Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
COMMERCIAL DRIVERS, INC. RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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

P.O. BOX 33036
CLEVELAND, OH 44133

2b Employer Identification Number (EIN) 34-1457024

2c Sponsor's telephone number 440-237-0900

2d Business code (see instructions) 484110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	THOMAS FINK
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	THOMAS FINK
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
COMMERCIAL DRIVERS, INC.

P.O. BOX 33036
CLEVELAND, OH 44133

3b Administrator's EIN
34-1457024

3c Administrator's telephone number
440-237-0900

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	127
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**	107
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	116
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	116
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	61
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 2G 2J 2K

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

9a Plan funding arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)
- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

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

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

SCHEDULE A (Form 5500)	Insurance 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.** ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	**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) ▶	001
COMMERCIAL DRIVERS, INC. RETIREMENT SAVINGS PLAN		

C Plan sponsor's name as shown on line 2a of Form 5500.	**D** Employer Identification Number (EIN)
COMMERCIAL DRIVERS, INC.	34-1457024

Part I **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier

NATIONWIDE LIFE INSURANCE

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year **(f)** From	**(g)** To
31-4156830	66869	335-80229	2	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid **(c)** Amount	**(d)** Purpose	**(e)** Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	269
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

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

(3) ☐ other (specify) ▶

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

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

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

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year		7b	0
c	Additions: (1) Contributions deposited during the year	7c(1)	267	
	(2) Dividends and credits	7c(2)		
	(3) Interest credited during the year	7c(3)	2	
	(4) Transferred from separate account	7c(4)		
	(5) Other (specify below)	7c(5)		
	▶			
	(6)Total additions		7c(6)	269
d	Total of balance and additions (add **b** and **c(6)**).		7d	269
e	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
	(2) Administration charge made by carrier	7e(2)		
	(3) Transferred to separate account	7e(3)		
	(4) Other (specify below)	7e(4)		
	▶			
	(5) Total deductions		7e(5)	0
f	Balance at the end of the current year (subtract **e(5)** from **d**)		7f	269

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- **a** ☐ Health (other than dental or vision)
- **b** ☐ Dental
- **c** ☐ Vision
- **d** ☐ Life insurance
- **e** ☐ Temporary disability (accident and sickness)
- **f** ☐ Long-term disability
- **g** ☐ Supplemental unemployment
- **h** ☐ Prescription drug
- **i** ☐ Stop loss (large deductible)
- **j** ☐ HMO contract
- **k** ☐ PPO contract
- **l** ☐ Indemnity contract
- **m** ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	9a(1)			
(2) Increase (decrease) in amount due but unpaid	9a(2)			
(3) Increase (decrease) in unearned premium reserve	9a(3)			
(4) Earned (**(1)** + **(2)** - **(3)**)			9a(4)	
b Benefit charges (1) Claims paid	9b(1)			
(2) Increase (decrease) in claim reserves	9b(2)			
(3) Incurred claims (add **(1)** and **(2)**)			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	9c(1)(A)			
(B) Administrative service or other fees	9c(1)(B)			
(C) Other specific acquisition costs	9c(1)(C)			
(D) Other expenses	9c(1)(D)			
(E) Taxes	9c(1)(E)			
(F) Charges for risks or other contingencies	9c(1)(F)			
(G) Other retention charges	9c(1)(G)			
(H) Total retention			9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			9d(1)	
(2) Claim reserves			9d(2)	
(3) Other reserves			9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			9e	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

A Name of plan
COMMERCIAL DRIVERS, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-1457024

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

MGO SECURITIES CORP
1301 E. 9TH STREET
SUITE 1400
CLEVELAN, OH 44114

(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)

MOSKAL GROSS ORCHOSKY

1301 E. 9TH ST
STE 1400
CLEVELAND, OH 44114

(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 16 17	THIRD PARTY ADMIN	7275	Yes [X] No [ ]	Yes [X] No [ ]	3370	Yes [ ] No [X]

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 99	CUSTODIAN	6070	Yes [X] No [ ]	Yes [X] No [ ]	484	Yes [ ] No [X]

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

SUSTIN BARTELL & WALDMAN LTD

1801 E. 9TH STREET
SUITE 930
CLEVELAND, OH 44114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 64 99 49 59 60 63	AUDITORS	13387	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

(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
MOSKAL GROSS ORCHOSKY INC	15 16 17	3370

(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.
NATIONWIDE ONE NATIONWIDE PLAZA CLOUMBUS, OH 43215	ADVISORY/SERVICE PROVIDER FEE ? ADMINISTRATIVE SERVICES FEE/OV ?

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial 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), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **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
COMMERCIAL DRIVERS, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-1457024

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		9062
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	20	1014
(2) Participant contributions	1b(2)	4205	3539
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1013869	1037600
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	269
(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	1018094	1051484
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		4642
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	4642
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	1018094	1046842

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)	33050	
(B) Participants	2a(1)(B)	108279	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		141329
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	2	
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		71348
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		212679

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	183781	
(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)		183781
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	150	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		150
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		183931

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		28748
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)** ☒ Disclaimer **(4)** ☐ Adverse

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

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

(1) Name: SUSTIN BARTELL & WALDMAN **(2)** EIN: 34-1748861

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		110000
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)	Retirement Plan 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 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.**	**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
COMMERCIAL DRIVERS, INC. RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
34-1457024

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**

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): 31-4156830 _____

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):

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):

COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2010 AND 2009

COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

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YEARS ENDED DECEMBER 31, 2010 AND 2009

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SUSTIN, BARTELL & WALDMAN, LTD.
CERTIFIED PUBLIC ACCOUNTANTS
1801 East Ninth Street, #920
Cleveland, Ohio 44114-3103

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Commercial Drivers Retirement Savings Plan
Cleveland, Ohio 44133

We were engaged to audit the accompanying statement of net assets available for benefits (modified cash basis) of Commercial Drivers Retirement Savings Plan as of December 31, 2010 and 2009 and the related statement of changes in net assets available for benefits (modified cash basis) and the supplemental schedule of Assets Held for Investments for the year ended December 31, 2010. These financial statements and schedules are the responsibility of the Plan's management.

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

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

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

Sustin, Bartell & Waldman, LTD

October 7, 2011

Phone: (216) 621-1180 • Fax: (216) 621-7870
www.sbwltd.com

COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

DECEMBER 31, 2010 AND 2009

		2010	2009
ASSETS			
Cash		$ **9,062**	$ 551
Investments, at fair value		**1,037,868**	1,013,869
	Total Assets	**1,046,930**	1,014,420
LIABILITIES			
Accounts Payable		**4,642**	-
	Total Liabilities	**4,642**	-
NET ASSETS AVAILABLE FOR BENEFITS		$ **1,042,288**	$ 1,014,420

See Notes to the Financial Statements

COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

YEAR ENDED DECEMBER 31, 2010

ADDITIONS:		
Participant contributions	$	**108,944**
Employer contributions		**31,505**
Net appreciation in fair market value		**71,350**
Total Additions		**211,799**
DEDUCTIONS:		
Benefits paid to participants		**183,781**
Administrative expense - other		**150**
Total Deductions		**183,931**
Increase in Net Assets Available for Benefits		**27,868**
Net Assets Available for Benefits at Beginning of Year		**1,014,420**
Net Assets Available for Benefits at End of Year	$	**1,042,288**

See Notes to the Financial Statements

NOTE 1 – DESCRIPTION OF THE PLAN

The following is a description of the Plan as amended and restated effective January 1, 2003, and provides only general information. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

The Plan is a defined contribution plan with a cash-or-deferred-arrangement covering certain employees of Commercial Drivers, Inc., Commercial Lease Services, Ltd. and Commercial Lease Systems, Inc. (The Company), who have attained at least age eighteen (18). The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The sponsoring employers are engaged in labor-leasing and affiliated through common ownership. Eligibility requirements for certain classes of employees may be affected by contractual agreement with the respective lessee organizations although any employee classified as *Highly Compensated,* is excluded from participation. Eligibility requirements, by eligible class of employee, range from sixty (60) days to one (1) year of employment.

Each year, participants may contribute to the plan, amounts not to exceed maximum allowable deferrals of annual compensation, as established by the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants are always 100% vested with their own contributions to the plan, plus any investment earnings on their contributions. The Plan also allows for discretionary profit sharing and discretionary matching contributions. Discretionary contributions, both profit sharing and matching, are subject to either a five-year cliff vesting schedule or a one-year cliff vesting schedule based on the lessee organization contract. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers different funds with different investment objectives. Please refer to the information provided by the Administrative Committee for further detail.

Each participant's account is credited with the participant's contribution and allocations of Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Loans from the plan to Participants are not permitted.

Upon death, disability, termination of employment or reaching age 65, the Plan participant is entitled to receive the vested portion of his employer contribution account plus 100% of his salary reduction amounts contributed to the Plan.

Forfeited nonvested accounts are used to reduce future employer contributions. At December 31, 2010 and 2009, forfeited nonvested accounts totaled $12,756 and $11,392, respectively.

NOTE 1 – DESCRIPTION OF PLAN (Con't)

Distribution shall be made or commenced as soon as practicable after retirement or death. Participants who have attained 70 ½ years of age are required to begin withdrawing a portion of their account as prescribed under IRC Code Section 410(a)(9), unless the participant elects to defer distributions until the participant retires. Payments can be made under a variety of distribution methods provided for in the Plan.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Plan are prepared under the modified cash basis of accounting which is a comprehensive basis of accounting other than generally accepted accounting principles. The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

The Company, as plan sponsor, pays certain expenses associated with the administration and maintenance of the Plan.

The Plan evaluated events occurring between the end of the plan year and October 7, 2011, the date of the financial statements. No recognized or unrecognized subsequent events have occurred through this date.

NOTE 3 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ASC 820-10-05 (ASC 820) (formerly known as Financial Accounting Standards Board Statement No. 157), *Fair Value Measurements* (ASC 820), establishes 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 hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 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;
- 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 3 – FAIR VALUE MEASUREMENTS (Con't)

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.

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

Mutual Funds: Valued at the net asset value ("NAV") of shares held by the plan at year end.

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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010.

Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
Mutual Funds	$1,037,868	$ -	$ -	$1,037,868
Total Assets at Fair Value	$1,037,868	$ -	$ -	$1,037,868

As indicated above, the Plan does not hold any Level 2 or Level 3 investments.

NOTE 4 – INVESTMENTS

The Plan's investments are held under a trust agreement. The Plan's assets are invested in mutual funds, including a money market fund, as directed by the participants. At December 31, 2010 and 2009, all of the mutual funds are managed by Nationwide Financial Services and American Funds, registered investment companies, respectively. The plan assets, before contributions, earned $116,627 and lost $(412,139) for the years ended December 31, 2010 and 2009, respectively. The following represents individual plan investments of at least five percent (5%) of the total net assets available for benefits at December 31, 2010 or 2009:

	2010	2009
Money Market Fund	$ **71,026**	$ 74,628
American Balanced Fund	**145,642**	135,177
New Perspective Fund	**91,342**	110,469
Bond Fund of America	**83,774**	78,869
Growth Fund of America R3	**146,196**	155,339
Washington Mutual Investors Fund	**96,462**	90,724
U.S Government Securities Fund	**74,219**	-

NOTE 5 – INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

In January 2009, the plan sponsor engaged the services of a third-party administrator and simultaneously moved the investment option platform to Nationwide Trust Company from American Funds.

The following is a summary of the Plan's accrued-basis financial information and data certified by the Trustees as complete and accurate in accordance with Section 2520.103-5(d) of the Department of Labor's Rules and Regulations for Reporting and Disclosure Under ERISA:

	2010	2009
Assets		
Money Market	$ **71,026**	$ 74,628
Registered Investment Funds	**966,842**	939,241
	$ **1,037,868**	$ 1,013,869

The difference between information reported on Form 5500 and these financial statements results from the presentation of the financial statements using the modified cash basis of accounting and Form 5500 being prepared on the accrual method. Amounts received in January 2011 and 2010 are reported in the year received for financial reporting purposes. The information reported on the Schedule of Assets accompanying Form 5500, as required, differs from the audited financial statements due to the timing of amounts received on the modified cash basis as compared to the accrual method.

Following is a reconciliation of participant contributions per Form 5500 to the financial statements as of December 31, 2010:

Total contributions per Form 5500	$	141,329
Less: Accrual basis – contributions receivable – 2010		(4,554)
Less: Other contributions reported in 2009		(551)
Add: Accrual basis – contributions receivable – 2009		4,225
Total Contributions – Modified Cash Basis	$	140,449
Total Participant Contributions per Financial Statements	$	108,944
Total Employer Contributions per Financial Statements		31,505
Total	$	140,449

NOTE 6 – INCOME TAX STATUS

The Plan was amended and restated effective January 1, 2003, amended effective January 1, 2009 and again amended effective January 1, 2011. A Summary of Material Modifications was provided to plan participants. By letter dated January 28, 2005, the Internal Revenue Service originally determined that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). As a result of the amendment effective January 1, 2011, the Internal Revenue Service informed the Company by letter dated June 7, 2011 of its favorable determination, based on the information provided with the request. Continued qualification of the plan, in its present form, depends on its effect in operation. Therefore, no provision for income taxes has been included in the plan's financial statements.

NOTE 7 – PLAN TERMINATION

The employer has the right to terminate the Plan at any time. Upon termination, all amounts credited to the accounts will become 100% vested and non-forfeitable, and the employer may elect to distribute the Participant Accounts in a lump sum, in accordance with Article IX (of the Plan). A complete discontinuance of contributions by the employer will constitute a termination.

NOTE 8 – RISKS AND UNCERTAINTIES

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

COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

SUPPLEMENTARY INFORMATION TO THE
FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2010

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(See Independent Auditor's Report on Supplementary Information)

SUSTIN, BARTELL & WALDMAN, LTD.
CERTIFIED PUBLIC ACCOUNTANTS
1801 East Ninth Street, #920
Cleveland, Ohio 44114-3103

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

To the Administrative Committee of
Commercial Drivers Retirement Savings Plan
Cleveland, Ohio 44133

In addition to the presentation of the accompanying statements of net assets available for benefits (modified cash basis) and the related statement of changes in the net assets available for benefits (modified cash basis) of Commercial Drivers Retirement Savings Plan for the year ended December 31, 2010, the Department of Labor requires the accompanying supplementary information consisting of assets held for investment purposes.

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 contained in the accompanying schedule, which was certified by the custodian of the Plan assets, except for comparing such information with the related information included in the financial statements and the related statement of changes in net assets available for plan benefits.

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 schedules. The form and content of the information included in the schedules, other than that derived from the information certified by the trustee, has been audited by us in accordance with generally accepted auditing standards and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sustin, Bartell & Waldman, LTD

October 7, 2011

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COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN
EIN: 34-1457024
PLAN: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (MODIFIED CASH BASIS)

AS OF DECEMBER 31, 2010

(a)	(b) IDENTITY OF ISSUER	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	AllianceBernstein Equity Income Fund	Mutual Fund	***	$ 10,891
	AmFunds American Balanced Fund R3	Mutual Fund	***	145,642
	AmFunds Bond Fund of America R3	Mutual Fund	***	83,774
	AmFunds Europacific Growth Fund GR3	Mutual Fund	***	39,296
	AmFunds Growth Fund of America R3	Mutual Fund	***	146,196
	AmFunds Income Fund of America R3	Mutual Fund	***	37,861
	AmFunds New Perspective Fund R3	Mutual Fund	***	91,342
	AmFunds U.S Government Securities Fund R3	Mutual Fund	***	74,219
	AmFunds Washington Mutual Inv Fund R3	Mutual Fund	***	96,462
	Bank of America Fixed Income Fund	Mutual Fund	***	269
	Blackrock Healthcare Inv A	Mutual Fund	***	3,676
	Diamond Hill SmallCap A	Mutual Fund	***	9,037
	Janus Perkins MidCap Value S	Mutual Fund	***	23,850
	Nationwide Money Market Prime	Mutual Fund	***	71,026
	Nationwide S&P 500 Index	Mutual Fund	***	751
	Oppenheimer Gold & Special Minerals A	Mutual Fund	***	14,534
	PIMCO Low Duration A	Mutual Fund	***	19,397
	PIMCO Real Return A	Mutual Fund	***	14,802
	PIMCO Total Return Fund A	Mutual Fund	***	23,215
	Prudential Jennison MidCap Growth A	Mutual Fund	***	20,207
	Prudential Jennison Natural Resources A	Mutual Fund	***	12,441
	Royce Heritage Fund K	Mutual Fund	***	14,445
	Seligman Global Technology A	Mutual Fund	***	29,942
	Sentinel Government Securities A	Mutual Fund	***	18,426
	Van Kampen Growth & Income A	Mutual Fund	***	30,581
	Van Kampen MidCap Growth A	Mutual Fund	***	3,894
	Van Kampen SmallCap Fund A	Mutual Fund	***	1,692

* This schedule includes those assets required to be reported under ERISA Section 2520.103-11 and IRS Form 5500, Schedule H, Part IV, Line 4i. Information certified as complete and accurate by trustee.

** Denotes party in interest.

*** This information is not required for participant directed accounts.

* This schedule includes those assets required to be reported under ERISA Section 2520.103-11 and IRS Form 5500, Schedule H, Part IV, Line 4i. Information certified as complete and accurate by trustee.

** Denotes party in interest.

*** This information is not required for participant directed accounts.

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan Commercial Drivers, Inc.
Retirement Savings Plan

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

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

P.O. Box 33036

Cleveland OH 44133

2b Employer Identification Number (EIN) 34-1457024

2c Sponsor's telephone number (440)237-0900

2d Business code (see instructions) 484110

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

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

SIGN HERE	Thomas M Fink	12/14/2011	Thomas Fink
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Thomas M Fink		Thomas Fink
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SAME	**3b** Administrator's EIN	
	3c Administrator's telephone number	

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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	127
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**	107
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	9
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	116
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	116
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	61
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 2G 2J 2K

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)			**9b** Plan benefit arrangement (check all that apply)		
(1)	X	Insurance	**(1)**	X	Insurance
(2)		Code section 412(e)(3) insurance contracts	**(2)**		Code section 412(e)(3) insurance contracts
(3)	X	Trust	**(3)**	X	Trust
(4)		General assets of the sponsor	**(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			**b General Schedules**			
(1)	X	**R** (Retirement Plan Information)	**(1)**	X		**H** (Financial Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**			**I** (Financial Information – Small Plan)
			(3)	X	1	**A** (Insurance Information)
			(4)	X		**C** (Service Provider Information)
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)**			**D** (DFE/Participating Plan Information)
			(6)			**G** (Financial Transaction Schedules)

COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2010 AND 2009

COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

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YEARS ENDED DECEMBER 31, 2010 AND 2009

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SUSTIN, BARTELL & WALDMAN, LTD.
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1801 East Ninth Street, #920
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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Commercial Drivers Retirement Savings Plan
Cleveland, Ohio 44133

We were engaged to audit the accompanying statement of net assets available for benefits (modified cash basis) of Commercial Drivers Retirement Savings Plan as of December 31, 2010 and 2009 and the related statement of changes in net assets available for benefits (modified cash basis) and the supplemental schedule of Assets Held for Investments for the year ended December 31, 2010. These financial statements and schedules are the responsibility of the Plan's management.

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

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

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

Sustin, Bartell & Waldman, LTD

October 7, 2011

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COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

DECEMBER 31, 2010 AND 2009

		2010	2009
ASSETS			
Cash		$ **9,062**	$ 551
Investments, at fair value		**1,037,868**	1,013,869
	Total Assets	**1,046,930**	1,014,420
LIABILITIES			
Accounts Payable		**4,642**	-
	Total Liabilities	**4,642**	-
NET ASSETS AVAILABLE FOR BENEFITS		$ **1,042,288**	$ 1,014,420

See Notes to the Financial Statements

COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

YEAR ENDED DECEMBER 31, 2010

ADDITIONS:		
Participant contributions	$	**108,944**
Employer contributions		**31,505**
Net appreciation in fair market value		**71,350**
Total Additions		**211,799**
DEDUCTIONS:		
Benefits paid to participants		**183,781**
Administrative expense - other		**150**
Total Deductions		**183,931**
Increase in Net Assets Available for Benefits		**27,868**
Net Assets Available for Benefits at Beginning of Year		**1,014,420**
Net Assets Available for Benefits at End of Year	$	**1,042,288**

See Notes to the Financial Statements

NOTE 1 – DESCRIPTION OF THE PLAN

The following is a description of the Plan as amended and restated effective January 1, 2003, and provides only general information. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

The Plan is a defined contribution plan with a cash-or-deferred-arrangement covering certain employees of Commercial Drivers, Inc., Commercial Lease Services, Ltd. and Commercial Lease Systems, Inc. (The Company), who have attained at least age eighteen (18). The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The sponsoring employers are engaged in labor-leasing and affiliated through common ownership. Eligibility requirements for certain classes of employees may be affected by contractual agreement with the respective lessee organizations although any employee classified as *Highly Compensated,* is excluded from participation. Eligibility requirements, by eligible class of employee, range from sixty (60) days to one (1) year of employment.

Each year, participants may contribute to the plan, amounts not to exceed maximum allowable deferrals of annual compensation, as established by the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants are always 100% vested with their own contributions to the plan, plus any investment earnings on their contributions. The Plan also allows for discretionary profit sharing and discretionary matching contributions. Discretionary contributions, both profit sharing and matching, are subject to either a five-year cliff vesting schedule or a one-year cliff vesting schedule based on the lessee organization contract. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers different funds with different investment objectives. Please refer to the information provided by the Administrative Committee for further detail.

Each participant's account is credited with the participant's contribution and allocations of Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Loans from the plan to Participants are not permitted.

Upon death, disability, termination of employment or reaching age 65, the Plan participant is entitled to receive the vested portion of his employer contribution account plus 100% of his salary reduction amounts contributed to the Plan.

Forfeited nonvested accounts are used to reduce future employer contributions. At December 31, 2010 and 2009, forfeited nonvested accounts totaled $12,756 and $11,392, respectively.

NOTE 1 – DESCRIPTION OF PLAN (Con't)

Distribution shall be made or commenced as soon as practicable after retirement or death. Participants who have attained 70 ½ years of age are required to begin withdrawing a portion of their account as prescribed under IRC Code Section 410(a)(9), unless the participant elects to defer distributions until the participant retires. Payments can be made under a variety of distribution methods provided for in the Plan.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Plan are prepared under the modified cash basis of accounting which is a comprehensive basis of accounting other than generally accepted accounting principles. The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

The Company, as plan sponsor, pays certain expenses associated with the administration and maintenance of the Plan.

The Plan evaluated events occurring between the end of the plan year and October 7, 2011, the date of the financial statements. No recognized or unrecognized subsequent events have occurred through this date.

NOTE 3 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ASC 820-10-05 (ASC 820) (formerly known as Financial Accounting Standards Board Statement No. 157), *Fair Value Measurements* (ASC 820), establishes 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 hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 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;
- 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 3 – FAIR VALUE MEASUREMENTS (Con't)

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.

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

Mutual Funds: Valued at the net asset value ("NAV") of shares held by the plan at year end.

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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010.

Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
Mutual Funds	$1,037,868	$ -	$ -	$1,037,868
Total Assets at Fair Value	$1,037,868	$ -	$ -	$1,037,868

As indicated above, the Plan does not hold any Level 2 or Level 3 investments.

NOTE 4 – INVESTMENTS

The Plan's investments are held under a trust agreement. The Plan's assets are invested in mutual funds, including a money market fund, as directed by the participants. At December 31, 2010 and 2009, all of the mutual funds are managed by Nationwide Financial Services and American Funds, registered investment companies, respectively. The plan assets, before contributions, earned $116,627 and lost $(412,139) for the years ended December 31, 2010 and 2009, respectively. The following represents individual plan investments of at least five percent (5%) of the total net assets available for benefits at December 31, 2010 or 2009:

	2010	2009
Money Market Fund	$ **71,026**	$ 74,628
American Balanced Fund	**145,642**	135,177
New Perspective Fund	**91,342**	110,469
Bond Fund of America	**83,774**	78,869
Growth Fund of America R3	**146,196**	155,339
Washington Mutual Investors Fund	**96,462**	90,724
U.S Government Securities Fund	**74,219**	-

NOTE 5 – INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

In January 2009, the plan sponsor engaged the services of a third-party administrator and simultaneously moved the investment option platform to Nationwide Trust Company from American Funds.

The following is a summary of the Plan's accrued-basis financial information and data certified by the Trustees as complete and accurate in accordance with Section 2520.103-5(d) of the Department of Labor's Rules and Regulations for Reporting and Disclosure Under ERISA:

	2010	2009
Assets		
Money Market	$ **71,026**	$ 74,628
Registered Investment Funds	**966,842**	939,241
	$ **1,037,868**	$ 1,013,869

The difference between information reported on Form 5500 and these financial statements results from the presentation of the financial statements using the modified cash basis of accounting and Form 5500 being prepared on the accrual method. Amounts received in January 2011 and 2010 are reported in the year received for financial reporting purposes. The information reported on the Schedule of Assets accompanying Form 5500, as required, differs from the audited financial statements due to the timing of amounts received on the modified cash basis as compared to the accrual method.

Following is a reconciliation of participant contributions per Form 5500 to the financial statements as of December 31, 2010:

Total contributions per Form 5500	$	141,329
Less: Accrual basis – contributions receivable – 2010		(4,554)
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NOTE 6 – INCOME TAX STATUS

The Plan was amended and restated effective January 1, 2003, amended effective January 1, 2009 and again amended effective January 1, 2011. A Summary of Material Modifications was provided to plan participants. By letter dated January 28, 2005, the Internal Revenue Service originally determined that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). As a result of the amendment effective January 1, 2011, the Internal Revenue Service informed the Company by letter dated June 7, 2011 of its favorable determination, based on the information provided with the request. Continued qualification of the plan, in its present form, depends on its effect in operation. Therefore, no provision for income taxes has been included in the plan's financial statements.

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

COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

SUPPLEMENTARY INFORMATION TO THE
FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2010

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(See Independent Auditor's Report on Supplementary Information)

SUSTIN, BARTELL & WALDMAN, LTD.
CERTIFIED PUBLIC ACCOUNTANTS
1801 East Ninth Street, #920
Cleveland, Ohio 44114-3103

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

To the Administrative Committee of
Commercial Drivers Retirement Savings Plan
Cleveland, Ohio 44133

In addition to the presentation of the accompanying statements of net assets available for benefits (modified cash basis) and the related statement of changes in the net assets available for benefits (modified cash basis) of Commercial Drivers Retirement Savings Plan for the year ended December 31, 2010, the Department of Labor requires the accompanying supplementary information consisting of assets held for investment purposes.

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 contained in the accompanying schedule, which was certified by the custodian of the Plan assets, except for comparing such information with the related information included in the financial statements and the related statement of changes in net assets available for plan benefits.

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 schedules. The form and content of the information included in the schedules, other than that derived from the information certified by the trustee, has been audited by us in accordance with generally accepted auditing standards and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sustin, Bartell & Waldman, LTD

October 7, 2011

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COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN
EIN: 34-1457024
PLAN: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (MODIFIED CASH BASIS)

AS OF DECEMBER 31, 2010

(a)	(b) IDENTITY OF ISSUER	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	AllianceBernstein Equity Income Fund	Mutual Fund	***	$ 10,891
	AmFunds American Balanced Fund R3	Mutual Fund	***	145,642
	AmFunds Bond Fund of America R3	Mutual Fund	***	83,774
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	AmFunds U.S Government Securities Fund R3	Mutual Fund	***	74,219
	AmFunds Washington Mutual Inv Fund R3	Mutual Fund	***	96,462
	Bank of America Fixed Income Fund	Mutual Fund	***	269
	Blackrock Healthcare Inv A	Mutual Fund	***	3,676
	Diamond Hill SmallCap A	Mutual Fund	***	9,037
	Janus Perkins MidCap Value S	Mutual Fund	***	23,850
	Nationwide Money Market Prime	Mutual Fund	***	71,026
	Nationwide S&P 500 Index	Mutual Fund	***	751
	Oppenheimer Gold & Special Minerals A	Mutual Fund	***	14,534
	PIMCO Low Duration A	Mutual Fund	***	19,397
	PIMCO Real Return A	Mutual Fund	***	14,802
	PIMCO Total Return Fund A	Mutual Fund	***	23,215
	Prudential Jennison MidCap Growth A	Mutual Fund	***	20,207
	Prudential Jennison Natural Resources A	Mutual Fund	***	12,441
	Royce Heritage Fund K	Mutual Fund	***	14,445
	Seligman Global Technology A	Mutual Fund	***	29,942
	Sentinel Government Securities A	Mutual Fund	***	18,426
	Van Kampen Growth & Income A	Mutual Fund	***	30,581
	Van Kampen MidCap Growth A	Mutual Fund	***	3,894
	Van Kampen SmallCap Fund A	Mutual Fund	***	1,692

* This schedule includes those assets required to be reported under ERISA Section 2520.103-11 and IRS Form 5500, Schedule H, Part IV, Line 4i. Information certified as complete and accurate by trustee.

** Denotes party in interest.

*** This information is not required for participant directed accounts.

* This schedule includes those assets required to be reported under ERISA Section 2520.103-11 and IRS Form 5500, Schedule H, Part IV, Line 4i. Information certified as complete and accurate by trustee.

** Denotes party in interest.

*** This information is not required for participant directed accounts.

COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

YEARS ENDED DECEMBER 31, 2010 AND 2009

COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

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SUSTIN, BARTELL & WALDMAN, LTD.
CERTIFIED PUBLIC ACCOUNTANTS
1801 East Ninth Street, #920
Cleveland, Ohio 44114-3103

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Commercial Drivers Retirement Savings Plan
Cleveland, Ohio 44133

We were engaged to audit the accompanying statement of net assets available for benefits (modified cash basis) of Commercial Drivers Retirement Savings Plan as of December 31, 2010 and 2009 and the related statement of changes in net assets available for benefits (modified cash basis) and the supplemental schedule of Assets Held for Investments for the year ended December 31, 2010. These financial statements and schedules are the responsibility of the Plan's management.

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

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

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

Sustin, Bartell & Waldman, LTD

October 7, 2011

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COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

DECEMBER 31, 2010 AND 2009

		2010	2009
ASSETS			
Cash		$ **9,062**	$ 551
Investments, at fair value		**1,037,868**	1,013,869
	Total Assets	**1,046,930**	1,014,420
LIABILITIES			
Accounts Payable		**4,642**	-
	Total Liabilities	**4,642**	-
NET ASSETS AVAILABLE FOR BENEFITS		$ **1,042,288**	$ 1,014,420

See Notes to the Financial Statements

COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS (MODIFIED CASH BASIS)

YEAR ENDED DECEMBER 31, 2010

ADDITIONS:		
Participant contributions	$	**108,944**
Employer contributions		**31,505**
Net appreciation in fair market value		**71,350**
Total Additions		**211,799**
DEDUCTIONS:		
Benefits paid to participants		**183,781**
Administrative expense - other		**150**
Total Deductions		**183,931**
Increase in Net Assets Available for Benefits		**27,868**
Net Assets Available for Benefits at Beginning of Year		**1,014,420**
Net Assets Available for Benefits at End of Year	$	**1,042,288**

See Notes to the Financial Statements

NOTE 1 – DESCRIPTION OF THE PLAN

The following is a description of the Plan as amended and restated effective January 1, 2003, and provides only general information. Participants should refer to the Plan Document for a complete description of the Plan's provisions.

The Plan is a defined contribution plan with a cash-or-deferred-arrangement covering certain employees of Commercial Drivers, Inc., Commercial Lease Services, Ltd. and Commercial Lease Systems, Inc. (The Company), who have attained at least age eighteen (18). The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The sponsoring employers are engaged in labor-leasing and affiliated through common ownership. Eligibility requirements for certain classes of employees may be affected by contractual agreement with the respective lessee organizations although any employee classified as *Highly Compensated,* is excluded from participation. Eligibility requirements, by eligible class of employee, range from sixty (60) days to one (1) year of employment.

Each year, participants may contribute to the plan, amounts not to exceed maximum allowable deferrals of annual compensation, as established by the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants are always 100% vested with their own contributions to the plan, plus any investment earnings on their contributions. The Plan also allows for discretionary profit sharing and discretionary matching contributions. Discretionary contributions, both profit sharing and matching, are subject to either a five-year cliff vesting schedule or a one-year cliff vesting schedule based on the lessee organization contract. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers different funds with different investment objectives. Please refer to the information provided by the Administrative Committee for further detail.

Each participant's account is credited with the participant's contribution and allocations of Plan earnings, and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Loans from the plan to Participants are not permitted.

Upon death, disability, termination of employment or reaching age 65, the Plan participant is entitled to receive the vested portion of his employer contribution account plus 100% of his salary reduction amounts contributed to the Plan.

Forfeited nonvested accounts are used to reduce future employer contributions. At December 31, 2010 and 2009, forfeited nonvested accounts totaled $12,756 and $11,392, respectively.

NOTE 1 – DESCRIPTION OF PLAN (Con't)

Distribution shall be made or commenced as soon as practicable after retirement or death. Participants who have attained 70 ½ years of age are required to begin withdrawing a portion of their account as prescribed under IRC Code Section 410(a)(9), unless the participant elects to defer distributions until the participant retires. Payments can be made under a variety of distribution methods provided for in the Plan.

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

The financial statements of the Plan are prepared under the modified cash basis of accounting which is a comprehensive basis of accounting other than generally accepted accounting principles. The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

The Company, as plan sponsor, pays certain expenses associated with the administration and maintenance of the Plan.

The Plan evaluated events occurring between the end of the plan year and October 7, 2011, the date of the financial statements. No recognized or unrecognized subsequent events have occurred through this date.

NOTE 3 – FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ASC 820-10-05 (ASC 820) (formerly known as Financial Accounting Standards Board Statement No. 157), *Fair Value Measurements* (ASC 820), establishes 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 hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 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;
- 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 3 – FAIR VALUE MEASUREMENTS (Con't)

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.

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

Mutual Funds: Valued at the net asset value ("NAV") of shares held by the plan at year end.

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 table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010.

Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
Mutual Funds	$1,037,868	$ -	$ -	$1,037,868
Total Assets at Fair Value	$1,037,868	$ -	$ -	$1,037,868

As indicated above, the Plan does not hold any Level 2 or Level 3 investments.

NOTE 4 – INVESTMENTS

The Plan's investments are held under a trust agreement. The Plan's assets are invested in mutual funds, including a money market fund, as directed by the participants. At December 31, 2010 and 2009, all of the mutual funds are managed by Nationwide Financial Services and American Funds, registered investment companies, respectively. The plan assets, before contributions, earned $116,627 and lost $(412,139) for the years ended December 31, 2010 and 2009, respectively. The following represents individual plan investments of at least five percent (5%) of the total net assets available for benefits at December 31, 2010 or 2009:

	2010	2009
Money Market Fund	$ **71,026**	$ 74,628
American Balanced Fund	**145,642**	135,177
New Perspective Fund	**91,342**	110,469
Bond Fund of America	**83,774**	78,869
Growth Fund of America R3	**146,196**	155,339
Washington Mutual Investors Fund	**96,462**	90,724
U.S Government Securities Fund	**74,219**	-

NOTE 5 – INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

In January 2009, the plan sponsor engaged the services of a third-party administrator and simultaneously moved the investment option platform to Nationwide Trust Company from American Funds.

The following is a summary of the Plan's accrued-basis financial information and data certified by the Trustees as complete and accurate in accordance with Section 2520.103-5(d) of the Department of Labor's Rules and Regulations for Reporting and Disclosure Under ERISA:

	2010	2009
Assets		
Money Market	$ **71,026**	$ 74,628
Registered Investment Funds	**966,842**	939,241
	$ **1,037,868**	$ 1,013,869

The difference between information reported on Form 5500 and these financial statements results from the presentation of the financial statements using the modified cash basis of accounting and Form 5500 being prepared on the accrual method. Amounts received in January 2011 and 2010 are reported in the year received for financial reporting purposes. The information reported on the Schedule of Assets accompanying Form 5500, as required, differs from the audited financial statements due to the timing of amounts received on the modified cash basis as compared to the accrual method.

Following is a reconciliation of participant contributions per Form 5500 to the financial statements as of December 31, 2010:

Total contributions per Form 5500	$	141,329
Less: Accrual basis – contributions receivable – 2010		(4,554)
Less: Other contributions reported in 2009		(551)
Add: Accrual basis – contributions receivable – 2009		4,225
Total Contributions – Modified Cash Basis	$	140,449
Total Participant Contributions per Financial Statements	$	108,944
Total Employer Contributions per Financial Statements		31,505
Total	$	140,449

NOTE 6 – INCOME TAX STATUS

The Plan was amended and restated effective January 1, 2003, amended effective January 1, 2009 and again amended effective January 1, 2011. A Summary of Material Modifications was provided to plan participants. By letter dated January 28, 2005, the Internal Revenue Service originally determined that the Plan and related trust were designed in accordance with applicable sections of the Internal Revenue Code (IRC). As a result of the amendment effective January 1, 2011, the Internal Revenue Service informed the Company by letter dated June 7, 2011 of its favorable determination, based on the information provided with the request. Continued qualification of the plan, in its present form, depends on its effect in operation. Therefore, no provision for income taxes has been included in the plan's financial statements.

NOTE 7 – PLAN TERMINATION

The employer has the right to terminate the Plan at any time. Upon termination, all amounts credited to the accounts will become 100% vested and non-forfeitable, and the employer may elect to distribute the Participant Accounts in a lump sum, in accordance with Article IX (of the Plan). A complete discontinuance of contributions by the employer will constitute a termination.

NOTE 8 – RISKS AND UNCERTAINTIES

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

COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN

SUPPLEMENTARY INFORMATION TO THE
FINANCIAL STATEMENTS

YEAR ENDED DECEMBER 31, 2010

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(See Independent Auditor's Report on Supplementary Information)

SUSTIN, BARTELL & WALDMAN, LTD.
CERTIFIED PUBLIC ACCOUNTANTS
1801 East Ninth Street, #920
Cleveland, Ohio 44114-3103

INDEPENDENT AUDITOR'S REPORT ON SUPPLEMENTARY INFORMATION

To the Administrative Committee of
Commercial Drivers Retirement Savings Plan
Cleveland, Ohio 44133

In addition to the presentation of the accompanying statements of net assets available for benefits (modified cash basis) and the related statement of changes in the net assets available for benefits (modified cash basis) of Commercial Drivers Retirement Savings Plan for the year ended December 31, 2010, the Department of Labor requires the accompanying supplementary information consisting of assets held for investment purposes.

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 contained in the accompanying schedule, which was certified by the custodian of the Plan assets, except for comparing such information with the related information included in the financial statements and the related statement of changes in net assets available for plan benefits.

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 schedules. The form and content of the information included in the schedules, other than that derived from the information certified by the trustee, has been audited by us in accordance with generally accepted auditing standards and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Sustin, Bartell & Waldman, LTD

October 7, 2011

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COMMERCIAL DRIVERS RETIREMENT SAVINGS PLAN
EIN: 34-1457024
PLAN: 001

SCHEDULE OF ASSETS (HELD AT END OF YEAR) (MODIFIED CASH BASIS)

AS OF DECEMBER 31, 2010

(a)	(b) IDENTITY OF ISSUER	(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	AllianceBernstein Equity Income Fund	Mutual Fund	***	$ 10,891
	AmFunds American Balanced Fund R3	Mutual Fund	***	145,642
	AmFunds Bond Fund of America R3	Mutual Fund	***	83,774
	AmFunds Europacific Growth Fund GR3	Mutual Fund	***	39,296
	AmFunds Growth Fund of America R3	Mutual Fund	***	146,196
	AmFunds Income Fund of America R3	Mutual Fund	***	37,861
	AmFunds New Perspective Fund R3	Mutual Fund	***	91,342
	AmFunds U.S Government Securities Fund R3	Mutual Fund	***	74,219
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	Janus Perkins MidCap Value S	Mutual Fund	***	23,850
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	Nationwide S&P 500 Index	Mutual Fund	***	751
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	PIMCO Total Return Fund A	Mutual Fund	***	23,215
	Prudential Jennison MidCap Growth A	Mutual Fund	***	20,207
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	Royce Heritage Fund K	Mutual Fund	***	14,445
	Seligman Global Technology A	Mutual Fund	***	29,942
	Sentinel Government Securities A	Mutual Fund	***	18,426
	Van Kampen Growth & Income A	Mutual Fund	***	30,581
	Van Kampen MidCap Growth A	Mutual Fund	***	3,894
	Van Kampen SmallCap Fund A	Mutual Fund	***	1,692

* This schedule includes those assets required to be reported under ERISA Section 2520.103-11 and IRS Form 5500, Schedule H, Part IV, Line 4i. Information certified as complete and accurate by trustee.

** Denotes party in interest.

*** This information is not required for participant directed accounts.

* This schedule includes those assets required to be reported under ERISA Section 2520.103-11 and IRS Form 5500, Schedule H, Part IV, Line 4i. Information certified as complete and accurate by trustee.

** Denotes party in interest.

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