available for Benefits – Modified Cash Basis
Year Ended December 31, 2010

Additions to Net Assets Attributed to:	
Contributions:	
Employee	$ 290,778
Employer	3,828
Rollovers	13,165
	307,771
Investment income:	
Interest and dividends	163,755
Net change in fair value of investments	749,225
Interest from notes receivable from participants	2,429
	915,409
Total additions	1,223,180
Deductions from Net Assets Attributed to:	
Benefits paid to participants	292,890
Professional fees	12,000
Other fees	300
Transfers to other plans	99,398
Total deductions	404,588
Net Increase during the Year	818,592
Net Assets Available for Benefits, Beginning of Year	7,203,863
Net Assets Available for Benefits, End of Year (Exhibit A)	$ 8,022,455

The accompanying notes are an integral part of the financial statements.

NOTE 1 – DESCRIPTION OF PLAN

The following description provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan began on June 15, 1989 upon termination of the Rizza Ford, Inc. Money Purchase Plan. All assets of that defined contribution plan were rolled over into the Rizza Dealer Group Salary Savings Plan.

The Plan is designed as a qualified cash deferred arrangement, pursuant to Section 401(k) of the Internal Revenue Code, covering all union employees of Joe Rizza Enterprises, Joe Rizza Ford, Inc., Joe Rizza Lincoln Mercury, Inc., Joe Rizza Ford Porsche of Orland Park, Inc., Midwestern Financial Corp., Seneca Insurance Agency, Joe Rizza Acura, Rizza Cadillac, Buick, & Hummer, and formerly of Rizza Chevrolet, Inc. ("Rizza Dealer Group") who have completed 3 months of service within a twelve month period, are age 20-1/2 or older and whose employment is governed by terms of a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Effective November 15, 2007, automatic enrollment was adopted whereby all employees are deemed participants in the plan with a deferral equal to 4% of eligible compensation unless the employee elects not to participate.

Each year, participants may contribute up to $16,500 or 90% of eligible compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Through August 31, 2009, Rizza Dealer Group matched contributions equal to 25% of the employee's pre-tax contribution up to the first 4% of compensation. The matching contribution is invested directly into the investment options proportional to the elective contributions made on behalf of a participant.

Effective September 1, 2009, the Plan was amended to change matching contributions from nondiscretionary to discretionary. No matching contributions for the periods subsequent to September 1, 2009 were made other than a corrective contribution made during the year ended December 31, 2010 for August 2009.

At its sole discretion, Rizza Dealer Group may make an additional annual profit sharing contribution. The profit sharing contribution is allocated to the participants based on the ratio that his/her compensation bears to the compensation of all eligible participants. No profit sharing contribution was made for the year ended December 31, 2010.

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Participant Accounts

Each participant's account is credited with the participant's contributions, Rizza Dealer Group's matching and profit sharing contributions, and Plan earnings. Allocations are based on each participant's deferral and investment elections.

Vesting

Participants are immediately vested in their voluntary pre-tax contribution and rollover accounts plus actual earnings thereon. Vesting in the employer contribution and profit sharing portion of their accounts ranges from 20% after two years to 100% after six years of credited service.

Payment of Benefits

The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested balance. Benefits under the Plan are payable to participants or their beneficiaries upon death, retirement, disability, proven financial hardship or severance of employment. Benefits are to be paid in either a lump-sum, or installments for a period not to exceed the participant's life expectancy (or the participant and the participant's beneficiary's life expectancy). Balances that do not exceed $1,000 must be distributed in a lump-sum.

Forfeited Accounts

In event of termination of employment before full vesting, the non-vested portion is forfeited upon certain conditions as specified in the Plan document, with such forfeitures being used to reduce future employer contributions and the Plan's ordinary and necessary administrative expenses. At December 31, 2010 and 2009 forfeited non-vested accounts totaled $4,985 and $14,260, respectively.

Administrative Expenses

Administrative expenses are generally paid using the Plan's assets; however, Rizza Dealer Group, at its discretion, may pay certain administrative expenses of the Plan.

Transfers to Other Plans

Certain employees were also participants in another plan maintained by the Plan sponsors. Amounts representing these employees' account balances were transferred to the other plan.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's policy is to prepare its financial statements on the modified cash basis of accounting, which is a comprehensive basis of accounting other than generally accepted accounting principles.

The modified cash basis of accounting differs from generally accepted accounting principles in that contributions are recorded when received rather than when the contributions are receivable from the employer and the participants, investment income is recorded when received rather than when earned, however, investments are adjusted to fair value.

Estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation 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. Dividends are recorded on the ex-dividend date. Investment income includes interest, dividends, and realized and unrealized gains and losses.

The difference between the aggregate fair values of investments as of the end of the year and their carrying values (fair values at the beginning of the year for investments then owned, or purchase cost for acquisitions during the current period) and net gains (losses) on sales of investments during the period are reflected as "net change in fair value of investments."

Common Collective Trust

The Plan holds investments in a stable value portfolio which is a common collective trust. The stable value portfolio invests in fully benefit-responsive investment contracts issued by financial institutions and in fixed income securities, bond funds, and derivative instruments. The statements of net assets available for benefits-modified cash basis present common collective trusts at fair value as well as an additional line item showing an adjustment of the fully benefit-responsive contracts from fair value to contract value. The statement of changes in net assets available for benefits-modified cash basis is prepared on a contract basis.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Notes Receivable from Participants

Plan has adopted FASB ASC update 2010-25 whereby participant loans are classified as notes receivable from participants and measured at the unpaid principal balance plus any accrued interest. Previously participant loans were classified as investments and measured as fair market value. The change in accounting principle was applied retrospectively and participant loans were reclassified from investments to notes receivable from participants. There were no changes to net assets available for benefits – modified cash basis or change in net assets available for benefits – modified cash basis.

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	Thornburg	Thornburg Core Growth R3	**	28,125
				$ 7,502,211
*	Notes Receivable from Participants	Notes Receivable from Participants (Interest rates of 5.00% to 9.75%, maturing through June 2016)	**	$ 30,088

*** Represents a Party-in-interest**

** **Cost omitted for participant-directed investments**