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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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
NAPLETON AUTO WERKS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1990

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

6600 E. RIVERSIDE BOULEVARD
LOVES PARK, IL 61111

2b Employer Identification Number (EIN) 36-4077925

2c Sponsor's telephone number 815-636-6600

2d Business code (see instructions) 441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/16/2010	SUSAN ADKINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/16/2010	WILLIAM NAPLETON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
NAPLETON AUTO WERKS

6600 E. RIVERSIDE BOULEVARD
LOVES PARK, IL 61111

3b Administrator's EIN
36-4077925

3c Administrator's telephone number
815-636-6600

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**	241
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**	176
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	60
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	236
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	237
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	150
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
NAPLETON AUTO WERKS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NAPLETON AUTO WERKS

D Employer Identification Number (EIN)
36-4077925

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

AMERICAN GENERAL SECURITIES INC.
1202 N. 75TH STREET, STE 321
DOWNERS GROVE, IL 60516

(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)

AMERICAN GENERAL SECURITIES IN

1202 N. 75TH STREET, STE 321
DOWNERS GROVE, IL 60516

(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?
33 61 63	BROKERAGE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 60 64	RECORD KEEPER	1180	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
AMERICAN GENERAL SECURITIES IN	33 61 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET NEW YORK, NY 10281	SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND. ALSO INCLUDES UPFRONT FEES.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
OPPENHEIMER TWO WORLD FINANCIAL CENTER 225 LIBERTY STREET NEW YORK, NY 10281	SEE THE FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB T/A REVENUE BY FUND.

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
NAPLETON AUTO WERKS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NAPLETON AUTO WERKS

D Employer Identification Number (EIN)
36-4077925

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	82	5310
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	423951	910143
(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)	95497	90117
(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)	2763574	3801667
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	3283104	4807237
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	3283104	4807237

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)		
	(B) Participants	2a(1)(B)	333774	
	(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)		333774
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	611	
	(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)	5176	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5787
	(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)	33158	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		33158
	(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)		1149585
c Other income	2c		-1626
d Total income. Add all **income** amounts in column (b) and enter total	2d		1520678
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	514230	
(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)		514230
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)	1180	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1180
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		515410
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1005268
l Transfers of assets:			
(1) To this plan	2l(1)		518865
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: LINDGREN,CALLIHAN,VAN OSDOL AND CO (2) EIN: 36-3050177

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
NAPLETON AUTO WERKS 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NAPLETON AUTO WERKS

D Employer Identification Number (EIN)
36-4077925

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 45-0404698 75-3182674

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NAPLETON AUTO WERKS
401(K) PLAN

FINANCIAL REPORT

December 31, 2009

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Lindgren Callihan VanOsdol

LCV

INDEPENDENT AUDITOR'S REPORT

To the Trustees
Napleton Auto Werks 401(k) Plan
Loves Park, Illinois

We were engaged to audit the accompanying statements of net assets available for benefits of Napleton Auto Werks 401(k) Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by Oppenheimer Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. 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 and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Lindgren, Callihan, Van Osdol & Co., Ltd.

Rockford, Illinois
July 21, 2010

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NAPLETON AUTO WERKS 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments at fair value:		
Mutual funds	$4,711,810	$3,187,525
Loans to participants	90,117	95,498
	4,801,927	3,283,023
Receivables:		
Participant contributions	9,832	5,410
Total assets	4,811,759	3,288,433
LIABILITIES		
Total liabilities	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$4,811,759	$3,288,433

See Notes to Financial Statements.

NAPLETON AUTO WERKS 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS (SUBTRACTIONS) TO NET ASSETS ATTRIBUTED TO:		
Net appreciation (depreciation) in fair value of investments	$1,147,655	($2,191,196)
Interest, dividends and capital gain distributions	39,248	197,487
	1,186,903	(1,993,709)
Contributions:		
Participants'	332,968	401,104
Rollovers	518,865	0
	851,833	401,104
Total additions (subtractions)	2,038,736	(1,592,605)
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants and beneficiaries	514,410	424,984
Administrative expenses	1,000	1,353
Total deductions	515,410	426,337
Net increase (decrease)	1,523,326	(2,018,942)
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	3,288,433	5,307,375
End of year	$4,811,759	$3,288,433

See Notes to Financial Statements.

Note 1. Plan Description

The following description of the Napleton Auto Werks 401(k) Plan (Plan) 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 with 401(k) provisions subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan's sponsor has engaged a trustee (Oppenheimer Trust Company) to assist in the management of the Plan.

Eligibility:

All full-time employees of Napleton Auto Werks (Company) who are 21 years of age or older and have completed one year of service, as defined, are eligible to participate in the Plan.

Contributions:

Participants may voluntarily contribute each year up to 15% of their pretax annual compensation, as defined, before bonuses, with a maximum amount as determined by the Internal Revenue Code. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers various mutual funds as investment options for participants. Participants may change their investment options daily. The Company's contributions are at the discretion of the Company's board of directors. Contributions are subject to certain limitations.

Participant accounts:

Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's contribution, (b) plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting:

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after five years of credited service.

Note 1. Plan Description (Continued)

Participant loans:

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loans fund. The Plan holds notes from 16 plan participants. Loan terms generally range from one to five years, unless funds were used to purchase a principal residence. The loans are secured by the balance in the participant's account and bear interest at a rate equal to the prime rate as printed in the Wall Street Journal at the time of the loan. Principal and interest are paid ratably through payroll deductions.

Payment of benefits:

On termination of service due to death, disability or retirement, a participant may elect to receive a lump-sum, monthly installments, or an annuity equal to the value of the participant's vested interest in his or her account. Upon termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Forfeited accounts:

At December 31, 2009 and 2008, forfeited non-vested accounts totaled $684 and $59, respectively. These accounts will be allocated to the remaining Plan participants.

Note 2. Summary of Significant Accounting Policies

Basis of accounting:

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

Use of estimates:

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

Note 2. Summary of Significant Accounting Policies (Continued)

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 10 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payments of benefits:

Benefits are recorded when paid.

Operating expenses:

Certain custodial, loan fees, and Plan expenses are paid by those participants who are in those types of investments as a direct charge against their account. Other expenses of maintaining the Plan are paid by the Company.

Subsequent events:

The Plan has evaluated subsequent events through July 21, 2010, the date the financial statements were available to be issued.

Adoption of New Accounting Standards:

The Plan adopted ASC 740, Income Taxes on January 1, 2009. This current accounting standard prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of tax positions taken or expected to be taken in tax returns. The amount recognized is measured as the largest amount of benefit that is more likely than not of being realized upon settlement.

In June 2009, the FASB issued ASC Topic 105, "*Generally Accepted Accounting Principles*", which establishes the FASB Accounting Standards Codification as the sole source of authoritative generally accepted accounting principles. Pursuant to the provisions of FASB ASC 105, the Plan has updated references to GAAP in its financial statements issued for the period ended December 31, 2009. The adoption of FASB ASC 105 did not impact the Plan's financial position or results of operations.

Note 3. Investments

The following table presents the fair value of the investments maintained by Oppenheimer Trust Company. Investments that represent five percent or more of the Plan's net assets are separately identified.

	2009	2008
Mutual funds:		
Oppenheimer Cash Reserves A	$686,504	$227,181
Oppenheimer Cash Reserves B	*	196,771
Oppenheimer Global Fund A	279,753	171,140
Oppenheimer Capital Appreciation A	302,982	165,673
Oppenheimer Developing Markets Fund A	300,186	165,965
Oppenheimer Capital Appreciation Fund B	256,556	238,182
Oppenheimer Global Fund Class B	*	176,138
Oppenheimer Main Street Fund B	360,801	304,117
Oppenheimer Discovery Fund A	281,688	*
Other	2,343,340	1,542,358
	4,711,810	3,187,525
Loans to participants	90,117	95,498
	$4,801,927	$3,283,023

* Investment was not greater than five percent of the Plan's net assets in respective year.

During 2009 and 2008 the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) in value as follows:

	2009	2008
Mutual funds	$1,147,655	$(2,191,196)
Loans to participants	0	0
Net change in fair value	$1,147,655	$(2,191,196)

Note 4. Related Party Transactions

Plan investments are managed by Oppenheimer Trust Company. The trustee of the Plan is Oppenheimer Trust Company and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative services amounted to $1,000 and $1,353, for the years ended December 31, 2009 and 2008, respectively.

Note 5. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

Note 6. Tax Status

The Plan has adopted a prototype document. The Internal Revenue Service has issued a determination letter for the prototype plan dated March 31, 2008, indicating that the Plan and related trust qualifies under applicable sections of the Internal Revenue Code (IRC) and is, therefore, not subject to tax under present income tax laws. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC.

Note 7. 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.

Note 8. Information Certified by Trustee

The following information included in the accompanying financial statements and supplemental schedule was obtained from data that has been prepared and certified to as complete and accurate by Oppenheimer Trust Company, the trustee:

	2009	2008
Investments, at fair value - mutual funds	$4,711,810	$3,187,525
Investments, at fair value - loans to participants	90,117	95,498
Net appreciation (depreciation) in fair value of investments	1,147,655	(2,191,196)
Interest, dividends and capital gain distributions	39,248	197,487

Note 9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Form 5500 at December 31, 2009 and 2008:

	2009	2008
Net assets available for benefits per the financial statements	$4,811,759	$3,288,433
Additional participant contributions receivable	(4,522)	(5,328)
Rounding	0	1
Net assets available for benefits per the form 5500	$4,807,237	$3,283,104

Note 9. Reconciliation of Financial Statements to Form 5500 (Continued)

The following is a reconciliation of net increase (decrease) per the financial statements to the form 5500 for the year ended December 31, 2009 and 2008:

Net increase (decrease) per the financial statements	$1,523,326	($2,018,942)
Add:		
Prior year participant contributions receivable	5,328	5,736
Prior year loan interest receivable	0	151
Rounding	1	0
Subtract:		
Rounding	0	(1)
Transfers to this plan	(518,865)	0
Additional participant contributions receivable	(4,522)	(5,328)
Net increase (decrease) per the form 5500	$1,005,268	($2,018,384)

Note 10. Fair Value

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. The framework provides a framework 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 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: 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; or 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.

The asset 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 as description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Note 10. Fair Value (Continued)

Loans to participants: Valued at amortized cost, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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, 2009 and 2008:

	Assets at Fair Value at December 31, 2009			
Description	Level 1	Level 2	Level 3	Total
Mutual funds:				
Balanced funds	$29,360	$0	$0	$29,360
Growth funds	3,446,989	0	0	3,446,989
Fixed Income funds	1,168,418	0	0	1,168,418
Other funds	67,043	0	0	67,043
Total Mutual funds	4,711,810	0	0	4,711,810
Loans to participants	0	0	90,117	90,117
Total	$4,711,810	$0	$90,117	$4,801,927

	Assets at Fair Value at December 31, 2008			
Description	Level 1	Level 2	Level 3	Total
Mutual funds	$3,187,525	$0	$0	$3,187,525
Loans to participants	0	0	95,498	95,498
Total	$3,187,525	$0	$95,498	$3,283,023

The following table sets forth a summary of changes in the fair value of the Plan's of Level 3 assets for the year ended December 31, 2009:

Description	Participant loans
Balance, December 31, 2007	$106,574
Purchases, sales, issuances and settlements (net)	(11,076)
Balance, December 31, 2008	95,498
Purchases, sales, issuances and settlements (net)	(5,381)
Balance, December 31, 2009	$90,117

NAPLETON AUTO WERKS 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2009
FEIN 36-4077925

{a}	{b} Identity of issue, borrower, lessor, or similar party	{c} Description of investment including maturity date, rate of interest, collateral, par, or maturity value	{d} Cost	{e} Current Value
Mutual Funds:				
*	Oppenheimer	Main Street Opportunity B	$63,976	$54,797
*	Oppenheimer	Emerging Growth Fund B	2,841	2,449
*	Oppenheimer	International Growth Fund B	6,794	7,148
*	Oppenheimer	Commodity Strategy Total Return	17,449	7,638
*	Oppenheimer	Cash Reserves A	686,504	686,504
*	Oppenheimer	Cash Reserves B	223,519	223,519
*	Oppenheimer	Strategic Income Fund B	75,514	73,232
*	Oppenheimer	Limited-Term Government Fund A	27,140	26,255
*	Oppenheimer	Value Fund B	12,643	12,563
*	Oppenheimer	Equity Fund A	457	738
*	Oppenheimer	Global Fund A	304,925	279,753
*	Oppenheimer	Value Fund A	20	30
*	Oppenheimer	Discovery Fund A	275,547	281,688
*	Oppenheimer	Discovery Fund B	64,762	78,928
*	Oppenheimer	Main Street Opportunity A	52,962	48,177
*	Oppenheimer	Emerging Growth A	23,829	23,465
*	Oppenheimer	International Growth Fund A	35,891	33,491
*	Oppenheimer	Main Street Fund A	172,448	148,971
*	Oppenheimer	Main Street Fund B	411,910	360,801
*	Oppenheimer	Global Fund Class B	169,495	183,126
*	Oppenheimer	Developing Markets Fund B	71,114	78,145
*	Oppenheimer	Capital Appreciation A	319,795	302,982
*	Oppenheimer	International Small Company Fund B	58,976	62,662
*	Oppenheimer	Rising Dividends Fund A	28,283	29,035
*	Oppenheimer	Rising Dividends Fund B	11,328	12,033
*	Oppenheimer	Strategic Income Fund A	69,353	67,662
*	Oppenheimer	Limited-Term Government Fund B	47,668	44,154

* Party-in-interest

NAPLETON AUTO WERKS 401(K) PLAN
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)
December 31, 2009
FEIN 36-4077925

{a}	{b} Identity of issue, borrower, lessor, or similar party	{c} Description of investment including maturity date, rate of interest, collateral, par, or maturity value	{d} Cost	{e} Current Value
*	Oppenheimer	Developing Markets Fund A	$288,837	$300,186
*	Oppenheimer	International Bond Fund A	3,544	3,641
*	Oppenheimer	International Bond Fund B	2,232	2,264
*	Oppenheimer	Quest Opportunity Value B	102,943	87,213
*	Oppenheimer	Global Opportunity Fund B	174,715	172,032
*	Oppenheimer	Main Street Small Cap Fund A	896	1,038
*	Oppenheimer	Port Series: Conservative Investment A	79	71
*	Oppenheimer	Quest Opportunity Value A	109,265	104,664
*	Oppenheimer	Capital Appreciation Fund B	317,398	256,556
*	Oppenheimer	Global Opportunities Fund A	220,808	219,213
*	Oppenheimer	International Diversified A	10,362	10,323
*	Oppenheimer	Port Series: Active Allocation A	32,725	28,724
*	Oppenheimer	Port Series: Moderate Investment A	791	563
*	Oppenheimer	International Small Company A	138,821	142,350
*	Oppenheimer	Small & Mid Cap Value Fund A	93,640	88,128
*	Oppenheimer	Small & Mid Cap Value Fund B	124,660	97,736
*	Oppenheimer	Real Estate Fund Class A	5,688	5,593
*	Oppenheimer	Commodity Strategy Total Return	18,252	11,499
*	Oppenheimer	Gold & Special Minerals Fund A	31,590	46,653
*	Oppenheimer	Gold & Special Minerals Fund B	2,587	3,298
*	Oppenheimer	Contribution Account	119	119
		Total mutual funds	$4,915,095	$4,711,810
Loans to participants:				
	Participant loans	3.25% - 8.25%	$90,117	$90,117

* Party-in-interest

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: NAPLETON AUTO WERKS 401(K) PLAN

Plan Number: 710154

Broker Dealer: AMERICAN GENERAL SECURITIES IN

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus	Formula used to determine 12b-1 Compensation to Broker Dealer	Formula used to determine other compensation to Broker Dealer
QRABX	Oppenheimer Commodity Strategy Total Ret	12.17 dollars per fund position	100 basis points	N/A
OPGVX	Oppenheimer Limited Term Govt Fund A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
ODMAX	Oppenheimer Developing Markets Fund A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OIGAX	Oppenheimer Intl Growth Fund A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
QSCBX	Oppenheimer Small- & Mid- Cap Value Fd B	12.17 dollars per fund position	100 basis points	N/A
OEQBX	Oppenheimer Equity Fund B	25 basis points	100 basis points	N/A
OPOCX	Oppenheimer Discovery Fund A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OEGBX	Oppenheimer Emerging Growth B	12.17 dollars per fund position	100 basis points	N/A
OPPAX	Oppenheimer Global Fund A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OSMBX	Oppenheimer Intl Small Company Fd B	12.17 dollars per fund position	100 basis points	N/A
OSMAX	Oppenheimer International Small CompanyA	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
QVSCX	Oppenheimer Small- & Mid- Cap Value Fd A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
QRAAX	Oppenheimer Commodity Strategy Total Ret	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
QVOPX	Oppenheimer Quest Opportunity Value A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OGGIX	Oppenheimer Global Opportunites Fund B	12.17 dollars per fund position	100 basis points	N/A
OMSOX	Opp Main Street Opportunity A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
ODVBX	Oppenheimer Developing Mkts Fd B	12.17 dollars per fund position	100 basis points	N/A
OPSGX	Oppenheimer Strategic Income Fd B	12.17 dollars per fund position	100 basis points	N/A
QOPBX	Oppenheimer Quest Opportunity Value B	12.17 dollars per fund position	100 basis points	N/A
OTGBX	Oppenheimer Capital Appreciation Fund B	12.17 dollars per fund position	100 basis points	N/A
OGLBX	Oppenheimer Global Fund Class B	12.17 dollars per fund position	100 basis points	N/A
ODIBX	Oppenheimer Discovery Fund B	12.17 dollars per fund position	100 basis points	N/A
CRSXX	Oppenheimer Cash Reserves A	12.17 dollars per fund position	N/A	N/A

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: NAPLETON AUTO WERKS 401(K) PLAN

Plan Number: 710154

Broker Dealer: AMERICAN GENERAL SECURITIES IN

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus	Formula used to determine 12b-1 Compensation to Broker Dealer	Formula used to determine other compensation to Broker Dealer
CRBXX	Oppenheimer Cash Reserves B	12.17 dollars per fund position	N/A	N/A
OEQAX	Oppenheimer Equity Fund A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
IGRWX	Oppenheimer International Growth Fund B	12.17 dollars per fund position	100 basis points	N/A
OGSBX	Oppenheimer Limited Term Govt Fund B	12.17 dollars per fund position	100 basis points	N/A
OMOBX	Opp Main Street Opportunity B	12.17 dollars per fund position	100 basis points	N/A
OPGIX	Oppenheimer Global Opportunities Fund A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OPSIX	Oppenheimer Strategic Income Fund A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OPTFX	Oppenheimer Capital Appreciation A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OMSBX	Oppenheimer Main Street Fund B	12.17 dollars per fund position	100 basis points	N/A
OSVAX	Oppenheimer Select Value A	25 basis points	25 basis points	25 basis points, upfront service fee
MSIGX	Oppenheimer Main Street Fund A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OAMIX	Oppenheimer Moderate Investor Fd A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OAAAX	Oppenheimer Active Allocation Fd A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OAAIX	Oppenheimer Portfolio Series: Equity Inv	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
QIVAX	Oppenheimer Quest International Value A	25 basis points	25 basis points	25 basis points, upfront service fee
OREBX	Real Estate Fund Class B	N/A	100 basis points	N/A
OARDX	Oppenheimer Rising Dividends Fund A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OPEBX	Oppenheimer Capital Income Fund B	25 basis points	100 basis points	N/A
CGRWX	Oppenheimer Value Fund A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OPPEX	Oppenheimer Capital Income Fund A	25 basis points	25 basis points	25 basis points, upfront service fee
OREAX	Oppenheimer Real Estate Fund Class A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OIBAX	Oppenheimer International Bond Fund A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OIBBX	Oppenheimer International Bond Fund B	12.17 dollars per fund position	100 basis points	N/A

Schedule C, Part I, line 2(h) Formula Description and Schedule C, Part I, line 3(e) Formula Description

Plan Name: NAPLETON AUTO WERKS 401(K) PLAN

Plan Number: 710154

Broker Dealer: AMERICAN GENERAL SECURITIES IN

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus	Formula used to determine 12b-1 Compensation to Broker Dealer	Formula used to determine other compensation to Broker Dealer
OPCHX	Oppenheimer Champion Income Fund A	25 basis points	25 basis points	25 basis points, upfront service fee
OPMSX	Oppenheimer Main Street Small Cap Fd A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OAABX	Oppenheimer Active Allocation Fd B	12.17 dollars per fund position	100 basis points	N/A
OEGAX	Oppenheimer Emerging Growth A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OIDAX	Oppenheimer International Diversified A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OIDBX	Oppenheimer International Diversified B	25 basis points	100 basis points	N/A
OPGSX	Oppenheimer Gold & Special Minerals Fd A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OGMBX	Oppenheimer Gold & Special Minerals Fd B	12.17 dollars per fund position	100 basis points	N/A
OACIX	Oppenheimer Conservative Investor Fd A	12.17 dollars per fund position	25 basis points	25 basis points, upfront service fee
OBMIX	Oppenheimer Moderate Investor Fd B	25 basis points	100 basis points	N/A
OCHBX	Oppenheimer Champion Income Fd B	25 basis points	100 basis points	N/A
OBAIX	Oppenheimer Portfolio Series: Equity Inv	12.17 dollars per fund position	100 basis points	N/A
QIVBX	Oppenheimer Quest International Value B	25 basis points	100 basis points	N/A
OPMBX	Oppen Main Street Small Cap B	25 basis points	25 basis points	N/A
OBRDX	Oppenheimer Rising Dividends Fund B	12.17 dollars per fund position	100 basis points	N/A
OSVBX	Oppenheimer Select Value Fund B	25 basis points	25 basis points	N/A
CGRBX	Oppenheimer Value Fund B	12.17 dollars per fund position	100 basis points	N/A
OBCIX	Oppenheimer Conservative Investor Fd B	25 basis points	100 basis points	N/A

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NAPLETON AUTO WERKS 401(K) PLAN **EIN:** 36-4077925
Plan Sponsor's Name NAPLETON AUTO WERKS **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Global Opportunites Fund B	0	172,032
	Oppenheimer	Oppenheimer Strategic Income Fd B	0	73,232
	Oppenheimer	Oppenheimer Quest Opportunity Value B	0	87,213
	Oppenheimer	Oppenheimer Capital Appreciation Fund B	0	256,556
	Oppenheimer	Oppenheimer Global Fund Class B	0	183,126
	Oppenheimer	Oppenheimer Discovery Fund B	0	78,928
	Oppenheimer	Oppenheimer Main Street Fund B	0	360,801

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NAPLETON AUTO WERKS 401(K) PLAN **EIN:** 36-4077925
Plan Sponsor's Name NAPLETON AUTO WERKS **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Cash Reserves B	0	223,519
	Oppenheimer	Oppenheimer Developing Mkts Fd B	0	78,145
	Oppenheimer	Oppenheimer International Growth Fund B	0	7,148
	Oppenheimer	Oppenheimer Limited Term Govt Fund B	0	44,154
	Oppenheimer	Opp Main Street Opportunity B	0	54,797
	Oppenheimer	Oppenheimer Global Opportunities Fund A	0	219,213
	Oppenheimer	Oppenheimer Strategic Income Fund A	0	67,662

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NAPLETON AUTO WERKS 401(K) PLAN **EIN:** 36-4077925
Plan Sponsor's Name NAPLETON AUTO WERKS **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Capital Appreciation A	0	302,982
	Oppenheimer	Oppenheimer Global Fund A	0	279,753
	Oppenheimer	Oppenheimer Discovery Fund A	0	281,688
	Oppenheimer	Oppenheimer Cash Reserves A	0	686,504
	Oppenheimer	Oppenheimer Developing Markets Fund A	0	300,186
	Oppenheimer	Oppenheimer Intl Growth Fund A	0	33,490
	Oppenheimer	Oppenheimer Small- & Mid- Cap Value Fd B	0	97,735

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NAPLETON AUTO WERKS 401(K) PLAN **EIN:** 36-4077925
Plan Sponsor's Name NAPLETON AUTO WERKS **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Opp Main Street Opportunity A	0	48,177
	Oppenheimer	Oppenheimer Commodity Strategy Total Ret	0	7,638
	Oppenheimer	Oppenheimer Intl Small Company Fd B	0	62,662
	Oppenheimer	Oppenheimer International Small CompanyA	0	142,350
	Oppenheimer	Oppenheimer Small- & Mid- Cap Value Fd A	0	88,128
	Oppenheimer	Oppenheimer Commodity Strategy Total Ret	0	11,499
	Oppenheimer	Oppenheimer Quest Opportunity Value A	0	104,664

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NAPLETON AUTO WERKS 401(K) PLAN **EIN:** 36-4077925
Plan Sponsor's Name NAPLETON AUTO WERKS **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Main Street Fund A	0	148,971
	Oppenheimer	Oppenheimer Limited Term Govt Fund A	0	26,255
	Oppenheimer	Oppenheimer Equity Fund A	0	738
	Oppenheimer	Oppenheimer Emerging Growth A	0	23,465
	Oppenheimer	Oppenheimer International Diversified A	0	10,323
	Oppenheimer	Oppenheimer Gold & Special Minerals Fd A	0	46,653
	Oppenheimer	Oppenheimer Gold & Special Minerals Fd B	0	3,298

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NAPLETON AUTO WERKS 401(K) PLAN **EIN:** 36-4077925
Plan Sponsor's Name NAPLETON AUTO WERKS **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Rising D ividends Fund B	0	12,033
	Oppenheimer	Oppenheimer Value Fund B	0	12,563
	Oppenheimer	Oppenheimer Port Series: Conserv Inv A	0	71
	Oppenheimer	Oppenheimer Port Series: Moderate Inv A	0	563
	Oppenheimer	Oppenheimer Port Series: Active Alloc A	0	28,724
	Oppenheimer	Oppenheimer Main Street Small Cap Fd A	0	1,038
	Oppenheimer	Oppenheimer Rising Dividends Fund A	0	29,035

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name NAPLETON AUTO WERKS 401(K) PLAN **EIN:** 36-4077925
Plan Sponsor's Name NAPLETON AUTO WERKS **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Value Fund A	0	30
	Oppenheimer	Oppenheimer Real Estate Fund Class A	0	5,593
	Oppenheimer	Oppenheimer International Bond Fund A	0	3,641
	Oppenheimer	Oppenheimer International Bond Fund B	0	2,264
	Oppenheimer	Oppenheimer Emerging Growth B	0	2,449
	Participants Loan Account	Various Rates and Maturities	0	90,117
	Frontier Trust Company	Contribution Account	0	119