Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RESCAR COMPANIES PROFIT SHARING AND 401(K) PLAN &

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/28/1976

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

1101 31ST STREET, SUITE 250
DOWNERS GROVE, IL 60515

2b Employer Identification Number (EIN) 36-4253488

2c Sponsor's telephone number 630-963-1114

2d Business code (see instructions) 336990

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.	07/29/2011	BARBARA K. THOMAS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/29/2011	BARRY S. ANSTANDIG
	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")
RESCAR COMPANIES

1101 31ST STREET, SUITE 250
DOWNERS GROVE, IL 60515

3b Administrator's EIN
36-4253488

3c Administrator's telephone number
630-963-1114

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
RESCAR, INC.

4b EIN
75-1380464

4c PN
001

5	Total number of participants at the beginning of the plan year	**5**	1597
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**	1104
b	Retired or separated participants receiving benefits	**6b**	371
c	Other retired or separated participants entitled to future benefits	**6c**	130
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1605
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	1606
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1432
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	171
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 2T 2H 2S

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

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

A Name of plan	**B** Three-digit plan number (PN) ▶	
RESCAR COMPANIES PROFIT SHARING AND 401(K) PLAN &		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
RESCAR COMPANIES	36-4253488	

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

JPMORGAN RETIREMENT PLAN SERVICES

71-0930784

(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)

JPMORGAN RETIREMENT PLAN SERVICES

71-0930784

(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 37 50 59 64	RECORDKEEPER	28170	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 ☐

(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
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
AMERICAN CENTURY 4500 MAIN STREET KANSAS CITY, MO 64112	SEE ATTACHMENT AMERICAN CENTURY EQUITY INCOME-INV

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
AMERICAN CENTURY 4500 MAIN STREET KANSAS CITY, MO 64112	SEE ATTACHMENT AMERICAN CENTURY STRATEGIC ALLOC CONSERVATIVE-INV

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
AMERICAN CENTURY 4500 MAIN STREET KANSAS CITY, MO 64112	SEE ATTACHMENT AMERICAN CENTURY STRATEGIC ALLOC MODERATE-INV

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
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
AMERICAN CENTURY 4500 MAIN STREET KANSAS CITY, MO 64112	SEE ATTACHMENT AMERICAN CENTURY STRATEGIC ALLOC AGGRESSIVE-INV

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
AMERICAN CENTURY 4500 MAIN STREET KANSAS CITY, MO 64112	SEE ATTACHMENT AMERICAN CENTURY GOVERNMENT BOND-INV

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
AMERICAN CENTURY 4500 MAIN STREET KANSAS CITY, MO 64112	SEE ATTACHMENT AMERICAN CENTURY EQUITY GROWTH-INV

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
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
AMERICAN FUND GROUP P.O. BOX 6040 INDIANOPOLIS, IN 46206	SEE ATTACHMENT AMERICAN FUNDS GROWTH FUND OF AMERICA-R4

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
STATE STREET ONE LINCOLN STREET BOSTON, MA 02111	SEE ATTACHMENT SSGA SANDP 500 INDEX SL-III

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
J.P. MORGAN FUNDS 1111 POLARIS PARKWAY COLUMBUS, OH 43240-2050	SEE ATTACHMENT JPMORGAN SMALL CAP EQUITY-A

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
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
J.P. MORGAN FUNDS 1111 POLARIS PARKWAY COLUMBUS, OH 43240-2050	SEE ATTACHMENT JPMORGAN INTERNATIONAL EQUITY-SELECT

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
J.P. MORGAN FUNDS 1111 POLARIS PARKWAY COLUMBUS, OH 43240-2050	SEE ATTACHMENT JPMORGAN SMARTRETIREMENT 2040-INST

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
J.P. MORGAN FUNDS 1111 POLARIS PARKWAY COLUMBUS, OH 43240-2050	SEE ATTACHMENT JPMORGAN SMARTRETIREMENT 2030-INST

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
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
J.P. MORGAN FUNDS 1111 POLARIS PARKWAY COLUMBUS, OH 43240-2050	SEE ATTACHMENT JPMORGAN SMARTRETIREMENT 2020-INST

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
J.P. MORGAN FUNDS 1111 POLARIS PARKWAY COLUMBUS, OH 43240-2050	SEE ATTACHMENT JPMORGAN SMARTRETIREMENT 2015-INST

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
J.P. MORGAN FUNDS 1111 POLARIS PARKWAY COLUMBUS, OH 43240-2050	SEE ATTACHMENT JPMORGAN SMARTRETIREMENT 2010-INST

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
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
J.P. MORGAN FUNDS 1111 POLARIS PARKWAY COLUMBUS, OH 43240-2050	SEE ATTACHMENT JPMORGAN SMARTRETIREMENT INCOME-INST

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
J.P. MORGAN FUNDS 1111 POLARIS PARKWAY COLUMBUS, OH 43240-2050	SEE ATTACHMENT JPMORGAN INTREPID VALUE-R5

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
J.P. MORGAN FUNDS P.O. BOX 8528 BOSTON, MA 02266-8528	SEE ATTACHMENT JPMORGAN STABLE VALUE

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
J.P.MORGAN RETIREMENT PLAN SERVICES	59	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.
J.P. MORGAN FUNDS 1111 POLARIS PARKWAY COLUMBUS, OH 43240-2050	SEE ATTACHMENT JPMORGAN CORE PLUS BOND-SELECT

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
RESCAR COMPANIES PROFIT SHARING AND 401(K) PLAN &

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
RESCAR COMPANIES

D Employer Identification Number (EIN)
36-4253488

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: JPMORGAN STABLE VALUE

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

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)
26-0463057-001	C	5331229

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500

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

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)
04-0025081-066	C	1752712

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
RESCAR COMPANIES PROFIT SHARING AND 401(K) PLAN &

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RESCAR COMPANIES

D Employer Identification Number (EIN)
36-4253488

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)	450000	210000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	1443572	1691248
(9) Value of interest in common/collective trusts	1c(9)	6658764	7083941
(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)	15117620	16853135
(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	23669956	25838324
	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	23669956	25838324

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)	210000	
	(B) Participants	2a(1)(B)	1857666	
	(C) Others (including rollovers)	2a(1)(C)	13798	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2081464
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	69089	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		69089
	(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)	355622	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		355622
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		498802
(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)		1696822
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		4701799
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2464631	
(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)		2464631
f Corrective distributions (see instructions)	2f		49746
g Certain deemed distributions of participant loans (see instructions)	2g		-9116
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)	28170	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		28170
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2533431
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2168368
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: GRANT THORNTON, LLP (2) EIN: 36-6055558

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		1000000
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
RESCAR COMPANIES PROFIT SHARING AND 401(K) PLAN &

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
RESCAR COMPANIES

D Employer Identification Number (EIN)
36-4253488

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): 43-6389220

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):

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

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Trustees
Rescar, Inc.
Profit Sharing and 401(k) Plan

We were engaged to audit the financial statements of the Rescar, Inc. Profit Sharing and 401(k) Plan (the "Plan") as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedule of assets (held at end of year) as of December 31, 2010, as listed in the accompanying table of contents. 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 H, which was certified by JPMorgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the certified Plan assets and executes the related transactions. The Plan administrator has obtained a certification from the trustee 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 trustee is complete and accurate.

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

Grant Thornton LLP

Chicago, Illinois
July 19, 2011

Form 5500 Schedule C Supplemental Report - Reportable Indirect Compensation

Plan Name: **RESCAR COMPANIES PROFIT SHARING AND 401(k) PLAN & TRUST**

EIN: **75-1380464**

RPS Plan Number: **127690**

3(a) - Service Provider	3(b) - Service Code	3(c) - Indirect Fees	3(e) - Formula	3(e) - Formula continued	3(e) - Fund Name	3(d) - Fund Company	3(d) - Address Line 1	3(d) - Address Line 2	3(d) - City	3(d) - State	3(d) - Zip Code
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	40 basis points Pay fee per annum of the average aggregate amount invested in share class. The average aggregate amount invested in the fund over a one month period shall be computed by totaling the aggregate investment (share net asset value multiplied by total number of shares held) on each calendar day during the month and dividing by the total number of calendar days during such month.	American Century Equity Income-Inv	American Century	4500 Main Street		Kansas City	MO	64112
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	40 basis points Pay fee per annum of the average aggregate amount invested in share class. The average aggregate amount invested in the fund over a one month period shall be computed by totaling the aggregate investment (share net asset value multiplied by total number of shares held) on each calendar day during the month and dividing by the total number of calendar days during such month.	American Century Strategic Alloc Conservative-Inv	American Century	4500 Main Street		Kansas City	MO	64112
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	45 basis points Pay fee per annum of the average aggregate amount invested in share class. The average aggregate amount invested in the fund over a one month period shall be computed by totaling the aggregate investment (share net asset value multiplied by total number of shares held) on each calendar day during the month and dividing by the total number of calendar days during such month.	American Century Strategic Alloc Moderate-Inv	American Century	4500 Main Street		Kansas City	MO	64112
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	45 basis points Pay fee per annum of the average aggregate amount invested in share class. The average aggregate amount invested in the fund over a one month period shall be computed by totaling the aggregate investment (share net asset value multiplied by total number of shares held) on each calendar day during the month and dividing by the total number of calendar days during such month.	American Century Strategic Alloc Aggressive-Inv	American Century	4500 Main Street		Kansas City	MO	64112
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	20 basis points Pay fee per annum of the average aggregate amount invested in share class. The average aggregate amount invested in the fund over a one month period shall be computed by totaling the aggregate investment (share net asset value multiplied by total number of shares held) on each calendar day during the month and dividing by the total number of calendar days during such month.	American Century Government Bond-Inv	American Century	4500 Main Street		Kansas City	MO	64112
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	28 basis points Pay fee per annum of the average aggregate amount invested in share class. The average aggregate amount invested in the fund over a one month period shall be computed by totaling the aggregate investment (share net asset value multiplied by total number of shares held) on each calendar day during the month and dividing by the total number of calendar days during such month.	American Century Equity Growth-Inv	American Century	4500 Main Street		Kansas City	MO	64112
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	35 basis points Quarterly fee at annual rate applied to the average daily net asset value of the shares of the class held during the applicable quarter; pay monthly at applicable annua rate of the average daily net asset value of class shares held in account at the end of the month.	American Funds Growth Fund of America-R4	American Fund Group	P.O. Box 6040		Indianopolis	IN	46206

Form 5500 Schedule C Supplemental Report - Reportable Indirect Compensation

Plan Name: **RESCAR COMPANIES PROFIT SHARING AND 401(k) PLAN & TRUST**

EIN: **75-1380464**

RPS Plan Number: **127690**

3(a) - Service Provider	3(b) - Service Code	3(c) - Indirect Fees	3(e) - Formula	3(e) - Formula continued	3(e) - Fund Name	3(d) - Fund Company	3(d) - Address Line 1	3(d) - Address Line 2	3(d) - City	3(d) - State	3(d) - Zip Code
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	13 basis points [Applicable basis points] based on the average daily market value within each account.	SSgA S&P 500 Index SL-III	State Street	One Lincoln Street		Boston	MA	02111
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	69.5 basis points The formula is basis points per annum, multiplied by the numbers of days in the period, divided by the number of days in the year, equals the amount of indirect compensation for the plan year.	JPMorgan Small Cap Equity-A	J.P. Morgan Funds	1111 Polaris Parkway		Columbus	OH	43240-2050
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	53 basis points The formula is basis points per annum, multiplied by the numbers of days in the period, divided by the number of days in the year, equals the amount of indirect compensation for the plan year.	JPMorgan International Equity-Select	J.P. Morgan Funds	1111 Polaris Parkway		Columbus	OH	43240-2050
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	44 basis points Fee equal to the specified fee percentage per annum of the averager daily net asset value of the shares of the fund that are held.	JPMorgan SmartRetirement 2040-Inst	J.P. Morgan Funds	1111 Polaris Parkway		Columbus	OH	43240-2050
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	44 basis points Fee equal to the specified fee percentage per annum of the averager daily net asset value of the shares of the fund that are held.	JPMorgan SmartRetirement 2030-Inst	J.P. Morgan Funds	1111 Polaris Parkway		Columbus	OH	43240-2050
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	38 basis points Fee equal to the specified fee percentage per annum of the averager daily net asset value of the shares of the fund that are held.	JPMorgan SmartRetirement 2020-Inst	J.P. Morgan Funds	1111 Polaris Parkway		Columbus	OH	43240-2050
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	36 basis points The formula is basis points per annum, multiplied by the numbers of days in the period, divided by the number of days in the year, equals the amount of indirect compensation for the plan year.	JPMorgan SmartRetirement 2015-Inst	J.P. Morgan Funds	1111 Polaris Parkway		Columbus	OH	43240-2050
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	33 basis points The formula is basis points per annum, multiplied by the numbers of days in the period, divided by the number of days in the year, equals the amount of indirect compensation for the plan year.	JPMorgan SmartRetirement 2010-Inst	J.P. Morgan Funds	1111 Polaris Parkway		Columbus	OH	43240-2050
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	30 basis points The formula is basis points per annum, multiplied by the numbers of days in the period, divided by the number of days in the year, equals the amount of indirect compensation for the plan year.	JPMorgan SmartRetirement Income-Inst	J.P. Morgan Funds	1111 Polaris Parkway		Columbus	OH	43240-2050
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	40.5 basis points The formula is basis points per annum, multiplied by the numbers of days in the period, divided by the number of days in the year, equals the amount of indirect compensation for the plan year.	JPMorgan Intrepid Value-R5	J.P. Morgan Funds	1111 Polaris Parkway		Columbus	OH	43240-2050
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	15 basis points The formula is basis points per annum, multiplied by the numbers of days in the period, divided by the number of days in the year, equals the amount of indirect compensation for the plan year.	JPMorgan Stable Value	J.P. Morgan Funds	P.O. Box 8528		Boston	MA	02266-8528
J.P.Morgan Retirement Plan Services	59	0	FROM THE BEGINNING OF January 2010 TO THE END OF December 2010	35.75 basis points The formula is basis points per annum, multiplied by the numbers of days in the period, divided by the number of days in the year, equals the amount of indirect compensation for the plan year.	JPMorgan Core Plus Bond-Select	J.P. Morgan Funds	1111 Polaris Parkway		Columbus	OH	43240-2050

FINANCIAL STATEMENTS AND REPORT OF
INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
RESCAR, INC.
PROFIT SHARING AND 401(k) PLAN
DECEMBER 31, 2010 AND 2009

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

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Trustees
Rescar, Inc.
Profit Sharing and 401(k) Plan

We were engaged to audit the financial statements of the Rescar, Inc. Profit Sharing and 401(k) Plan (the "Plan") as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedule of assets (held at end of year) as of December 31, 2010, as listed in the accompanying table of contents. 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 H, which was certified by JPMorgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the certified Plan assets and executes the related transactions. The Plan administrator has obtained a certification from the trustee 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 trustee is complete and accurate.

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

Grant Thornton LLP

Chicago, Illinois
July 19, 2011

Rescar, Inc.
Profit Sharing and 401(k) Plan
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2010	2009
Assets		
Investments, at fair value	$23,937,077	$21,776,384
Notes receivable from participants	1,691,247	1,443,572
Employer contribution receivable	210,000	450,000
Total assets	25,838,324	23,669,956
Liabilities		
Excess contributions refundable	64,077	49,746
Net assets reflecting all investments at fair value	25,774,247	23,620,210
Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contracts	15,850	177,408
NET ASSETS AVAILABLE FOR BENEFITS	$25,790,097	$23,797,618

The accompanying notes are an integral part of these statements.

Rescar, Inc.
Profit Sharing and 401(k) Plan
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2010

Additions to net assets attributed to	
Investment income	
Net appreciation in fair value of mutual funds	$ 2,034,065
Interest and dividend income	355,623
Net investment income	2,389,688
Interest income on notes receivable from participants	69,089
Contributions	
Employee	1,793,590
Employer	210,000
Rollover	13,798
Total contributions	2,017,388
Net additions	4,476,165
Deductions from net assets attributed to	
Benefits paid to participants	2,455,516
Administrative expenses	28,170
Total deductions	2,483,686
NET INCREASE	1,992,479
Net assets available for benefits	
Beginning of year	23,797,618
End of year	$25,790,097

The accompanying notes are an integral part of this statement.

NOTE A - DESCRIPTION OF PLAN

The following description of the Rescar, Inc. Profit Sharing and 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for specific details concerning the Plan.

General

The Plan is a defined contribution plan maintained for the benefit of eligible employees of Rescar, Inc. and affiliated companies (the "Employer"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Eligibility

All employees age 18 or older can participate in the Plan upon completion of 90 days of service. The employee must complete 1,000 hours of service to be eligible for the Employer matching and profit-sharing contributions and must be actively employed on December 31 of the Plan year.

Contributions

Participants may elect to contribute an amount from 1% to 100% of compensation. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Profit-sharing and matching contributions by the Employer are made in discretionary amounts determined by their Boards of Directors. Employer discretionary matching contributions were made to participants as of the end of 2010 in amounts equal to the first $224 of participants' 2010 contributions to the Plan ($362 for 2009). The Employer discretionary profit-sharing contribution was approximately $159,900 for the year ended December 31, 2010. Contributions are subject to certain limitations.

Participant Accounts

Each participant's account is credited with the participant's contribution and an allocation of (1) the Employer's contribution, (2) Plan earnings and (3) forfeitures of terminated participants' non-vested accounts, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their own contributions plus actual earnings thereon. Vesting in the Employer's discretionary matching and profit-sharing contribution portion of their accounts, plus actual earnings thereon, is based on years of continuous service, becoming 20% vested after two years of service, with vesting increasing 20% for each additional year of service to a maximum of 100% after six years.

Benefit Payments

On termination of service, death, disability or retirement, a participant may elect to receive a lump-sum payment equal to the value of the participant's vested interest in his or her account.

NOTE A - DESCRIPTION OF PLAN - Continued

Notes Receivable from Participants

Participants may borrow from their participant accounts a minimum of $1,000 up to a maximum equal to the lesser of one-half of their vested account balance or $50,000, reduced by any outstanding loan balance in their accounts. Loan terms range up to five years, unless for the purchase of a principal residence, which may be repaid over a term of up to thirty years. The loans are secured by the balance in their participant accounts and bear interest at a fixed rate based on prime. Principal and interest are paid ratably through payroll deductions.

Forfeitures

At December 31, 2010 and 2009, forfeited non-vested accounts totaled approximately $89,950 and $59,800, respectively. These amounts are used to supplement future Employer contributions. The 2010 Employer contribution, which was funded in 2011, was supplemented by approximately $89,950 from forfeited non-vested accounts.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared under the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attributed for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statements of net assets available for benefits present the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract-value basis.

Adoption of New Accounting Pronouncement

In January 2010, the Financial Accounting Standards Board ("FASB") issued an amendment that requires new disclosures about fair value measurements, including reasons for transfers of financial assets and liabilities between Levels 1 and 2 of the fair value measurement hierarchy. This amendment also requires fair value measurement disclosures for each class of financial assets and liabilities, and disclosures about inputs and valuation techniques are required for both Level 2 and Level 3 measurements. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales, issuance and settlements instead of netting these changes. With respect to matters other than the reconciliation of Level 3 measurements, the amendment was effective for periods beginning on or after December 15, 2009, and has been adopted. The guidance related to the reconciliation of Level 3 measurements is effective for periods beginning on or after December 15, 2010, and has not been adopted. Management is currently evaluating the impact of the guidance on financial statement disclosures.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Adoption of New Accounting Pronouncement - Continued

In September 2010, FASB issued an amendment, "*Plan Accounting - Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans*," which provides guidance on how loans to participants should be classified and measured by defined contribution plans. That guidance requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. The Plan adopted this new guidance in its December 31, 2010 financial statements and has reclassified participant loans of $1,443,572 for the year ended December 31, 2009, from investments to notes receivable from participants. Net assets of the Plan were not affected by the adoption of the new guidance.

Use of Estimates

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on terms of the Plan document.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note D for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Net realized and unrealized appreciation is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation in fair value of mutual funds.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Expenses incurred in the administration of the Plan are paid by the Plan if not paid by the Employer.

NOTE C - INVESTMENTS

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

	2010	2009
Mutual funds		
J.P. Morgan Core Plus Bond-Select Fund	$1,748,469	$1,461,276
American Century Equity Growth Fund	1,623,025	1,698,478
American Century Equity Income Fund	1,376,699	1,195,484
J.P. Morgan Intrepid Value Fund	1,800,783	1,713,010
American Funds The Growth Fund of America	2,694,798	2,682,078
American Century Government Bond Fund	1,436,197	1,574,776
JP Morgan Small Cap Equity Fund	1,498,995	1,111,922
Collective trust funds		
J.P. Morgan Stable Value Fund*	5,331,229	5,017,798
State Street Global Advisors S&P 500 Index Fund	1,752,712	1,640,966

* Contract value is $5,347,079 and $5,195,206 as of December 31, 2010 and 2009, respectively.

Risks and Uncertainties

The Plan provides for investments that, in general, 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 reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

NOTE D - FAIR VALUE MEASUREMENTS

The Plan established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The fair value hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, quoted prices for identical or similar assets or liabilities in inactive markets, inputs other than quoted prices that are observable for the asset or liability, and inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

NOTE D - FAIR VALUE MEASUREMENTS - Continued

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 description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Mutual funds - Valued at the net asset value ("NAV") of shares held by the Plan at year-end as quoted on an active market.

Collective trusts - Valued at the NAV provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV's unit price is quoted on a private market that is not active.

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 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 tables present the fair value of the Plan's investments by level, within the fair value hierarchy, as of December 31:

	2010			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Aggressive lifestyle	$ 656,495	$ -	$ -	$ 656,495
Asset allocation	2,228,282	-	-	2,228,282
Bond	3,184,666	-	-	3,184,666
Conservative lifestyle	1,003,834	-	-	1,003,834
Equity income	1,376,699	-	-	1,376,699
International	306,911	-	-	306,911
Large cap core - growth	1,623,025	-	-	1,623,025
Large cap growth	2,694,798	-	-	2,694,798
Large cap value	1,800,783	-	-	1,800,783
Moderate lifestyle	478,648	-	-	478,648
Small cap core	1,498,995	-	-	1,498,995
Total mutual funds	16,853,136	-	-	16,853,136
Collective trusts				
Stable value (a)	-	5,331,229	-	5,331,229
Index fund (b)	-	1,752,712	-	1,752,712
Total collective trusts	-	7,083,941	-	7,083,941
Total	$16,853,136	$7,083,941	$ -	$23,937,077

NOTE D - FAIR VALUE MEASUREMENTS - Continued

	2009			
	Level 1	Level 2	Level 3	Total
Mutual funds				
Aggressive lifestyle	$ 529,426	$ -	$ -	$ 529,426
Asset allocation	1,507,101	-	-	1,507,101
Bond	3,036,052	-	-	3,036,052
Conservative lifestyle	847,639	-	-	847,639
Equity income	1,195,484	-	-	1,195,484
International	312,135	-	-	312,135
Large cap core - growth	1,698,478	-	-	1,698,478
Large cap growth	2,682,078	-	-	2,682,078
Large cap value	1,713,010	-	-	1,713,010
Moderate lifestyle	484,295	-	-	484,295
Small cap core	1,111,922	-	-	1,111,922
Total mutual funds	15,117,620	-	-	15,117,620
Collective trusts				
Stable value (a)	-	5,017,798	-	5,017,798
Index fund (b)	-	1,640,966	-	1,640,966
Total collective trusts	-	6,658,764	-	6,658,764
Total	$15,117,620	$6,658,764	$ -	$21,776,384

(a) This fund seeks to preserve principal investment while earning interest income. The fund will try to maintain a stable $1 unit price, but it cannot guarantee that it will be able to do so. The yield of the fund will fluctuate. The fund invests in investment contracts (wrap contracts) issued by insurance companies and other financial institutions, fixed income securities and money market funds to provide daily liquidity.

The NAV of the fund is determined using the market value or fair value, if market data is unavailable, of the underlying securities. The fund allows for daily liquidity with no additional days notice required for redemption for participant-directed transactions. Were the Plan to initiate a full redemption of this fund, the investment advisor reserves the right to temporarily delay withdrawal from the trust for up to 12 months in order to ensure that securities liquidations will be carried out in an orderly manner.

(b) This fund seeks to replicate the total return of the S&P 500 Index. This fund allows for daily liquidity with no additional days notice required for redemption for participant-directed transactions.

NOTE E - RELATED-PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by American Century Investment Services, Inc. ("American Century"). American Century is an affiliate of JPMorgan Chase Bank, N.A. ("JPMorgan"), the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions. Certain Plan investments are shares of mutual funds managed by J.P. Morgan Institutional Investments, Inc. J.P. Morgan Institutional Investments, Inc. is also an affiliate of JPMorgan; therefore, these transactions qualify as party-in-interest transactions.

NOTE F - 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 would become 100% vested in the Employer contributions.

NOTE G - TAX STATUS

The Plan is a non-standardized prototype plan sponsored by J.P. Morgan Investment Management, Inc. that has been adopted by the Employer. The prototype plan obtained its latest opinion letter on September 27, 2003, in which the Internal Revenue Service ("IRS") stated that the prototype plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has not requested its own determination letter from the IRS. The Plan administrator believes that the Plan is currently designed and being operated in all material respects with the applicable requirements of the IRC.

NOTE H - INFORMATION CERTIFIED BY THE TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, JPMorgan, the trustee, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2010 and 2009, except for fair market value adjustment of $15,850 and $177,408, respectively.

- Investment income and interest income on notes receivable from participants, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2010.

- Schedule H, line 4i - schedule of assets (held at end of year) as of December 31, 2010 (contract value for the J.P. Morgan Stable Value Fund of $5,347,079 certified by JPMorgan).

NOTE H - INFORMATION CERTIFIED BY THE TRUSTEE - Continued

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009, to the Form 5500:

	2010	2009
Net assets available for benefits per the financial statements	$25,790,097	$23,797,618
Less adjustment from contract value to fair value for interest in collective trust relating to fully benefit-responsive investment contracts	(15,850)	(177,408)
Add excess contributions refundable	64,077	49,746
Net assets available for benefits per the Form 5500	$25,838,324	$23,669,956

The following is a reconciliation of net increase per the financial statements for the year ended December 31, 2010, to the Form 5500:

Net increase per the financial statements	$1,992,479
Less adjustment from contract value to fair value for interest in collective trust relating to fully benefit-responsive investment contracts at December 31, 2010	(15,850)
Add adjustment from contract value to fair value for interest in collective trust relating to fully benefit-responsive investment contracts at December 31, 2009	177,408
Add excess contributions refundable at December 31, 2010	64,077
Less excess contributions refundable at December 31, 2009	(49,746)
Net income per the Form 5500	$2,168,368

NOTE J - SUBSEQUENT EVENTS

Plan management has determined that no material events or transactions occurred subsequent to December 31, 2010, and through July 19, 2011, the date the Plan's financial statements were available for issuance, that would require adjustments and/or additional disclosures in the Plan's financial statements.

SUPPLEMENTAL SCHEDULE

Rescar, Inc.
Profit Sharing and 401(k) Plan
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010

(a)	(b) Identity of issuer	(c) Description of investment	(d) Cost**	(e) Current value
		Collective trust funds		
*	J.P. Morgan Institutional Investments, Inc.	J.P. Morgan Stable Value Fund		$ 5,331,229
	State Street Global Advisors	State Street Global Advisors S&P 500 Index Fund		1,752,712
		Mutual funds		
*	American Century Investment Services, Inc.	American Century Equity Income Fund		1,376,699
*	American Century Investment Services, Inc.	American Century Government Bond Fund		1,436,197
*	J.P. Morgan Institutional Investments, Inc.	J.P. Morgan Small Cap Equity Fund		1,498,995
*	J.P. Morgan Institutional Investments, Inc.	J.P. Morgan Fleming International Equity Fund		306,911
*	American Century Investment Services, Inc.	American Century Strategic Allocation Conservative Fund		1,003,834
*	American Century Investment Services, Inc.	American Century Strategic Allocation Moderate Fund		478,648
*	American Century Investment Services, Inc.	American Century Equity Growth Fund		1,623,025
*	American Century Investment Services, Inc.	American Century Strategic Allocation Aggressive Fund		656,495
*	J.P. Morgan Institutional Investments, Inc.	J.P. Morgan SmartRetirement Fund		48,415
*	J.P. Morgan Institutional Investments, Inc.	J.P. Morgan SmartRetirement 2010 Fund		20,248
*	J.P. Morgan Institutional Investments, Inc.	J.P. Morgan SmartRetirement 2015 Fund		151,926
*	J.P. Morgan Institutional Investments, Inc.	J.P. Morgan SmartRetirement 2020 Fund		377,520
*	J.P. Morgan Institutional Investments, Inc.	J.P. Morgan SmartRetirement 2030 Fund		418,208
*	J.P. Morgan Institutional Investments, Inc.	J.P. Morgan SmartRetirement 2040 Fund		1,211,965
*	J.P. Morgan Institutional Investments, Inc.	J.P. Morgan Intrepid Value Fund		1,800,783
	American Funds	The Growth Fund of America		2,694,798
*	J.P. Morgan Institutional Investments, Inc.	J.P. Morgan Core Plus Bond - Select		1,748,469
				23,937,077
*	Various participants	Notes receivable from participants (3.5% - 8.75%)		1,691,247
				$25,628,324

*Party-in-interest as defined by ERISA Section 3(14).

**Cost information is not required as the investments are participant directed.

SCHEDULE H - PART IV - SCHEDULE OF ASSETS (HELD AT END OF YEAR)					EIN #:	36-4253488
(SEE SCHEDULE H-PART IV 4(i)					PN #:	001
PLAN NAME:	RESCAR COMPANIES PROFIT SHARING AND 401(k) PLAN & TRUST					
PLAN NUMBER:	127690		FOR PERIOD:	01/01/2010-12/31/2010		

(B)	(C)	(D)	(E)
IDENTITY OF PARTY	DESCRIPTION OF ASSET	COST*	CURRENT VALUE
VARIOUS	PARTICIPANT LOANS (3.25%-8.75%		1,691,247.70
JPMORGAN	STABLE VALUE FUND		5,331,229.01
SSGA	S&P 500		1,752,712.15
AMERICAN CENTURY	EQUITY INCOME		1,376,698.38
AMERICAN CENTURY	ACI TREASURY GOVT. BOND		1,436,196.84
JPMORGAN	JP MORGAN SMALL CAP EQUITY		1,498,995.77
JPMORGAN	JP MORGAN INTERNATIONL EQUITY		306,911.15
AMERICAN CENTURY	STRATEGIC ALLOC CONSERVATIVE		1,003,833.67
AMERICAN CENTURY	STRATEGIC ALLOC MODERATE		478,647.55
AMERICAN CENTURY	EQUITY GROWTH		1,623,025.23
AMERICAN CENTURY	STRATEGIC ALLOC AGGRESSIVE		656,494.77
JPMORGAN	SMARTRETIREMENT 2015		151,925.91
JPMORGAN	SMARTRETIREMENT 2020		377,519.78
JPMORGAN	SMARTRETIREMENT 2030		418,208.07
JPMORGAN	SMARTRETIREMENT 2040		1,211,965.07
JPMORGAN	SMARTRETIREMENT		48,414.80
JPMORGAN	SMARTRETIREMENT 2010		20,248.34
JPMORGAN	INTREPID VALUE		1,800,783.39
AMERICAN FUNDS	GROWTH FUND		2,694,797.38
JPMORGAN	CORE PLUS BOND SELECT		1,748,468.89
		0.00	25,628,323.85

* NOT REQUIRED FOR PARTICIPANT DIRECTED ACCOUNTS