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
CAL-STATE AUTO PARTS, INC. PROFIT SHARING PLAN AND TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1977

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

1361 N. RED GUM STREET
ANAHEIM, CA 92806

2b Employer Identification Number (EIN) 95-2741714

2c Sponsor's telephone number 714-630-5954

2d Business code (see instructions) 423100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2010	RICHARD DEBLASI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2010	RICHARD DEBLASI
	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")
CAL-STATE AUTO PARTS, INC.

1361 N. RED GUM STREET
ANAHEIM, CA 92806

3b Administrator's EIN
95-2741714

3c Administrator's telephone number
714-630-5954

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**	346
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**	236
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	87
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	325
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	325
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	282
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	10
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 3D

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	**B** Three-digit plan number (PN) ▶	
CAL-STATE AUTO PARTS, INC. PROFIT SHARING PLAN AND TRUST		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CAL-STATE AUTO PARTS, INC.	95-2741714

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).. . . . . ☐ 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)

WACHOVIA

ONE NORTH JEFFERSON
ST. LOUIS, MO 63103

23-2384840

(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?
28	INVESTMENT MGR.	0	Yes [ ] No [X]	Yes [ ] No [ ]	31428	Yes [ ] No [X]

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

JONATHON REUBEN, CPA

23440 HAWTHORNE BLVD., SUITE 200
TORRANCE, CA 90505

95-4062593

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT, AUDITOR	0	Yes [ ] No [X]	Yes [ ] No [ ]	15152	Yes [ ] No [X]

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

PLAN ADMINISTRATION & DESIGN, INC.

6500 WILSHIRE BLVD., SUITE 1260
LOS ANGELES, CA 90048

95-3718031

(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?
13	TPA	0	Yes [ ] No [X]	Yes [ ] No [ ]	8616	Yes [ ] No [X]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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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
CAL-STATE AUTO PARTS, INC. PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAL-STATE AUTO PARTS, INC.

D Employer Identification Number (EIN)
95-2741714

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	7111	4538
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	218383	136251
(2) U.S. Government securities	1c(2)		22032
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		102947
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1193625	1230575
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		300715
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	973200	632498

			(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	2392319	2429556
	Liabilities			
g	Benefit claims payable	1g	10670	30239
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	10670	30239
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	2381649	2399317

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)		
	(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)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4188	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	12911	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		17099
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	61364	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		61364
	(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)	268782	
	(B) Other	2b(5)(B)	-118774	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		150008
	(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)		
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		228471
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	155607	
	(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)		155607
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)	15152	
	(2) Contract administrator fees	2i(2)	8616	
	(3) Investment advisory and management fees	2i(3)	31428	
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		55196
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		210803
	Net Income and Reconciliation			
k	Net income (loss). Subtract line 2j from line 2d	2k		17668
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] 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 [X] No

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

(1) Name: JP REUBEN, CPA, ACC **(2)** EIN: 95-4062593

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		385000
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			
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
CAL-STATE AUTO PARTS, INC. PROFIT SHARING PLAN AND TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAL-STATE AUTO PARTS, INC.

D Employer Identification Number (EIN)
95-2741714

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): 33-0579939

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):

CAL-STATE AUTO PARTS, INC. PROFIT SHARING PLAN
FINANCIAL STATEMENTS

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JONATHON P. REUBEN, CPA
An Accountancy Corporation

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(310) 378-3609 • Fax (310) 378-3709

INDEPENDENT AUDITORS' REPORT

To the Trustee of the Cal-State Auto Parts, Inc.
Profit Sharing Plan

We have audited the accompanying statements of net assets available for benefits of Cal-State Auto Parts, Inc. Profit Sharing Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Cal-State Auto Parts, Inc. Profit Sharing Plan as of December 31, 2009 and 2008, and the changes in net assets available for benefits for the year ended December 31, 2009, in conformity with accounting principles generally accepted in the United States.

Our audits were conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets held at December 31, 2009 is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Jonathon P. Reuben, CPA
An Accountancy Corporation
July 9, 2010

CAL-STATE AUTO PARTS, INC. PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31, 2009	2008
ASSETS		
Investments:		
At fair value:		
Mutual funds and other registered investment companies	$ 632,498	$ 973,200
Government securities	22,032	-
Corporate bonds	102,947	-
Common stocks		
Exelon Corporation	145,184	156,886
Other common stocks	1,085,391	1,036,739
Notes receivable, secured by deed of trusts	300,715	-
Cash held in money market accounts	136,251	218,383
	2,425,018	2,385,208
Receivables:		
Contributions due from employer	-	-
Cash	4,538	7,111
TOTAL ASSETS	$ 2,429,556	$ 2,392,319
LIABILITIES		
Accrued participant distributions	-	564
Payroll taxes payable	30,239	10,106
TOTAL LIABILITIES	30,239	10,670
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,399,317	$ 2,381,649

See accompanying notes.

CAL-STATE AUTO PARTS, INC. PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Interest		
Wachovia	$ 4,188	
Investment in deeds of trust	11,634	
Ford	1,277	$ 17,099
Dividends		
Wachovia	55,284	
Excelon	6,080	61,364
Net appreciation in fair value of investments		
Wacovia	167,792	
Excelon	(17,782)	150,010
Less investment expenses		(31,428)
TOTAL ADDITIONS		197,045
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO		
Administrative expenses		23,770
TOTAL DEDUCTIONS		23,770
NET LOSS		173,275
BENEFITS PAID TO PARTICIPANTS		(155,607)
NET INCREASE		17,668
NET ASSETS AVAILABLE FOR BENEFITS		
BEGINNING OF YEAR		2,381,649
END OF YEAR		$ 2,399,317

See accompanying notes.

Note A - Description of Plan

The following description of the Cal-State Auto Parts, Inc. Profit-Sharing 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 covering all full-time employees of the Company who have one year of service and are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions. The Company's contributions to the Plan are discretionary at the option of the Company's board of directors subject to certain limitations. There were no contributions authorized for the year ended December 31, 2009.

Participant Accounts. Each participant's account is credited with an allocation of (a) the Company's contribution, (b) the Plan's earnings, and (c) forfeitures of terminated participants' nonvested accounts and (d) charged with an allocation of administrative expenses. Allocations are based upon the participant's compensation. The benefit to which a participant is entitled to is the benefit that can be provided from the participant's vested account.

Total forfeitures on terminated participants' non-vested accounts that were credited to the remaining eligible plan participants during 2009 totaled $487.

Vesting. Plan participants' vesting in the Company contributions is based on the number of years of continuous service. A participant is 100% vested after six years of credited service.

Payment of Benefits. On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of the participant's vested interest in his or her account in either a lump-sum amount, or in annual installments. For 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 or in an annuity when the participant has reached his or her 65th birthday.

Note B - Summary of Significant Accounting Policies

Basis of Accounting

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

Estimates

The preparation of financial statements in conformity with 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.

Investment Valuation and Income Recognition

The Plan's investments are stated at market value. All investments are non-participant directed.

Payment of Benefits

Benefits are recorded when paid.

Note C – Fair Value Measurements:

The plan's investments are reported at fair value in the accompanying statement of net assets available for benefits.

ASC 820-10-50, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair values of mutual funds, other registered investments, and common stock are based on quoted market prices, when available.

The fair value of cash in money market accounts is equal to the total balances in the money market account.

Level 3 Fair Value Measurement

The note receivable is not actively traded and significant other observable inputs are not available. Thus, the fair value of the note receivable is determined by discounting the related cash flows based on current yields of similar instruments with comparable durations.

		Fair Value Measurement at Reporting Date Using:		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2009				
Mutual funds and other registered investments	$ 632,498	$ 632,498	$ -	$ -
Government securities	22,032	22,032		
Common stocks	1,230,575	1,230,575	-	-
Corporate bonds	102,947	102,947		
Note receivable, secured by deed of trust	300,715	-	-	300,715
Cash held in money market accounts	136,251	136,251	-	-
	$ 2,425,018	$ 2,124,303	$ -	$ 300,715

changes in the values of investment securities will occur in the near term and that such changes could materially affect participants account balances and the amounts reported in the statement of net assets available for benefits.

In addition, the Plan has invested in loans secured by deeds of trusts, These types are investments are subject to various risks included the deprecation in value of the collateralized property, the inability of the borrower to continue meeting its monthly payment obligations and the risk that on maturity date the loans, the borrower will pay off the balance due. Due t the level of risk associated with the loans, it is at least reasonably possible that the value of some or all of the loans could of diminished and could materially affect participants account balances and the amounts reported in the statement of net assets available for benefits.

CAL-STATE AUTO PARTS, INC. PROFIT SHARING PLAN
EIN: 95-2741714; Plan No. 001
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009

Schedule 1 - Form 5500 - Schedule H Part 1 Line c - Schedule of Assets Held for Investment Purposes

Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity date	Cost	Current Value
Investment in mutual funds			
Federal Natl Mtg Assn	9,000 shares of mutual fund	$ 8,980	$ 9,250
Financial Select ETF	110 shares of mutual fund	1,411	1,377
Ishare S&P SMALL CAP 600	465 shares of mutual fund	28,836	20,446
Ishare TR- S&P Smallcap 600 Index FD	271 shares of mutual fund	16,805	11,916
Ishares Barclay 1-3 Yr Treasury Bond Fund	39 shares of mutual fund	3,232	3,302
Ishares Barclays 1-3 Yr Treasury Bond	42 shares of mutual fund	3,481	3,555
Ishares Barclays 1-3 Yr Treasury Bond	23 shares of mutual fund	1,906	1,947
Ishares Barclays Short Treasury Bond Fund	32 shares of mutual fund	3,520	3,532
Ishares Barclays Short Treasury Bond Fund	17 shares of mutual fund	1,870	1,877
Ishares Barclays Short Treasury Bonf Fund	30 shares of mutual fund	3,300	3,312
Ishares DJ US Aerospace	65 shares of mutual fund	4,415	2,683
Ishares DJ US Aero & DE	71 shares of mutual fund	4,823	2,931
Ishares DJ US Aero & DE	38 shares of mutual fund	2,581	1,569
Ishares DJ US Med Devic	68 shares of mutual fund	4,122	2,603
Ishares DJ US Medical	116 shares of mutual fund	7,032	4,440
Ishares DJ US Medical Devic	126 shares of mutual fund	7,638	4,823
Ishares Morning Mid Grth	204 shares of mutual fund	20,412	10,881
Ishares MSCI Eafe Index	1294 shares of mutual fund	101,579	58,049
Ishares MSCI EAFE Index	1,351 shares of mutual fund	103,880	60,606
Ishares MSCI EAFE Index	1,465 shares of mutual fund	112,750	65,720
Ishares MSCI EAFE Index Fund	786 shares of mutual fund	60,560	35,260
Ishares MSCI Hong Kong	231 shares of mutual fund	4,626	2,395
Ishares MSCI Hong Kong Index	231 shares of mutual fund	4,626	2,395
Ishares MSCI Hong Kong Index FD	251 shares of mutual fund	5,027	2,603
Ishares MSCI Hong Kong Index FD	135 shares of mutual fund	2,704	1,400
Ishares MSCI Pac EX-Japan	120 shares of mutual fund	6,171	3,162
Ishares MSCI PAC EX-Japan	108 shares of mutual fund	5,554	2,846
Ishares MSCI Pac Ex-Japan	66 shares of mutual fund	3,394	1,739
Ishares MSCI Singapore	172 shares of mutual fund	2,372	1,213
Ishares MSCI Singapore	172 shares of mutual fund	2,372	1,213
Ishares MSCI Singapore	100 shares of mutual fund	1,379	705
Ishares MSCI Singapore	187 shares of mutual fund	2,579	1,318
Ishares S&P 1500 Index	60 shares of mutual fund	2,449	2,428
Ishares S&P 1500 Index Fund	65 shares of mutual fund	2,664	2,630
Ishares S&P 1500 Index Fund	35 shares of mutual fund	1,430	1,416
Ishares S&P MID CAP 400	341 shares of mutual fund	28,813	18,186
Ishares S&P North Amer Tech-Softwre	105 shares of mutual fund	5,418	3,336
Ishares S&P North Amer Technology	195 shares of mutual fund	10,062	6,195
Ishares S&P North Amer Tech-Soft	180 shares of mutual fund	9,288	5,719
Ishares TR - S&P Midcap 400 Index FD	199 shares of mutual fund	16,819	10,613
Ishares TR MSCI Emerging	220 shares of mutual fund	11,005	5,493
Ishares Tr MSCI Emerging	203 shares of mutual fund	7,939	5,069
Ishares Tr MSCI Emerging	202 shares of mutual fund	7,841	5,044
Ishares TR MSCI Emerging	118 shares of mutual fund	5,420	2,946
Ishares TR MSCI Taiwan Webs Index	178 shares of mutual fund	2,420	1,351
Ishares Tr MSCI Taiwan Webs Index	164 shares of mutual fund	2,229	1,245
Ishares Tr MSCI Taiwan Webs Index	164 shares of mutual fund	2,229	1,245
Ishares TR MSCI Taiwan Webs Index	96 shares of mutual fund	1,305	729
Ishares TR S&P Midcap 400	371 shares of mutual fund	31,352	19,785

See accompanying notes.

CAL-STATE AUTO PARTS, INC. PROFIT SHARING PLAN
EIN: 95-2741714; Plan No. 001
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009

Schedule 1 - Form 5500 - Schedule H Part 1 Line c - Schedule of Assets Held for Investment Purposes

Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity date	Cost	Current Value
Ishares TR S&P Smallcap 600	632 shares of mutual fund	30,870	27,789
Ishares TR S&P SmallCap 600	505 shares of mutual fund	31,314	22,205
Nasdaq OMX Group	70 shares of mutual fund	3,464	1,730
Powershares DB Commodity	248 shares of mutual fund	6,158	5,255
Powershares DB Commodity	245 shares of mutual fund	6,096	5,192
Powershares DB Commodity	143 shares of mutual fund	3,557	3,030
Powershares DB Commodity Traking FD	266 shares of mutual fund	6,617	5,637
Powershares Dyn Bank	628 shares of mutual fund	12,129	10,186
Powershares Dyn Large Cap	266 shares of mutual fund	4,475	2,862
Powershares Dynamic Industrials	268 shares of mutual fund	7,642	5,266
Powershares Dynamic Phar	507 shares of mutual fund	8,888	8,173
Powershares Dynamic Pharm	945 shares of mutual fund	16,563	15,233
Powershares Dynamic Pharma	871 shares of mutual fund	15,262	14,041
Powershares Dynamic Utilities Port	408 shares of mutual fund	6,093	6,238
Powershares Dynamic Utilities Port	376 shares of mutual fund	5,615	5,749
Powershares Dynaminc Industrial Sector	291 shares of mutual fund	8,298	5,718
Powershares Dynm Healthcare	179 shares of mutual fund	5,224	3,508
Powershares Insurance Portfolio	306 shares of mutual fund	4,694	4,431
Powershares Insurance Portfolio	282 shares of mutual fund	4,326	4,083
Powershares Insurance Portfolio	164 shares of mutual fund	2,515	2,375
Powershrs Dyn Bnk Portfl	683 shares of mutual fund	13,191	11,078
Powershrs DYN BNK Portfl	367 shares of mutual fund	7,088	5,953
Pwrshrs DYN Lrg Cap GRW	155 shares of mutual fund	2,608	1,668
Pwrshrs Dynamic Large Cap Grw	288 shares of mutual fund	4,845	3,099
Pwrshrs DYNM Industrials Sector Port	156 shares of mutual fund	4,451	3,065
Pwrshrs DYNM Utilies Portfolio	219 shares of mutual fund	3,270	3,349
Rydex S&P Equal Weight Healthcare	159 shares of mutual fund	8,109	6,556
Rydex S&P Equal Weight Healthcare	146 shares of mutual fund	7,446	6,020
Rydex S&P Equal Weight Healthcare	85 shares of mutual fund	4,335	3,505
Sector SPDR Technology	1183 shares of mutual fund	30,880	18,230
Sector SPDR TR	635 shares of mutual fund	16,576	9,785
Sector Technology SPDR	1,089 shares of mutual fund	28,421	16,781
Spdr S&P Biotech ETF	48 shares of mutual fund	3,011	2,574
SPDR S&P Gas Equip	63 shares of mutual fund	2,557	1,077
SPDR S&P Oil & Gas Equip	40 shares of mutual fund	2,182	1,186
SPDR S&P Oil & Gas Equip	118 shares of mutual fund	4,788	2,018
Spdr S&P Oil & Gas Equip	109 shares of mutual fund	4,423	1,864
Spdr S&P Oil & Gas ET Explor & Prod	37 shares of mutual fund	2,018	1,097
SPDR S&P Oil & Gas ETF Exploration	21 shares of mutual fund	1,145	622
SPDR S&P Retail EFT	240 shares of mutual fund	7,955	4,888
Spdr S&P Retail ETF	222 shares of mutual fund	7,357	4,521
SPDR S&P Retail ETF	129 shares of mutual fund	4,275	2,627
Spdr Tr Unit Ser 1	230 shares of mutual fund	29,678	20,755
Spdr TR Unit Ser 1	202 shares of mutual fund	19,498	18,228
SPDR TR Unit SER 1	118 shares of mutual fund	11,391	10,648
SPDR Unit Ser 1	219 shares of mutual fund	21,145	19,763
Vanguard Con Discretonary	270 shares of mutual fund	14,359	8,705
Vanguard Consumer Discr	294 shares of mutual fund	15,635	9,479
Vanguard Consumer Discretonary ETF	158 shares of mutual fund	8,402	5,094
Vanguard Consumer Stapl	311 shares of mutual fund	22,016	17,991
Vanguard Consumer Staple	337 shares of mutual fund	23,856	19,495

See accompanying notes.

CAL-STATE AUTO PARTS, INC. PROFIT SHARING PLAN
EIN: 95-2741714; Plan No. 001
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009

Schedule 1 - Form 5500 - Schedule H Part 1 Line c - Schedule of Assets Held for Investment Purposes

Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral par or maturity date	Cost	Current Value
Vanguard Consumer Staple ETF	181 shares of mutual fund	12,813	10,471
Vanguard Emerging Markets	219 shares of mutual fund	11,421	5,162
Vanguard Emerging Markets ETF	118 shares of mutual fund	6,154	2,781
Vanguard Emerging Mkts	202 shares of mutual fund	10,517	4,761
Vanguard Emrg Mkts ETF	202 shares of mutual fund	10,534	4,761
Vanguard Energy ETF	192 shares of mutual fund	21,792	12,933
Vanguard Energy ETF	209 shares of mutual fund	23,722	14,078
Vanguard Energy ETF	112 shares of mutual fund	12,712	7,544
Vanguard Financial ETF	282 shares of mutual fund	14,122	7,301
Vanguard Financials ETF	260 shares of mutual fund	13,018	6,731
Vanguard Financials ETF	151 shares of mutual fund	7,561	3,909
Vanguard Indstrls ETF	285 shares of mutual fund	19,840	12,209
Vanguard Industrials ETF	309 shares of mutual fund	21,501	13,238
Vanguard Industrials ETF	166 shares of mutual fund	11,554	7,111
Vanguard Materials ETF	84 shares of mutual fund	7,387	3,814
Vanguard Materials ETF	44 shares of mutual fund	3,869	1,998
Vanguard Materials ETF	75 shares of mutual fund	6,596	3,405
Vanguard SM Cap Gr ETF	148 shares of mutual fund	10,529	6,231
Vanguard Utilities ETF	133 shares of mutual fund	11,648	8,120
Vanguard Utilities ETF	72 shares of mutual fund	6,306	4,396
Vanguard Utilities ETF	120 shares of mutual fund	10,510	7,326
		$ 1,473,437	$ 973,200
Investment in Common Stocks			
3M Company	25 shares of common stock	$ 2,108	$ 1,439
Accenture Ltd	49 shares of common stock	1,427	1,607
Ace Limited	52 shares of common stock	2,971	2,752
Adidas AG - Spon ADR	454 shares of common stock	15,366	8,785
Adobe Systems Inc	47 shares of common stock	1,926	1,001
Aflac Inc	50 shares of common stock	3,132	2,292
Allianz SE-ADR	2303 shares of common stock	27,132	24,941
Amdocs Ltd	79 shares of common stock	2,723	1,445
Apache Corp Common	20 shares of common stock	1,466	1,491
Apple Computer Inc	26 shares of common stock	2,944	2,219
AT&T Inc	130 shares of common stock	4,246	3,705
BAE Systems Place	1,728 shares of common stock	60,259	38,552
Ball Corp	61 shares of common stock	2,745	2,537
Banco Santander Cent	1,785 shares of common stock	31,023	16,940
Bed Bath & Beyond Inc	73 shares of common stock	2,302	1,856
Best Buy Co Inc	32 shares of common stock	1,685	900
BG Group PLC	175 shares of common stock	19,388	12,451
BP PLC Spons ADR	635 shares of common stock	46,463	29,680
British Amern TOB PLC	613 shares of common stock	46,479	32,556
C H Robinson Worldwide	47 shares of common stock	2,484	2,586
Canon Inc ADR	1,119 shares of common stock	49,391	35,137
Chevron Corp	45 shares of common stock	4,168	3,329
Church & Dwight Inc	50 shares of common stock	2,704	2,806
Cisco Sys Inc	157 shares of common stock	4,110	2,559
CME Group Inc	4 shares of common stock	1,440	832
Cullen Frost Bankers Inc	74 shares of common stock	3,749	3,750
CVS Caremark Corp	65 shares of common stock	2,584	1,868

See accompanying notes.

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Danaher Corp	25 shares of common stock	2,014	1,415
Davita Inc	56 shares of common stock	3,156	2,776
Deere & Co	23 shares of common stock	2,041	881
Diageo PLC	407 shares of common stock	34,296	23,093
Digital Realty Trust Inc	59 shares of common stock	2,127	1,938
Dionex Corp	34 shares of common stock	1,736	1,525
Dollar Tree Stores Inc	92 shares of common stock	2,472	3,835
Dominion Res Inc VA New	51 shares of common stock	2,420	1,828
Dover Corp Common	65 shares of common stock	2,797	2,140
E. ON-AG-SPON ADR	706 shares of common stock	47,541	28,770
Eastgroup Pptys Inc	52 shares of common stock	1,851	1,850
ENI Spa Sponsored ADR	487 shares of common stock	34,938	23,288
Ericsson LM Tel Co Cl B	2,356 shares of common stock	22,329	18,400
Exelon Corporation	2,847.8094 shares of common stock	230,495	156,886
Expeditors Intl Wash Inc	61 shares of common stock	2,454	2,029
Express Scripts Inc CL A	42 shares of common stock	2,589	2,309
Exxon Mobil Corp	47 shares of common stock	4,355	3,752
Factset Research Systems Inc	38 shares of common stock	2,110	1,681
Federated Invts Inc CL B	80 shares of common stock	3,293	1,357
Fiserv Inc	66 shares of common stock	3,662	2,400
Forest Oil Corp New	35 shares of common stock	1,776	577
FTI Consulting Inc	42 shares of common stock	1,866	1,877
GDF Suez Spons ADR	757 shares of common stock	52,259	37,434
General Electric Co	53 shares of common stock	1,965	859
Glaxosmithkline PLC	800 shares of common stock	36,076	29,816
Groupe Danone Spons ADR	905 shares of common stock	15,849	10,932
Harris Corp Del	47 shares of common stock	2,946	1,788
Hasbro Inc	55 shares of common stock	1,953	1,604
HCC Ins Holdings Inc	127 shares of common stock	3,642	3,397
Heineken N V ADR	480 shares of common stock	15,336	7,368
Heinz H J Co Common	57 shares of common stock	2,701	2,143
Henry Schein Inc	51 shares of common stock	3,131	1,871
Home Depot Inc	68 shares of common stock	1,978	1,565
Hornbeck Offshore Serve	52 shares of common stock	2,337	850
Hoya Corp Sponsored ADR	804 shares of common stock	20,004	13,949
HSBC Hldgs Sponsored ADR	174 shares of common stock	14,566	8,469
Ill Tool Works Inc	38 shares of common stock	2,035	1,332
Imperial Tobacco Group PLC	618 shares of common stock	53,753	33,434
Ingram Micro	156 shares of common stock	2,814	2,089
Ishares MSCI Pac Ex-Japn	105 shares of common stock	5,400	2,767
J M Smucker Co	41 shares of common stock	2,084	1,778
L-3 Communications Hldgs	22 shares of common stock	2,331	1,623
Laboratory Corp Amer Hldgs	63 shares of common stock	4,491	4,058
MDU Resources Group	69 shares of common stock	1,905	1,489
Microsoft Corp	126 shares of common stock	4,468	2,449
Mohawk Inds Inc	46 shares of common stock	2,943	1,977
Morgan Stanley	73 shares of common stock	3,456	2,476
Nestle S A	779 shares of common stock	35,695	30,926
Nokia Corp	1,223 shares of common stock	45,503	19,079
Novartis AG ADR	1,021 shares of common stock	55,052	50,805
O Reilly Automotive Inc	78 shares of common stock	2,001	2,398

See accompanying notes.

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Oneok Inc New	59 shares of common stock	2,641	1,718
Patterson-Uti Energy Inc	65 shares of common stock	1,269	748
Pepsico Incorporated	55 shares of common stock	4,175	3,012
Petsmart Inc	135 shares of common stock	3,177	2,491
Powershares Dyn Bnk Portfl	156 shares of common stock	3,235	2,530
Praxair Inc	14 shares of common stock	1,242	831
Procter & Gamble Co	69 shares of common stock	5,066	4,266
Prudential PLC	2656 shares of common stock	53,360	33,598
Qualcomm Inc	36 shares of common stock	1,977	1,290
Roche Holdings Ltd Adr	588 shares of common stock	50,215	45,011
Royal Dutch Shell PLC ADR	446 shares of common stock	35,353	23,611
Sanofi-Aventis ADR	891 shares of common stock	37,501	28,655
Schlumberger Ltd	38 shares of common stock	3,738	1,608
Singapore Telecommunications - ADR	1,104 shares of common stock	30,029	19,706
Staples Inc	93 shares of common stock	2,291	1,666
Sumitomo Mitsui Finl Group Inc ADR	2,885 shares of common stock	23,182	11,627
Target Corp	49 shares of common stock	2,623	1,692
Teco Energy Inc	96 shares of common stock	1,652	1,186
Telus Corp	773 shares of common stock	35,968	21,969
Tesco Plc Sponsored ADR	1,044 shares of common stock	27,437	19,289
Total S.A. Spons ADR	568 shares of common stock	46,917	31,411
Transocean Inc New	14 shares of common stock	1,916	661
Unilever PLC Spon	1518 shares of common stock	53,483	34,944
United Technologies Corp	65 shares of common stock	4,975	3,484
Urban Outfitters Inc	68 shares of common stock	2,411	1,019
US Bancorp New	72 shares of common stock	2,362	1,801
Valero Energy Corp New	56 shares of common stock	1,889	1,212
Verizon Communications	60 shares of common stock	2,621	2,034
Vodaphone Group PLC SP ADR	2,358 shares of common stock	72,950	48,198
WestAmerica Bancorp	32 shares of common stock	1,572	1,637
Willis Group Holdings	80 shares of common stock	2,944	1,990
Wyeth	82 shares of common stock	3,624	3,076
Zurich Finel Svcs Spon Adr	1,387 shares of common stock	39,708	30,306
		$ 1,720,910	$ 1,193,625
Funds Held in Money Market Accounts			
Funds Held in Ford Money Market Account	Funds held in account at December 31, 2009 earned interest at an annual rate of 4.20%	$ 73,002	$ 73,002
Funds Held in US Bank Market Account	Funds held in account at December 31, 2009 earned interest at an annual rate of .05%	2,377	2,377
Funds Held in Wachova Money Market Accounts	Funds held in account at December 31, 2009 earned interest at an annual rate of 1.71%	65,410	65,410
		$ 140,789	$ 140,789

See accompanying notes.