# 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
EL DORADO MOTORS, INC. 401K PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 09/01/1998

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

2300 NORTH CENTRAL EXPRESSWAY
MCKINNEY, TX 75070-3746

**2b** Employer Identification Number (EIN)
75-2410079

**2c** Sponsor's telephone number
972-569-0100

**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. | 10/12/2010 | TERESA WATWOOD |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
EL DORADO MOTORS, INC.

2300 NORTH CENTRAL EXPRESSWAY
MCKINNEY, TX 75070-3746

**3b** Administrator's EIN
75-2410079

**3c** Administrator's telephone number
972-569-0100

**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** | 138 |
| **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** | 92 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 11 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 103 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 103 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 59 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 5 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

**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)** | | 0 | **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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**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
EL DORADO MOTORS, INC. 401K PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EL DORADO MOTORS, INC.

**D** Employer Identification Number (EIN)
75-2410079

## 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)

NATIONWIDE TRUST

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-1592130

| (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? |
|---|---|---|---|---|---|---|
| 64 | ASSET CUSTODIAN | 13950 | Yes [X] No [ ] | Yes [X] No [ ] | 4517 | Yes [ ] No [X] |

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

TRINITY PENSION GROUP, LLC

4194 MENDENHALL OAKS PWY
SUITE 180
HIGH POINT, NC 27265

20-0235252

| (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 | THIRD PARTY ADMINISTRATOR | 5861 | Yes [X] No [ ] | Yes [X] No [ ] | 1731 | Yes [ ] No [X] |

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

TURNER, VEDRENNE & HOWARD

9330 LBJ FREEWAY, STE 1450
8TH FLOOR
DALLAS, TX 75243

75-2915651

| (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 | AUDITOR | 5800 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

UBS FINANCIAL SERVICES

1000 HARBOR BLVD
8TH FLOOR
WEEHAUKEN, NJ 07087

| **(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? |
|---|---|---|---|---|---|---|
| 26 | ADVISOR | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 3309 | 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 [ ] |

## Part I Service Provider Information (continued)

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

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
EL DORADO MOTORS, INC. 401K PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EL DORADO MOTORS, INC.

**D** Employer Identification Number (EIN)
75-2410079

## 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) | 4347 | 3666 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 67008 | 67520 |
| **(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) | 1351380 | 1365800 |
| **(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 | 1422735 | 1436986 |
| | **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 | 1422735 | 1436986 |

## 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) | 139114 | |
| | **(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) | | 139114 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 5330 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 5330 |
| | **(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) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 0 |
| | **(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) | | 252350 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 396794 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 346449 | |
| (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) | | 346449 |
| **f** Corrective distributions (see instructions) | 2f | | 25320 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | 10774 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 10774 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 382543 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 14251 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: TURNER,VEDRENNE, & HOWARD (2) EIN: 75-2915651

**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 | | 3000000 |
| **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
EL DORADO MOTORS, INC. 401K PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
EL DORADO MOTORS, INC.

**D** Employer Identification Number (EIN)
75-2410079

## 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): 31-1592130

**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):

# THE EL DORADO MOTORS, INC. 401(K) PLAN

## FINANCIAL STATEMENTS
## AND SUPPLEMENTAL SCHEDULE

## DECEMBER 31, 2009 AND 2008

# THE EL DORADO MOTORS, INC. 401(K) PLAN

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TURNER, VEDRENNE & HOWARD, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

# REPORT OF INDEPENDENT AUDITORS

To the Trustees of
The El Dorado Motors, Inc. 401(k) Plan

We were engaged to audit the financial statements of The El Dorado Motors, Inc. 401(k) Plan (the Plan) as of December 31, 2009 and 2008 and for the years then ended, and the supplemental schedule as of December 31, 2009, as listed in the accompanying table of contents. These financial statements and 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 4, which was certified by Nationwide Financial Services, Inc. (Nationwide), except for comparing the information with the related information included in the financial statements and supplemental schedule. The plan administrator has informed us that Nationwide holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Nationwide as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by Nationwide 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 Nationwide, have been audited by us in accordance with U.S. generally accepted auditing standards 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.

Turner, Vedrenne & Howard, P.C.

Dallas, Texas
October 8, 2010

9330 LBJ Freeway
Suite 1450
Dallas, Texas 75243

(972) 644-4131
(972) 644-1813 Fax
email: tvh@tv-cpas.com

MEMBERS
*Texas Society of CPAs*
*American Institute of CPAs*

# THE EL DORADO MOTORS, INC. 401(K) PLAN
# STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
# DECEMBER 31, 2009 AND 2008

| | 2009 | 2008 |
|---|---|---|
| **ASSETS** | | |
| Investments: | | |
| Mutual funds, at fair value (Notes 2, 3 and 4) | $ 1,365,800 | $ 1,351,380 |
| Notes receivable from participants (Notes 2 and 3) | 67,520 | 67,008 |
| Total investments | 1,433,320 | 1,418,388 |
| Due from participants | 3,666 | 4,347 |
| Total assets | 1,436,986 | 1,422,735 |
| **LIABILITIES** | -- | -- |
| Net assets available for benefits | $ 1,436,986 | $ 1,422,735 |

*See accompanying notes to financial statements.*

# THE EL DORADO MOTORS, INC. 401(K) PLAN
# STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
# FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

| | 2009 | 2008 |
|---|---|---|
| Additions: | | |
| Investment income: | | |
| Net appreciation (depreciation) in fair value of investments (Notes 3 and 4) | $ 252,350 | $ (750,312) |
| Interest | 5,330 | 5,895 |
| | 257,680 | (744,417) |
| Participants' contributions | 139,114 | 259,714 |
| Total additions | 396,794 | (484,703) |
| Deductions: | | |
| Benefits paid to participants | 371,769 | 111,625 |
| Administrative expenses | 10,774 | 6,802 |
| Total deductions | 382,543 | 118,427 |
| Increase (decrease) in net assets available for plan benefits | 14,251 | (603,130) |
| Net assets available for benefits: | | |
| Beginning of period | 1,422,735 | 2,025,865 |
| End of period | $ 1,436,986 | $ 1,422,735 |

*See accompanying notes to financial statements.*

## 1. DESCRIPTION OF THE PLAN

The following description of The El Dorado Motors, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the summary plan description for a more complete discussion of the Plan's provisions.

General

The Plan, a defined contribution plan qualified under Sections 401(a) and 401(k) of the Internal Revenue Code (the Code) (see Note 6 below), meets the requirements of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan covers all employees who have completed six months of employment with El Dorado Motors, Inc. (the Employer) and have attained 21 years of age.

Contributions

Participants may make voluntary contributions up to the maximum as adjusted by Internal Revenue Service (IRS) regulations ($16,500 and $15,500 for 2009 and 2008, respectively, and $22,000 and $20,500 for those age 50 and over for 2009 and 2008, respectively), to provide an additional source of income for retirement. The Plan allows for pre-tax and after-tax contributions by participants. The Plan permits Employer contributions to participant accounts at amounts determined by the Employer. There were no Employer contributions for 2009 or 2008.

Participant Accounts

Each participant's account is credited with the participant's contributions and allocation of (a) the Employer's contribution, and (b) Plan earnings. Allocations are based on participant contributions or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service. Any participant accrued benefits forfeited are used to offset administrative expenses of the Plan and to reduce future employer contributions. There were forfeitures of $2,312 and $3,879 for 2009 and 2008, respectively.

Payment of Benefits

Payment of benefits by the Plan are payable upon the occurrence of retirement, death, disability, termination of employment, termination of the Plan, or an election by a participant to receive a hardship distribution. In addition, employees that have attained 59 1/2 years of age may elect to receive benefit payments without penalty. Upon the occurrence of the qualifying event, distributions are payable by lump-sum payment.

## 1. DESCRIPTION OF THE PLAN (Continued)

Administrative Expenses
The Employer pays administrative expenses not paid by the Plan.

Notes Receivable from Participants
Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan terms range from 1 to 5 years or up to 15 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate of interest determined at the time of the loan. Interest rates were 8.0% at December 31, 2009. Principal and interest are paid ratably through monthly payroll deductions.

Investment Options
Upon enrollment in the Plan, a participant may direct employee and employer contributions in any of the available investment options. Participants may change their investment options daily. The investment options available to participants are through Nationwide Financial Services, Inc. (Nationwide).

## 2. SIGNIFICANT ACCOUNTING POLICIES

Investment Valuation
The Plan's investments are stated at fair value.

Investment Income
Income or loss from dividends, interest, and dispositions are recognized on the accrual basis of accounting. Realized gain or loss due to dispositions of investments is based on the difference between the proceeds on sale and the value of the investment as of the beginning of the year or since the date of purchase where purchased during the year. Unrealized gain or loss is recorded as the change in market value since the beginning of the year or since the date of purchase where purchased during the year.

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.

Subsequent Events
Management has evaluated subsequent events through October 8, 2010, the date the financial statements were available to be issued.

## 3. FAIR VALUE MEASUREMENTS

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

| | | Fair Value Measurements Using: | |
|---|---|---|---|
| | Fair Value | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Unobservable Inputs (Level 3) |
| December 31, 2009 | | | |
| Mutual funds | $ 1,365,800 | $ 1,365,800 | $ -- |
| Notes receivable from participants | 67,520 | -- | 67,520 |
| | $ 1,433,320 | $ 1,365,800 | $ 67,520 |
| December 31, 2008 | | | |
| Mutual funds | $ 1,351,380 | $ 1,351,380 | $ -- |
| Notes receivable from participants | 67,008 | -- | 67,008 |
| | $ 1,418,388 | $ 1,351,380 | $ 67,008 |

Statement of Financial Standards No. 157, *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, 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. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements

The notes receivable from participants are not actively traded and significant other observable inputs are not available. Thus, the fair value of notes receivable from participants is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

## 3. FAIR VALUE MEASUREMENTS (Continued)

| | Notes Receivable from Participants |
|---|---|
| December 31, 2009 | |
| Balance at beginning of year | $ 67,008 |
| Total gains or losses (realized and unrealized) | -- |
| Purchases, sales, issuances, and settlements (net) | 512 |
| | $ 67,520 |
| December 31, 2008 | |
| Balance at beginning of year | $ 71,294 |
| Total gains or losses (realized and unrealized) | -- |
| Purchases, sales, issuances, and settlements (net) | (4,286) |
| | $ 67,008 |

Gains and losses are reported in net appreciation (depreciation) in fair value of investments in the accompanying statements of changes in net assets available for benefits.

## 4. INVESTMENTS

The Plan's investments are held by Nationwide at December 31, 2009 and 2008. The following table presents the fair values of investments at December 31, 2009 and 2008. Investments that represent 5% or more of the Plan's net assets are separately identified. Nationwide has certified that the information summarized in the following schedules as of and for the years ended December 31, 2009 and 2008 is complete and accurate.

| | 2009 | 2008 |
|---|---|---|
| Investments at fair value as determined by quoted market price: | | |
| Mutual funds: | | |
| Nationwide Money Market | $ 295,720 | $ 76,359 |
| AllianceBernstein International Value (K) | 72,676 | 83,441 |
| Nationwide Investor Destinations Moderately Aggressive | 104,216 | 88,205 |
| JP Morgan Mid Cap Value | 70,240 | 81,521 |
| Oppenheimer Value | 125,691 | 140,332 |
| Thornburg International Value | 49,712 | 80,401 |
| Others | 647,545 | 801,121 |
| | $ 1,365,800 | $ 1,351,380 |

## 4. INVESTMENTS (Continued)

During the year ended December 31, 2009 and 2008, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) as follows:

| | 2009 | 2008 |
|---|---|---|
| Investments at fair value as determined by quoted market price: | | |
| Mutual funds | $ 252,350 | $ (750,312) |

## 5. PLAN TERMINATION

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

## 6. INCOME TAX STATUS

The Plan received a favorable determination letter from the IRS dated March 31, 2009. The determination letter stated that the trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Code; and, accordingly, the trust's net investment income is exempt from income taxes.

## 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 accompanying statements of net assets available for benefits.

# SUPPLEMENTAL SCHEDULE

**THE EL DORADO MOTORS, INC. 401(K) PLAN (PLAN # 001)**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**EIN 75-2410079**

| (a) | (b) Identity of Party | (c) Description | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | American Century Inflation-Adjusted Bond Adv | Mutual Fund | | $ 39,397 |
| | American Century Inflation-Adjusted Bond Inst | Mutual Fund | | 11,925 |
| | American Century Small Company | Mutual Fund | | 15,112 |
| | American Century Growth | Mutual Fund | | 12,044 |
| | AllianceBernstein International Value (K) | Mutual Fund | | 72,676 |
| | AllianceBernstein International Value (A) | Mutual Fund | | 1,001 |
| | American Funds Growth Fund of America (R3) | Mutual Fund | | 37,051 |
| | American Funds Growth Fund of America (R5) | Mutual Fund | | 12,965 |
| | Aberdeen International Equity | Mutual Fund | | 9,360 |
| | Baron Small Cap | Mutual Fund | | 5,806 |
| | BlackRock Small Cap Growth | Mutual Fund | | 26 |
| | BlackRock Large Cap Value | Mutual Fund | | 13,877 |
| | BlackRock Large Cap Growth | Mutual Fund | | 10,860 |
| | Delaware Value | Mutual Fund | | 1,165 |
| | Delaware Extended Duration Bond | Mutual Fund | | 18,110 |
| | MainStay Epoch Global | Mutual Fund | | 11,971 |
| | Munder Mid-Cap Core Growth | Mutual Fund | | 2,169 |
| | Nationwide Money Market | Mutual Fund | | 295,720 |
| | Nationwide Investor Destinations Aggressive | Mutual Fund | | 23,246 |
| | Nationwide Investor Destinations Moderately Conservative | Mutual Fund | | 1 |
| | Nationwide Investor Destinations Moderately Aggressive | Mutual Fund | | 104,216 |
| | Nationwide Investor Destinations Moderate | Mutual Fund | | 1,168 |
| | Fidelity Advisor Freedom 2010 | Mutual Fund | | 21,748 |
| | Fidelity Advisor Freedom 2015 | Mutual Fund | | 11,520 |
| | Fidelity Advisor Freedom 2020 | Mutual Fund | | 43,038 |
| | Fidelity Advisor Freedom 2025 | Mutual Fund | | 17,914 |
| | Fidelity Advisor Freedom 2030 | Mutual Fund | | 11,469 |
| | Fidelity Advisor Freedom 2040 | Mutual Fund | | 6,966 |
| | Goldman Sachs Small Cap Value | Mutual Fund | | 7,760 |
| | Goldman Sachs Structured Large Cap Value | Mutual Fund | | 8,106 |
| | Goldman Sachs Large Cap Value | Mutual Fund | | 10,374 |
| | JP Morgan Dynamic Small Cap Growth | Mutual Fund | | 7,663 |
| | JP Morgan Mid Cap Value | Mutual Fund | | 70,240 |
| | JP Morgan Small Cap Value | Mutual Fund | | 1,209 |
| | Jensen Fund | Mutual Fund | | 5,238 |
| | Oakmark Global Fund | Mutual Fund | | 31,083 |
| | Victory Diversified Stock | Mutual Fund | | 22,572 |
| | Lazard Emerging Markets Equity | Mutual Fund | | 3,782 |
| | MFS Value | Mutual Fund | | 12,156 |
| | MFS Research Bond | Mutual Fund | | 5,477 |
| | Oppenheimer Value | Mutual Fund | | 125,691 |
| | Oppenheimer Small & Medium Cap Value | Mutual Fund | | 1,810 |
| | Oppenheimer International Bond | Mutual Fund | | 13,178 |
| | Oppenheimer International Growth Aggressive | Mutual Fund | | 10,983 |
| | Pioneer Emerging Markets | Mutual Fund | | 5,061 |

*See accompanying report of independent auditors.*

**THE EL DORADO MOTORS, INC. 401(K) PLAN (PLAN # 001)**
**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**EIN 75-2410079**

| (a) | (b) Identity of Party | (c) Description | (d) Cost | (e) Current Value |
|---|---|---|---|---|
| | PIMCO Real Return (A) | Mutual Fund | | 528 |
| | PIMCO Real Return (Institutional) | Mutual Fund | | 15,325 |
| | PIMCO Total Return | Mutual Fund | | 11,229 |
| | Principal Investments Large Cap Growth Inst | Mutual Fund | | 10,189 |
| | Principal Investments High Yield Inst | Mutual Fund | | 4,254 |
| | Ridgeworth Small Cap Value Equity | Mutual Fund | | 24,312 |
| | Thornburg International Value | Mutual Fund | | 49,712 |
| | Turner Small Cap Growth Fund | Mutual Fund | | 617 |
| | Vanguard Small Cap Value Index | Mutual Fund | | 4,524 |
| | Van Kampen Comstock | Mutual Fund | | 47,526 |
| | Van Kampen Equity and Income | Mutual Fund | | 8,191 |
| | Western Asset Corp Plus Bond | Mutual Fund | | 2,079 |
| | Western Asset Non-US Opp Bond | Mutual Fund | | 4,432 |
| | Western Asset Inflation Indexed Bond | Mutual Fund | | 8,105 |
| | Wells Fargo Advantage Asia Pacific Investment | Mutual Fund | | 13,717 |
| | Wells Fargo Advantage Endeavor Select | Mutual Fund | | 6,156 |
| | Notes receivable from participants, $67,520 principal, 8% interest rate | | | 67,520 |
| | | | | $ 1,433,320 |

*See accompanying report of independent auditors.*

## Schedule H, Line 4i
## Schedule of Assets (Held At End of Year)

Name of Plan:

► The El Dorado Motors, Inc. 401(k) Plan

Employer Identification Number:► 75-2410079

For plan year (beginning/ending):► January 1, 2009 / December 31, 2009 Plan number:► 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 |
|---|---|---|---|---|
| | Nationwide Trust | AllBer Intl Val K | | 72676.23 |
| | Nationwide Trust | AllBer Intl Val A | | 1001.04 |
| | Nationwide Trust | AmCent Gr Adv | | 12044.35 |
| | Nationwide Trust | AmCent Infl Adj Bd Adv | | 39397.12 |
| | Nationwide Trust | AmCent Infl Adj Bd Inst | | 11925.3 |
| | Nationwide Trust | AmCent Sm Co Adv | | 15112.18 |
| | Nationwide Trust | AmFds Cap Inc Bldr R5 | | 0 |
| | Nationwide Trust | AmFds Cap Wld Gr Inc R5 | | 0 |
| | Nationwide Trust | AmFds Gr Am R3 | | 37050.81 |
| | Nationwide Trust | AmFds Gr Am R5 | | 12965.06 |
| | Nationwide Trust | AmFds Inc Fd Am R5 | | 0 |
| | Nationwide Trust | AmFds Invmt Co Am R5 | | 0 |
| | Nationwide Trust | Baron SmCap | | 5805.57 |
| | Nationwide Trust | JPM SmCap Val A | | 1208.81 |
| | Nationwide Trust | BlkRk SmMdCap Gr Inv A | | 26.38 |
| | Nationwide Trust | NW Inv Dest Aggr SC | | 23245.82 |
| | Nationwide Trust | DE Val A | | 1164.99 |
| | Nationwide Trust | DE Extnd Dur Bd A | | 18109.67 |
| | Nationwide Trust | NW Inv Dest Mod Aggr SC | | 104216.31 |
| | Nationwide Trust | NW Inv Dest Mod Cnsrv SC | | 1.38 |
| | Nationwide Trust | NW Inv Dest Mod SC | | 1167.74 |
| | Nationwide Trust | Epoch Glb l EqShrhldr Yld P | | 0 |
| | Nationwide Trust | MnSty Epoch Glbl Eq Yld A | | 11970.73 |
| | Nationwide Trust | FidAdv Free 2025 A | | 17913.8 |
| | Nationwide Trust | FidAdv Free 2010 A | | 21747.57 |
| | Nationwide Trust | FidAdv Free 2020 A | | 43038.36 |
| | Nationwide Trust | FidAdv Free 2030 A | | 11468.93 |
| | Nationwide Trust | FidAdv Free 2040 A | | 6966.06 |
| | Nationwide Trust | FidAdv Free 2035 A | | 0 |
| | Nationwide Trust | FidAdv Free 2015 A | | 11520.19 |
| | Nationwide Trust | GdmnScs Stred LgCap Val A | | 8105.77 |
| | Nationwide Trust | Abrden Intl Eq A | | 9359.65 |
| | Nationwide Trust | NW Mny Mkt Inst | | 295720.19 |
| | Nationwide Trust | GdmnScs SmCap Val A | | 7759.85 |
| | Nationwide Trust | GdmnScs LgCap Val A | | 10374.15 |
| | Nationwide Trust | JPM Dynmc SmCap Gr A | | 7663.2 |
| | Nationwide Trust | JPM MdCap Val A | | 70240.5 |
| | Nationwide Trust | Jensn Port J | | 5237.68 |
| | Nationwide Trust | Okmrk Glbl II | | 31083.33 |
| | Nationwide Trust | Victory Port Div Stk Fd A | | 22572.07 |

## Schedule H, Line 4i
## Schedule of Assets (Held At End of Year)

Name of Plan:

► The El Dorado Motors, Inc. 401(k) Plan

Employer Identification Number:► 75-2410079

For plan year (beginning/ending):► January 1, 2009 / December 31, 2009 Plan number:► 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 |
|---|---|---|---|---|
| | Nationwide Trust | Lazard Emrg Mkt Eq Open | | 3782.14 |
| | Nationwide Trust | BlkRk LgCap Val Inv A | | 13877.43 |
| | Nationwide Trust | Mndr MdCap Cor Gr A | | 2169.39 |
| | Nationwide Trust | BlkRk LgCap Gr Inv A | | 10859.64 |
| | Nationwide Trust | MFS Val A | | 12156.59 |
| | Nationwide Trust | MFS Rsrch Bd A | | 5477.11 |
| | Nationwide Trust | Opp Val A | | 125691.19 |
| | Nationwide Trust | Pionr Emrg Mkt A | | 5061.03 |
| | Nationwide Trust | Prncpl Inv LgCap Gr Inst | | 10189.32 |
| | Nationwide Trust | Opp Intl Bd A | | 13177.67 |
| | Nationwide Trust | Opp Intl Gr A | | 10982.83 |
| | Nationwide Trust | Opp SmMdCap Val A | | 1810.11 |
| | Nationwide Trust | PIMCO Real Rtn Inst | | 15325.41 |
| | Nationwide Trust | PIMCO Real Rtn A | | 527.94 |
| | Nationwide Trust | Prncpl Inv LgCap Gr A | | 0 |
| | Nationwide Trust | PIMCO Ttl Rtn Inst | | 11228.6 |
| | Nationwide Trust | Prncpl Hi Yld Inst | | 4253.52 |
| | Nationwide Trust | RdgWrth SmCap Val Eq I | | 24311.57 |
| | Nationwide Trust | TCW Ttl Rtn Bd I | | 0 |
| | Nationwide Trust | TCW Ttl Rtn Bd N | | 0 |
| | Nationwide Trust | Thornburg Intl Value Fd I | | 49711.78 |
| | Nationwide Trust | Turner Small Cap Growth Fd | | 616.92 |
| | Nationwide Trust | VanKamp Comstock Fd A | | 47526.17 |
| | Nationwide Trust | Vanguard SmCap Val Indx IS | | 4524.27 |
| | Nationwide Trust | Van Kampen Equity & Inc. A | | 8190.81 |
| | Nationwide Trust | LeggM WstrAs CorPls Bd Inst | | 2078.62 |
| | Nationwide Trust | Prncpl Inv Hi Yld A | | 0 |
| | Nationwide Trust | LeggM WstrAsNonUSOppr Bd Inst | | 4431.62 |
| | Nationwide Trust | LeggMWstrAsInfIndPls Bd Inst | | 8105.1 |
| | Nationwide Trust | WFAF Asia Pacfc Inv | | 13717.09 |
| | Nationwide Trust | WFAF Endvr Sel A | | 6155.63 |
| | Nationwide Trust | Loan fund | | 67519.42 |