

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☒ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☐ Form 5558;	☒ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>HERITAGE GROUP RETIREMENT SAVINGS PLAN II</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>06/26/1978</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>HERITAGE ENVIRONMENTAL SERVICES, LLC</u> <u>5400 WEST 86TH STREET</u> <u>INDIANAPOLIS, IN 46268</u>	2b Employer Identification Number (EIN) <u>35-2044218</u>	2c Sponsor's telephone number <u>317-872-6010</u>	2d Business code (see instructions) <u>488300</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>03/16/2012</u>	<u>DAVID FRANZ</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE HERITAGE GROUP RETIREMENT COMMITTEE 5400 WEST 86TH STREET INDIANAPOLIS, IN 46268		3b Administrator's EIN 35-1994696
		3c Administrator's telephone number 317-872-6010
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	864
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	786
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	109
d Subtotal. Add lines 6a , 6b , and 6c	6d	896
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	898
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	816
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	57
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: 2K 2J 2G 2F 2E		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:		

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan HERITAGE GROUP RETIREMENT SAVINGS PLAN II	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 HERITAGE ENVIRONMENTAL SERVICES, LLC	D Employer Identification Number (EIN) 35-2044218	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

THE VANGUARD GROUP INC

P O BOX 2600
VALLEY FORGE, PA 19482

23-1945930

(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?
37	N/A	4450	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan HERITAGE GROUP RETIREMENT SAVINGS PLAN II	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 HERITAGE ENVIRONMENTAL SERVICES, LLC	D Employer Identification Number (EIN) 35-2044218	

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	519961	549655
(2) Participant contributions	1b(2)	18617	21771
(3) Other.....	1b(3)		126550032
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)	1334475	1286503
(9) Value of interest in common/collective trusts.....	1c(9)	2781664	3125625
(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)	48627530	55229282
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	53282247	186762868

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	53282247	186762868
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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)	2087717	
(B) Participants	2a(1)(B)	2687720	
(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)		4775437
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)	68319	
(F) Other	2b(1)(F)	1504	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		69823
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	995258	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		995258
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		144697
(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)		4750536
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		10735751

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2213414	
(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)		2213414
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)	2227	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2227
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2215641

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8520110
l Transfers of assets:			
(1) To this plan.....	2l(1)		126550677
(2) From this plan	2l(2)		1590166

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: R J PILE, LLC

(2) EIN: 35-0865680

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 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)
HERITAGE GROUP RETIREMENT SAVINGS PLAN I	35-1002095	001

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan HERITAGE GROUP RETIREMENT SAVINGS PLAN II		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 HERITAGE ENVIRONMENTAL SERVICES, LLC		D Employer Identification Number (EIN) 35-2044218
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): 23-2186884		
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.....		3 101
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 v.092308.1		

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

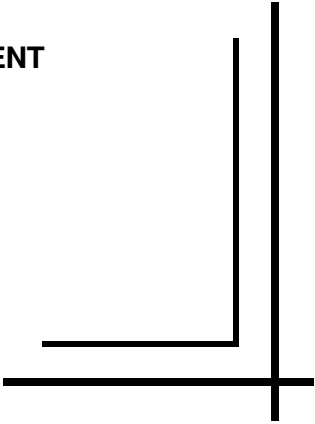
- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**HERITAGE GROUP RETIREMENT
SAVINGS PLAN II**

FINANCIAL REPORT

December 31, 2010



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One Indiana Square, Suite 1200, Indianapolis, IN 46204

Tele 317.269.3454 Fax 317.269.3450

INDEPENDENT AUDITOR'S REPORT

To The Heritage Group Retirement
Committee and Participants
Heritage Group Retirement Savings Plan II
Indianapolis, Indiana

We were engaged to audit the accompanying statements of net assets available for benefits of Heritage Group Retirement Savings Plan II as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedules of reporting requirements under Department of Labor's rules, as of and 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 7, which was certified by Vanguard Fiduciary Trust Company, the trustee of the Plan, 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 trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010, that the information provided to the Plan Administrator by the trustee is complete and accurate.

Because of the significance of the information we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental 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.

As discussed in Note 10 to the financial statements, the Board of Directors of Heritage Group Retirement Savings Plan II, the Plan's sponsor, voted on December 15, 2010 to rename the Plan the Heritage Group Retirement Savings Plan XV effective January 1, 2011. The Board of Directors also voted to merge the Heritage Group Retirement Savings Plans I, VIII, IX, X, and XIV into Plan XV effective January 1, 2011.

RJ Pile, LLC

Indianapolis, Indiana
October 13, 2011

HERITAGE GROUP RETIREMENT SAVINGS PLAN II

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
<u>ASSETS</u>		
Investments at fair value:		
Registered investment companies funds - participant directed	\$ 55,229,282	\$ 48,627,530
Vanguard Retirement Savings Trust - participant directed	<u>3,125,625</u>	<u>2,781,664</u>
Total investments	<u>58,354,907</u>	<u>51,409,194</u>
Receivables:		
Employer contributions	549,655	519,961
Participant contributions	21,771	18,617
Notes from participants	<u>1,286,503</u>	<u>1,334,475</u>
Total receivables	<u>1,857,929</u>	<u>1,873,053</u>
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	<u>60,212,836</u>	<u>53,282,247</u>
Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contracts	<u>(123,081)</u>	<u>(60,134)</u>
NET ASSETS AVAILABLE FOR BENEFITS PRIOR TO PENDING TRANSFER	<u>60,089,755</u>	<u>53,222,113</u>
PENDING TRANSFER (NOTE 10)	<u>126,550,032</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 186,639,787</u>	<u>\$ 53,222,113</u>

See Notes to Financial Statements.

HERITAGE GROUP RETIREMENT SAVINGS PLAN II

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year ended December 31, 2010

ADDITIONS

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments - participant directed	\$ 4,750,536
Interest and dividends - participant directed	1,077,008
Other additions	1,504
	<u>5,829,048</u>

Interest income on notes receivable from participants	<u>68,319</u>
---	---------------

Contributions:

Employer	2,087,717
Participant	2,687,720
	<u>4,775,437</u>

Total additions	<u>10,672,804</u>
-----------------	-------------------

DEDUCTIONS

Deductions from net assets attributed to:

Benefits paid to participants	2,213,414
Other	2,227
	<u>2,215,641</u>

Total deductions	<u>2,215,641</u>
------------------	------------------

Net increase	<u>8,457,163</u>
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NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year	<u>53,222,113</u>
-------------------	-------------------

Plan transfers:

Transfer of assets to plan	645
Transfer of assets from plan	(1,590,166)
	<u>(1,589,521)</u>

Net plan transfers	<u>(1,589,521)</u>
--------------------	--------------------

End of year	<u>60,089,755</u>
-------------	-------------------

Pending transfer (Note 10)	<u>126,550,032</u>
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End of year after pending transfer	<u>\$ 186,639,787</u>
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See Notes to Financial Statements.

HERITAGE GROUP RETIREMENT SAVINGS PLAN II

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES

A. Basis of Accounting

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

B. Estimates

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

C. Concentration of Credit Risk

The Plan invests in investment companies (funds) administered by The Vanguard Group, Inc. The funds' investments are not insured and are affected by the fluctuations in the stock and bond markets.

D. Investment Valuation and Income Recognition

The investments of the Plan are stated at fair value, with the exception of the Vanguard Retirement Savings Trust. The investment in the Vanguard Retirement Savings Trust is stated at fair value with the related adjustment amount to/from contract value disclosed in the Statements of Net Assets Available for Benefits as required by the accounting requirements for fully benefit-responsive investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis for the Vanguard Retirement Savings Trust. See Note 8 for further information regarding valuation of the Plan's investments.

Security transactions are accounted for on the date securities are purchased or sold (trade date). Dividend income is recorded on the ex-dividend date. Interest income is recognized when earned. Capital gain distributions are included in dividend income. Net gains and losses from security transactions are computed using the average cost method based on the beginning market value.

E. Notes Receivable from Participants

Participant notes receivable are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are reclassified as distributions based upon the terms of the plan document.

F. Payment of Benefits

Benefits are recorded when paid.

G. Plan Expenses

Investment advisory fees for portfolio management are paid directly from fund earnings; they are included in the fund expense ratio and will not reduce assets of the Plan. All other expenses including administrative costs, legal fees, auditing fees, and other costs were paid by the participating company.

H. Reclassifications

Certain prior year balances have been reclassified to conform with current year classifications and presentations.

HERITAGE GROUP RETIREMENT SAVINGS PLAN II

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

NOTE 1 SIGNIFICANT ACCOUNTING POLICIES - continued

I. Evaluation of Subsequent Events

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

NOTE 2 DESCRIPTION OF PLAN

The participating company of the Plan is Heritage Environmental Services, LLC. The following description of Heritage Group Retirement Savings Plan II provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all nonunion employees and employees covered by a collective bargaining agreement that specifically provides for participation in this Plan of the Companies. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants may contribute to the Plan up to 70% of their compensation, subject to limits imposed by Federal tax law. The Company will make contributions based on the matching percentage determined before the first day of each Plan year by the Board of Directors. Additional amounts may be contributed at the option of the Board of Directors at the end of the Plan year and allocated to participants' accounts based upon annual compensation.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Company's contributions, and an allocation of Plan earnings. Allocations are based on a participant's compensation or account value, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary and company matching contributions plus actual earnings thereon. Vesting in the Company's additional contributions portion of their accounts plus earnings thereon is based on years of continuous service. Effective January 1, 2007, participants are 100% vested after three years of credited service. Prior to this, participants were 100% vested after five years of credited service.

Payment of Benefits

Upon termination of employment, death, disability, or retirement, the participant may elect to receive a lump sum distribution as soon as administratively feasible following the date on which a distribution is requested or is otherwise payable. A participant who has reached 59 1/2 may elect to receive a portion of their vested account balance. Other distributions may be made as required by Federal and state law.

HERITAGE GROUP RETIREMENT SAVINGS PLAN II

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

NOTE 2 DESCRIPTION OF PLAN - continued

Investment Options

Participants were able to allocate their contributions to 20 different Vanguard funds and trusts during 2010 and 2009.

Participant Loans (Notes Receivable from Participants)

Participants may borrow from their fund accounts the lesser of \$50,000, one-half of the vested amount of all the participant's accounts, or 80% of the value of the participant's salary redirection account plus their rollover account. Loan transactions are treated as a transfer to (from) the investment fund from (to) the Loan Fund. Loan terms range from 1 to 5 years. The loans are secured by the balance in the participant's account and bear interest at the prime rate plus 1% at either January 1 or July 1, immediately before the date of the loan. An administrative fee is charged for establishing and maintaining the loan. Principal and interest is paid ratably through payroll deductions.

Forfeited Accounts

At December 31, 2010, forfeited nonvested accounts totaled \$99,392. These accounts will be used to reduce future employer contributions.

NOTE 3 RECENT ACCOUNTING PRONOUNCEMENTS ADOPTED

In September 2010, FASB issued an amendment, Plan Accounting—Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans (ASU 2010-25), which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. This amendment was effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented.

This amendment was adopted for the year ended December 31, 2010, and retrospectively applied to December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new amendment. The adoption resulted in a reclassification of participant loans totaling \$1,334,475 from investments to notes receivable as of December 31, 2009. There was no impact to the net assets as of December 31, 2010 or 2009, as a result of the adoption.

HERITAGE GROUP RETIREMENT SAVINGS PLAN II

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

NOTE 3 RECENT ACCOUNTING PRONOUNCEMENTS ADOPTED - continued

In January 2010, FASB issued an amendment "Fair Value Measurements and Disclosures - Improving disclosures about Fair Value Measurements" (ASU 2010-06), which requires new disclosures about transfers of financial assets and liabilities between Levels 1 and 2. This amendment also clarifies that fair value measurement disclosures are required for each class of financial assets and liabilities, and disclosures about inputs and valuation techniques are required for both Level 2 and Level 3 measurements. It further clarifies that the reconciliation of Level 3 measurements should separately present purchases, sales, issuances, and settlements instead of netting these changes. With respect to matters other than Level 3 measurements, the amendment was effective and adopted for periods beginning on or after December 15, 2009. See Note 8 for impact of adoption. The guidance related to Level 3 measurements is effective for periods beginning on or after December 15, 2010. See Note 8 for impact of adoption.

NOTE 4 PLAN TERMINATION

While the Company has not made a resolution to do so, the Company has the right, by action of the Directors, to terminate the Plan subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA). In the event of Plan termination, amounts credited to the participants' accounts are fully vested and nonforfeitable.

NOTE 5 PARTIES IN INTEREST

There were no known prohibited transactions with known parties in interest as defined in ERISA Section 3(14) and regulations thereunder, including those transactions set forth in ERISA Sections 406 and 407(a) and Internal Revenue Code Section 4975(c).

The Plan invests in shares of mutual funds managed by an affiliate of Vanguard Fiduciary Trust Company ("VFTC"). VFTC acts as trustee for only those investments as defined by the Plan. Transactions in such investments qualify as party-in-interest transactions which are exempt from the prohibited transaction rules.

NOTE 6 INCOME TAX STATUS

The Plan obtained its latest determination letter on April 4, 2003, in which the Internal Revenue Service stated the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

HERITAGE GROUP RETIREMENT SAVINGS PLAN II

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

NOTE 6 INCOME TAX STATUS - continued

The Financial Accounting Standards Board issued new guidance on accounting for uncertainty in income taxes. The Plan adopted this new guidance for the year ended December 31, 2009. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements.

NOTE 7 INFORMATION PREPARED AND CERTIFIED BY PLAN TRUSTEE

The following is a summary of the plan's asset information as of December 31, 2010 and 2009, and for the year ended December 31, 2010, included throughout the Plan's financial statements and supplemental schedules, that was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedules related to the following assets:

	<u>2010</u>	<u>2009</u>
Investments at December 31:		
Investments at fair value based on quoted market values		
Registered investment companies funds	\$ 49,039,313	\$42,744,201
Investments at estimated fair value:		
Vanguard Prime Money Market Fund	6,189,969	5,883,329
Investments at contract value:		
Common/Collective Trusts:		
Vanguard Retirement Savings Trust	3,002,544	2,721,530
Participant notes receivable	<u>1,286,503</u>	<u>1,334,475</u>
	<u>\$ 59,518,329</u>	<u>\$52,683,535</u>
Investment income:		
Total interest and dividends	\$ 1,145,327	
Net appreciation on investments at fair value based on quoted market values	<u>4,750,536</u>	
	<u>\$ 5,895,863</u>	

The difference between certain information summarized above and in the accompanying financial statements and schedule is attributable to adjustments made to the Plan's financial statements to reflect the adjustment from fair value to contract value and the receivable for both participant and employer contributions.

HERITAGE GROUP RETIREMENT SAVINGS PLAN II

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

NOTE 8 FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board ASC 820, *Fair Value Measurements*, 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 FASB ASC 820 are described as follows:

- | | |
|----------------|---|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access. |
| Level 2 | <p>Inputs to the valuation methodology include:</p> <ul style="list-style-type: none">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. <p>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.</p> |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

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.

Registered investment companies funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Common Collective Trusts: Valued at fair value by discounting the related cash flows based on current yields of similar investments with comparable durations considering the credit-worthiness of the issuer.

Vanguard prime money market fund: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

HERITAGE GROUP RETIREMENT SAVINGS PLAN II

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

NOTE 8 FAIR VALUE MEASUREMENTS - continued

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, with the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>Registered Investment Companies Funds:</u>				
Vanguard 500 Index Fund *	\$12,840,092	\$ -	\$ -	\$12,840,092
Vanguard Explorer Fund	1,464,660	-	-	1,464,660
Vanguard International Growth Fund	2,053,216	-	-	2,053,216
Vanguard PRIMECAP Fund *	13,116,507	-	-	13,116,507
Vanguard Target Retirement 2005 Fund	88,861	-	-	88,861
Vanguard Target Retirement 2010 Fund	869	-	-	869
Vanguard Target Retirement 2015 Fund	903,862	-	-	903,862
Vanguard Target Retirement 2020 Fund	828,612	-	-	828,612
Vanguard Target Retirement 2025 Fund	2,719,633	-	-	2,719,633
Vanguard Target Retirement 2030 Fund	266,784	-	-	266,784
Vanguard Target Retirement 2035 Fund	1,564,862	-	-	1,564,862
Vanguard Target Retirement 2040 Fund	205,358	-	-	205,358
Vanguard Target Retirement 2045 Fund	883,005	-	-	883,005
Vanguard Target Retirement 2050 Fund	372,306	-	-	372,306
Vanguard Target Retirement Income	135,678	-	-	135,678
Vanguard Total Bond Market Index Fund	2,806,543	-	-	2,806,543
Vanguard Wellington Fund *	6,211,393	-	-	6,211,393
Vanguard Windsor II Fund	2,577,072	-	-	2,577,072
Vanguard Prime Money Market Fund *	-	6,189,969	-	6,189,969
<u>Common Collective Trusts:</u>				
Vanguard Retirement Savings Trust *	-	3,125,625	-	3,125,625
Total assets at fair value	<u>\$49,039,313</u>	<u>\$9,315,594</u>	<u>\$ -</u>	<u>\$58,354,907</u>

* Investment represents 5% or more of the Plan's net assets

HERITAGE GROUP RETIREMENT SAVINGS PLAN II

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

NOTE 8 FAIR VALUE MEASUREMENTS - continued

The following table sets forth by level, with the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
<u>Registered Investment Companies Funds:</u>				
Vanguard 500 Index Fund *	\$11,198,972	\$ -	\$ -	\$11,198,972
Vanguard Explorer Fund	1,095,597	-	-	1,095,597
Vanguard International Growth Fund	1,852,063	-	-	1,852,063
Vanguard PRIMECAP Fund *	11,605,445	-	-	11,605,445
Vanguard Target Retirement 2005 Fund	58,769	-	-	58,769
Vanguard Target Retirement 2010 Fund	461,156	-	-	461,156
Vanguard Target Retirement 2015 Fund	740,650	-	-	740,650
Vanguard Target Retirement 2020 Fund	589,631	-	-	589,631
Vanguard Target Retirement 2025 Fund	2,084,232	-	-	2,084,232
Vanguard Target Retirement 2030 Fund	179,339	-	-	179,339
Vanguard Target Retirement 2035 Fund	1,329,760	-	-	1,329,760
Vanguard Target Retirement 2040 Fund	91,235	-	-	91,235
Vanguard Target Retirement 2045 Fund	600,214	-	-	600,214
Vanguard Target Retirement 2050 Fund	131,712	-	-	131,712
Vanguard Target Retirement Income	335,677	-	-	335,677
Vanguard Total Bond Market Index Fund	2,263,046	-	-	2,263,046
Vanguard Wellington Fund *	5,814,782	-	-	5,814,782
Vanguard Windsor II Fund	2,311,921	-	-	2,311,921
Vanguard Prime Money Market Fund *	-	5,883,329	-	5,883,329
<u>Common Collective Trusts:</u>				
Vanguard Retirement Savings Trust *	-	2,781,664	-	2,781,664
Total assets at fair value	<u>\$42,744,201</u>	<u>\$8,664,993</u>	<u>\$ -</u>	<u>\$51,409,194</u>

* Investment represents 5% or more of the Plan's net assets

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2010 there were no significant transfers in or out of Levels 1, 2, or 3.

HERITAGE GROUP RETIREMENT SAVINGS PLAN II

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

NOTE 9 RECONCILIATION TO FORM 5500

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

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements, before pending transfer.	\$ 60,089,755	\$53,222,113
Difference in reporting of benefit-responsive investments at contract value per the financial statements and fair value per the Form 5500	123,081	60,134
Pending transfer, per Form 5500	<u>126,550,032</u>	<u>-</u>
Net assets available for benefits per Form 5500	<u>\$186,762,868</u>	<u>\$53,282,247</u>

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

	<u>2010</u>
Total additions per the financial statements	\$ 10,672,804
Difference in reporting of income of benefit-responsive investments at contract value per the financial statements and fair value per the Form 5500	<u>62,947</u>
	<u>\$ 10,735,751</u>

NOTE 10 SUBSEQUENT EVENT AND PLAN MERGER

On December 15, 2010, the Board of Directors of Heritage Environmental Services, LLC, the Plan's sponsor, voted to rename the Plan to the Heritage Group Retirement Savings Plan XV (Plan XV), effective January 1, 2011. Also effective January 1, 2011, the sponsor of Plan XV was changed from Heritage Environmental Services, LLC to Asphalt Materials, Inc.

Furthermore, on December 15, 2010, the sponsors of five other retirement plans (Heritage Retirement Savings Plan I, VIII, IX, X and XIV) voted to merge each of their plans into Plan XV effective January 1, 2011. Also effective on January 1, 2011 two additional affiliated companies (Monument Chemicals, Inc. and Berns Construction, LLC) elected to become participating employers in Plan XV.

HERITAGE GROUP RETIREMENT SAVINGS PLAN II

NOTES TO FINANCIAL STATEMENTS

December 31, 2010

NOTE 10 SUBSEQUENT EVENT AND PLAN MERGER - continued

As of January 1, 2011 the following companies have elected to be participating employers in Plan XV:

Asphalt Materials, Inc.
Bern Construction, LLC
Bituminous Materials and Supply, L.P.
Crystal Flash Limited Partnership of Michigan
Emulsicoat, Inc.
Heritage-Crystal Clean, LLC
Heritage Environmental Services, LLC
Johann Haltermann, LTD
Laketon Refining Corporation
Legacy Resources Co., L.P.
Milestone Contractors, L.P.
Monument Chemicals, Inc.
U.S. Aggregates, Inc.

Transfers from the Heritage Group Savings Plan I, VIII, IX, X, and XIV were recorded by the trustees and the plan sponsors on December 31, 2010. These transfers were received and recorded by the trustees and sponsors of Plan XV in 2011. These transfers are recorded as pending transfers on the balance sheet at December 31, 2010.

Transfer from:

Heritage Group Retirement Savings Plan I	\$ 98,784,490
Heritage Group Retirement Savings Plan VIII	2,630,163
Heritage Group Retirement Savings Plan IX	4,038,970
Heritage Group Retirement Savings Plan X	14,987,208
Heritage Group Retirement Savings Plan XIV	6,109,201
	<u>\$126,550,032</u>

HERITAGE GROUP RETIREMENT SAVINGS PLAN II
EIN 35-2044218
PLAN 001

STATEMENT 1

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Year Ended December 31, 2010

ATTACHMENT TO 2010 FORM 5500, SCHEDULE H, LINE 4(i):

<u>(a)</u>	<u>(b) Identity Of Issue</u>	<u>(c) Investment Type</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
* Vanguard 500 Index Fund		Registered Invest. Co.	**	\$ 12,840,092
* Vanguard Explorer Fund		Registered Invest. Co.	**	1,464,660
* Vanguard Int'l Growth Fund		Registered Invest. Co.	**	2,053,216
* Vanguard Prime Money Mkt		Registered Invest. Co.	**	6,189,969
* Vanguard PRIMECAP Fund		Registered Invest. Co.	**	13,116,507
* Vanguard Target Retirement 2005 Fund		Registered Invest. Co.	**	88,861
* Vanguard Target Retirement 2010 Fund		Registered Invest. Co.	**	869
* Vanguard Target Retirement 2015 Fund		Registered Invest. Co.	**	903,862
* Vanguard Target Retirement 2020 Fund		Registered Invest. Co.	**	828,612
* Vanguard Target Retirement 2025 Fund		Registered Invest. Co.	**	2,719,633
* Vanguard Target Retirement 2030 Fund		Registered Invest. Co.	**	266,784
* Vanguard Target Retirement 2035 Fund		Registered Invest. Co.	**	1,564,862
* Vanguard Target Retirement 2040 Fund		Registered Invest. Co.	**	205,358
* Vanguard Target Retirement 2045 Fund		Registered Invest. Co.	**	883,005
* Vanguard Target Retirement 2050 Fund		Registered Invest. Co.	**	372,306
* Vanguard Target Retirement Income		Registered Invest. Co.	**	135,678
* Vanguard Total Bond Mkt Idx		Registered Invest. Co.	**	2,806,543
* Vanguard Wellington Fund		Registered Invest. Co.	**	6,211,393
* Vanguard Windsor II Fund		Registered Invest. Co.	**	2,577,072
* Vanguard Retirement Savings Trust		Common/Collective Trust	**	3,125,625
		Investments as reported on Statement of Net Assets	-	58,354,907
* Participant Loans		Participant Notes Receivable, 4.25% - 9.25%	**	1,286,503
		Investments as reported on Schedule H, Line 4i	\$ -	\$ 59,641,410
* Party in Interest				
** Cost omitted for participant directed investments				

HERITAGE GROUP RETIREMENT SAVINGS PLAN II
EIN 35-2044218
PLAN 001

STATEMENT 2

SCHEDULE OF REPORTING REQUIREMENTS UNDER DEPARTMENT OF LABOR'S RULES

Year Ended December 31, 2010

No activity to report in current period for the following:

Schedule of Assets Held for Investment Purposes Which Were Both Acquired and Disposed
Within the Plan Year

Schedule of Reportable Transactions

Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible

Schedule of Leases In Default or Classified as Uncollectible

There were no nonexempt transactions to report for the year ended December 31, 2010.

HERITAGE GROUP RETIREMENT SAVINGS PLAN II
EIN 35-2044218
PLAN 001

STATEMENT 1

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Year Ended December 31, 2010

ATTACHMENT TO 2010 FORM 5500, SCHEDULE H, LINE 4(i):

<u>(a)</u>	<u>(b) Identity Of Issue</u>	<u>(c) Investment Type</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
* Vanguard 500 Index Fund		Registered Invest. Co.	**	\$ 12,840,092
* Vanguard Explorer Fund		Registered Invest. Co.	**	1,464,660
* Vanguard Int'l Growth Fund		Registered Invest. Co.	**	2,053,216
* Vanguard Prime Money Mkt		Registered Invest. Co.	**	6,189,969
* Vanguard PRIMECAP Fund		Registered Invest. Co.	**	13,116,507
* Vanguard Target Retirement 2005 Fund		Registered Invest. Co.	**	88,861
* Vanguard Target Retirement 2010 Fund		Registered Invest. Co.	**	869
* Vanguard Target Retirement 2015 Fund		Registered Invest. Co.	**	903,862
* Vanguard Target Retirement 2020 Fund		Registered Invest. Co.	**	828,612
* Vanguard Target Retirement 2025 Fund		Registered Invest. Co.	**	2,719,633
* Vanguard Target Retirement 2030 Fund		Registered Invest. Co.	**	266,784
* Vanguard Target Retirement 2035 Fund		Registered Invest. Co.	**	1,564,862
* Vanguard Target Retirement 2040 Fund		Registered Invest. Co.	**	205,358
* Vanguard Target Retirement 2045 Fund		Registered Invest. Co.	**	883,005
* Vanguard Target Retirement 2050 Fund		Registered Invest. Co.	**	372,306
* Vanguard Target Retirement Income		Registered Invest. Co.	**	135,678
* Vanguard Total Bond Mkt Idx		Registered Invest. Co.	**	2,806,543
* Vanguard Wellington Fund		Registered Invest. Co.	**	6,211,393
* Vanguard Windsor II Fund		Registered Invest. Co.	**	2,577,072
* Vanguard Retirement Savings Trust		Common/Collective Trust	**	3,125,625
		Investments as reported on Statement of Net Assets	-	58,354,907
* Participant Loans		Participant Notes Receivable, 4.25% - 9.25%	**	1,286,503
		Investments as reported on Schedule H, Line 4i	\$ -	\$ 59,641,410

* Party in Interest

** Cost omitted for participant directed investments