

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
--	--	---

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: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL NA AUTOMOTIVE	1b Three-digit plan number (PN) ▶ 011
		1c Effective date of plan 10/01/1988
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CONTINENTAL AUTOMOTIVE, INC. 1830 MACMILLAN PARK DRIVE FORT MILL, SC 29707	2b Employer Identification Number (EIN) 51-0304065 2c Sponsor's telephone number 704-583-3900 2d Business code (see instructions) 551112

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	ROB WILDER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	RICK LEDSINGER
	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") CONTINENTAL AUTOMOTIVE, INC. 1830 MACMILLAN PARK DRIVE FORT MILL, SC 29707	3b Administrator's EIN 51-0304065 3c Administrator's telephone number 704-583-3900
---	---

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	859
---	----------	-----

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	256
b Retired or separated participants receiving benefits.....	6b	218
c Other retired or separated participants entitled to future benefits.....	6c	349
d Subtotal. Add lines 6a , 6b , and 6c	6d	823
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	12
f Total. Add lines 6d and 6e	6f	835
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	4

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:
 1B 1G 1I 3F 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
---	---

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

a Pension Schedules

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

b General Schedules

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

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
--	---	--

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

Round off amounts to nearest dollar.
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL NA AUTOMOTIVE	B Three-digit plan number (PN) 011
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONTINENTAL AUTOMOTIVE, INC.	D Employer Identification Number (EIN) 51-0304065

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009		
2 Assets:		
a Market value	2a	13995192
b Actuarial value	2b	15394711
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 207	6261881
b For terminated vested participants	3b 300	2092175
c For active participants:		
(1) Non-vested benefits	3c(1)	86670
(2) Vested benefits	3c(2)	5969289
(3) Total active	3c(3) 352	6055959
d Total	3d 859	14410015
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	8.17 %
6 Target normal cost	6	170000

Statement by Enrolled Actuary
To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<div>SIGN HERE</div>	<div>10/05/2010</div> <div>Signature of actuary</div> <div>KEVIN KADLUBEK</div> <div>Type or print name of actuary</div> <div>HEWITT ASSOCIATES LLC</div> <div>Firm name</div> <div>3130 FAIRVIEW PARK DRIVE, SUITE 300 FALLS CHURCH, VA 22042</div> <div>Address of the firm</div>	<div>Date</div> <div>08-07104</div> <div>Most recent enrollment number</div> <div>571-226-2400</div> <div>Telephone number (including area code)</div>
--------------------------	---	--

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	3632387	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	3632387	0
10	Interest on item 9 using prior year's actual return of <u>-26.60</u> %	-966215	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.09</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	2666172	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	88.33 %
15	Adjusted funding target attainment percentage.....	15	106.83 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	107.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	170000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	170000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	170000	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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

<div>A Name of plan</div> <div>PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL NA AUTOMOTIVE</div>	<div>B Three-digit plan number (PN)</div> <div>▶ 011</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>CONTINENTAL AUTOMOTIVE, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>51-0304065</div>

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

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

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

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

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

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

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

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

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

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

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

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

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)

HEWITT ASSOCIATES, LLC

36-3943169

(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?
11 15 17 62	NONE	106433	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

FRANK RUSSELL TRUST COMPANY

91-1116938

(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?
21 28	NONE	54097	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	ROB AUSTIN	b EIN:	36-3743169
c Position:	ACTUARY		
d Address:	201 S. COLLEGE STREET, SUITE 1550 CHARLOTTE, NC 28244	e Telephone:	704-347-0100

Explanation: AS A RESULT OF AN INTERNAL CHANGE IN ASSIGNMENTS AT HEWITT ASSOCIATES THE ENROLLED ACTUARY HAS CHANGED FROM ROB AUSTIN TO KEVIN KADLUBEK.

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 PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL NA AUTOMOTIVE	B Three-digit plan number (PN) ►	011
C Plan sponsor's name as shown on line 2a of Form 5500 CONTINENTAL AUTOMOTIVE, INC.	D Employer Identification Number (EIN) 51-0304065	

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		76315
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)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	13995192	16102278
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13995192	16178593

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	19370	28189
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	19370	28189

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13975822	16150404
---	-----------	----------	----------

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)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(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)		3238829
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3238829

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	903120	
(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)		903120
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)	160530	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	30566	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		191096
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1094216

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2144613
l Transfers of assets:			
(1) To this plan.....	2l(1)		29969
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: GREER & WALKER, LLP

(2) EIN: 56-1434747

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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 <u>PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL NA AUTOMOTIVE</u>	B Three-digit plan number (PN) ▶ <u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CONTINENTAL AUTOMOTIVE, INC.</u>	D Employer Identification Number (EIN) <u>51-0304065</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3046063</u>	
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 <u>23</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 0% Investment-Grade Debt: 0% High-Yield Debt: 0% Real Estate: 0% Other: 100%

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):



**PENSION PLAN FOR HOURLY
EMPLOYEES OF CONTINENTAL
NA AUTOMOTIVE**

Financial Statements and Supplemental
Schedules for the Years Ended
December 31, 2009 and 2008
and Independent Auditors' Report

TABLE OF CONTENTS

	<u>Pages</u>
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS:	
Statements of Net Assets Available for Benefits December 31, 2009 and 2008	2
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2009 and 2008	3
Notes to Financial Statements for the Years Ended December 31, 2009 and 2008	4-10
SUPPLEMENTAL SCHEDULES:	
Schedule H, line 4i - Schedule of Assets Held for Investment Purposes, December 31, 2009	11
Schedule H, line 4i - Schedule of Reportable Transactions, December 31, 2009	12

NOTE: The accompanying financial statements and supplemental schedule has been prepared for the purpose of filing DOL Form 5500. Supplemental schedules required by Section 2520 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, other than those listed above, are omitted because of the absence of the conditions under which they are required.

INDEPENDENT AUDITORS' REPORT

The Participants of the Pension Plan for Hourly Employees of Continental NA Automotive:

We were engaged to audit the financial statements and supplemental schedules of the Pension Plan for Hourly Employees of Continental NA Automotive (the "Plan") as of December 31, 2009 and 2008 and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Frank Russell Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that Frank Russell Trust Company held the Plan's investment assets and executed investment transactions. The Plan administrator has obtained certifications from the Trustee as of December 31, 2009 and 2008 and for the years then ended that the information provided to the Plan administrator by the Trustee is complete and accurate.

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

Greer & Walker, LLP
October 7, 2010

TRUSTED BUSINESS ADVISORS

PENSION PLAN FOR HOURLY EMPLOYEES
OF CONTINENTAL NA AUTOMOTIVE

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2009 AND 2008

	<u>2009</u>	<u>2008</u>
ASSETS:		
Cash	\$ 76,315	
Investments, at fair value	<u>16,102,278</u>	<u>\$ 13,995,192</u>
Total Assets	<u>16,178,593</u>	<u>13,995,192</u>
LIABILITIES:		
Accrued administrative expense	<u>28,189</u>	<u>19,370</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 16,150,404</u></u>	<u><u>\$ 13,975,822</u></u>

See notes to financial statements and independent auditors' report.

PENSION PLAN FOR HOURLY EMPLOYEES
OF CONTINENTAL NA AUTOMOTIVE

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

ADDITIONS:	<u>2009</u>	<u>2008</u>
Additions (losses) to net assets attributed to:		
Investment income (losses):		
Net appreciation (depreciation)		
in fair value of investments	<u>\$ 3,238,829</u>	<u>\$ (5,221,854)</u>
DEDUCTIONS:		
Deductions from net assets attributed to:		
Benefits paid to participants	903,120	810,236
Administrative fees	<u>191,096</u>	<u>94,941</u>
Total deductions	<u>1,094,216</u>	<u>905,177</u>
INCREASE (DECREASE) IN NET ASSETS AVAILABLE FOR BENEFITS	2,144,613	(6,127,031)
TRANSFERS INTO THE PLAN	29,969	
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>13,975,822</u>	<u>20,102,853</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 16,150,404</u></u>	<u><u>\$ 13,975,822</u></u>

See notes to financial statements and independent auditors' report.

PENSION PLAN FOR HOURLY EMPLOYEES OF CONTINENTAL NA AUTOMOTIVE

NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

1. DESCRIPTION OF PLAN

The following description of the Pension Plan for Hourly Employees of Continental NA Automotive (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined benefit plan Sponsored by Continental Automotive, Inc. ("the Company"). The Plan commenced October 1, 1988, was amended and re-stated effective October 1, 2006. Effective December 31, 2004, the Plan was frozen, and accordingly, there will be no further benefit accruals with respect to any employee after December 31, 2004, and no new employees may enter the Plan after December 31, 2004.

Pension Benefits - Participants with at least five years of eligible service, who retire after January 1, 1997 at normal retirement age 65, are entitled to monthly pension benefits for life equal to a specified dollar amount ranging from \$16 to \$24 for each year of credited service. If the present value of vested benefit is less than \$1,000, then the Plan provides for lump-sum payments of accumulated pension benefits to participants.

The Plan permits early retirement provided the participant has reached age 60 and has completed at least ten years of eligible service. Eligible participants may elect to receive monthly early retirement benefits which are payable after age 60 but prior to age 65, in the amount of \$300 per month. Eligible participants who are age 63 and seven months or older on the date employment is terminated may elect to receive a lump sum payment of \$5,000 in lieu of the \$300 monthly amount.

Death and Disability Benefits - Unless a participant elects otherwise, in the event of a participant's death, the Plan also provides for a life annuity to a participant's surviving spouse equal to 50% of the reduced monthly benefit amount to which the participant was entitled under the Plan at the time of the participant's death. Benefits commence on the first day that the participant would have been eligible for early retirement.

Participants disabled prior to age 65, having completed at least ten years of employment and eligible for Social Security disability benefits, are eligible for disability benefits. The amount is equal to the normal retirement benefit based upon years of credited service at the disability retirement date, plus an additional benefit in the same amount payable during the period from the disability retirement date until age 65 or the date the participant becomes eligible for full disability insurance benefits under the Federal Social Security Act, whichever comes first.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles in the United States of America, except that accumulated benefits paid to plan participants are recorded on a cash basis.

Use of Estimates - The preparation of financial statements in conformity with generally accepted accounting principles in the United States of America requires management to make estimates and assumptions that affect the reported amounts of certain assets and liabilities. Accordingly, the actual amounts could differ from those estimates. Any adjustments applied to estimated amounts are recognized in the year in which such adjustments are determined.

Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service rendered by employees. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. Benefits under the Plan are based on the participants' years of credited service and annual compensation. Benefits payable under all circumstances, retirement, death, disability and termination of employment, are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Contributions - Contributions to provide benefits under the Plan are made solely by the Company. The contributions of the Company are designed to be amounts sufficient to meet the minimum funding requirements of Section 412 of the Internal Revenue Code, as determined by the actuary retained by the administrator, within the meaning of ERISA, as amended. The Company was not required to make a contribution during 2009 and 2008.

Distributions - Distributions are recorded when paid.

Administrative Expenses - Investment expenses incurred by the Frank Russell Trust Company (the "Trustee") and general expenses incurred in the administration of the Plan are paid by the Plan. Other legal and accounting expenses were paid by the Company.

Reclassifications - Certain amounts in the 2008 financial statements have been reclassified to conform with the 2009 presentation. Such reclassifications had no effect on reported net assets available for benefits.

Subsequent Events - The Plan has evaluated subsequent events through October 7, 2010 the date the financial statements were available to be issued.

3. INVESTMENTS (UNAUDITED)

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held and net appreciation (depreciation) in fair value of investments and interest and dividends, was obtained or derived from information supplied to the Plan administrator, and certified as complete and accurate by Frank Russell Trust Company ("Trustee").

The fair value of investments that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2009 and 2008 is as follows:

	<u>2009</u>	<u>2008</u>
Russell Equity I Fund	\$ 4,108,351	\$ 3,417,067
Russell Fixed Income I Fund	\$ 6,229,660	\$ 5,729,259
Russell LG Cap STR Equity Fund	\$ 4,117,068	\$ 3,458,346
Russell Small Cap Fund	\$ 833,674	\$ 705,805
Russell Alliance International Markets Fund	\$ 813,525	*

* - Does not represent 5% for respective year

4. FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting for Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.
Level 2	<p>Inputs to the valuation methodology include:</p> <p>Quoted prices for similar assets or liabilities in active markets;</p> <p>Quoted prices for identical or similar assets or liabilities in inactive markets;</p> <p>Inputs other than quoted prices that are observable for the asset or liability;</p> <p>Inputs that are derived principally from or corroborated by observable market data by correlation or other means.</p> <p>If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.</p>
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual Funds: Valued at the net asset value (NAV) of units held by the plan at year end as determined by the fund's vendor or pricing agent.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Large Cap	\$ 8,225,419	\$ -	\$ -	\$ 8,225,419
Fixed Income	6,229,660			6,229,660
Small Cap	833,674			833,674
International	813,525			813,525
Total assets at fair value	<u>\$16,102,278</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$16,102,278</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2008:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds:				
Large Cap	\$ 6,875,413	\$ -	\$ -	\$ 6,875,413
Fixed Income	5,729,259			5,729,259
Small Cap	705,805			705,805
International	684,715			684,715
Total assets at fair value	<u>\$13,995,192</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$13,995,192</u>

5. RISKS AND UNCERTAINTIES

The Plan's investments include funds which invest in various types of investment securities and in various companies within various markets. Investment securities are exposed to several 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 those changes could materially affect the amounts reported in the Plan's financial statements.

During 2008 credit and liquidity issues in the United States and throughout the global financial system resulted in highly volatile financial markets. These economic events have had a significant adverse impact on many of the Plan's investment securities. As a result, the Plan's investments incurred a significant decline in fair value during the 2008 plan year.

6. INCOME TAX STATUS

The Plan was amended and restated on October 1, 2006 and has been timely amended to comply with required and elective changes in the Plan's terms. The Plan has not been submitted to the IRS for a favorable determination letter, but will be submitted with certain other retirement plans sponsored by members of the controlled group (by January 31, 2011). However, the Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

7. PLAN TERMINATION

Although the Company has not expressed any intent to do so, it has the right to terminate the Plan at any time. In the event the Plan is terminated, the net assets of the Plan shall be allocated with the following order of priority:

- To provide on and after the transfer date for the continuation of pension payments to those retired participants and transferred retirees (and their beneficiaries) who have not received aggregate pension payments at least equal to the respective participant's accumulated contributions until the aggregate pension payments are equal thereto;
- To provide for the pensions to all retired participants and transferred retirees (and their beneficiaries) who are receiving pension payments from the Plan as of the beginning of a three-year period ending on the termination date of the Plan or who would have been eligible to receive a pension if the participant had retired at the beginning of such period on the basis of the provisions of the Plan in effect during the five-year period prior to the termination date of the Plan under which such pension would be least, to the extent not provided in the section above;
- To provide for all other benefits guaranteed by the Pension Benefit Guaranty Corporation;
- To provide for all other vested benefits under the Plan, including those of transferred retirees, except those which became vested by reason of termination of the Plan; and
- To provide for all other accrued benefits under the Plan.

Any funds remaining after the satisfaction of all liabilities under the Plan with respect to participants, transferred retirees or their beneficiaries shall be returned to the Company. In the event of a partial termination of the Plan, the interests in the Plan of all participants affected by such partial termination shall be fully vested and nonforfeitable to the extent funded as of the date of such partial termination.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the plan terminates. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit. For plan terminations occurring during 2009 that ceiling is \$4,500 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a straight-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a straight-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the plan terminate at some future time will depend on the sufficiency, at that time, of the plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

8. TRANSACTIONS WITH PARTIES-IN-INTEREST

Certain Plan investments are shares of mutual funds managed by Frank Russell Trust Company, the "Trustee" as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Certain administrative fees related to the administration of the Plan were paid by the Plan. Certain other third party administrator fees were paid by the Company on behalf of the Plan. These transactions qualify as exempt party-in-interest transactions.

9. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits is determined by consulting actuaries, Hewitt Consultants, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of January 1, 2009 and 2008, were:

Valuation method	Projected Unit Credit	
Interest rate	6.5% per annum as of January 1, 2009 and 6.0% as of January 1, 2008	
Mortality basis after normal retirement age	2009 IRS Mortality table as of January 1, 2009 and the 2008 IRS Mortality table as of January 1, 2008	
Normal retirement	<u>Age</u>	<u>Rate</u>
	60	5%
	61	5%
	62	30%
	63	25%
	64	25%
	65	100%
Expected long-term return on assets	8.0% per year, net of expenses	

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The total actuarial present value of accumulated plan benefits as of January 1, 2009 and 2008, were as follows:

	<u>2009</u>	<u>2008</u>
Vested benefits:		
Participants currently receiving benefits	\$ 7,115,653	\$ 6,456,386
Other participants	<u>10,160,063</u>	<u>11,799,638</u>
Total vested benefits	17,275,716	18,256,024
Non-vested benefits	<u>109,818</u>	<u>154,120</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 17,385,534</u>	<u>\$ 18,410,144</u>

The change in the actuarial present value of accumulated plan benefits for the actuarial years ended January 1, 2009 and 2008 was as follows:

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated plan benefits at beginning of plan year:	\$ 18,410,144	\$ 16,451,268
Benefits depreciated	(232,839)	(90,767)
Interest due to decrease in discount period	1,080,656	1,048,284
Change in assumptions	(1,062,192)	1,659,351
Benefits paid	<u>(810,235)</u>	<u>(657,992)</u>
Actuarial present value of accumulated plan benefits at end of plan year:	<u>\$ 17,385,534</u>	<u>\$ 18,410,144</u>

Changes in Assumptions - For the actuarial calculation of accumulated plan benefits as of January 1, 2009 the mortality changed from 2008 IRS table to 2009 IRS table, as well as, the change in discount rate. The effect of these changes in actuarial assumption were increases (decrease) of \$29,333 and (\$1,091,525), respectively, in the actuarial present value of accumulated plan benefits at January 1, 2009.

The mortality table was changed as of January 1, 2008 from the RP 2000 Combined Health Mortality Table to the 2008 Static Mortality Table for Annuitants and Non-Annuitants, as well as, the discount rate. The effect of these changes in actuarial assumption were increases of \$600,390 and \$1,058,961, respectively, in the actuarial present value of accumulated plan benefits at January 1, 2008.

**PENSION PLAN FOR HOURLY EMPLOYEES
OF CONTINENTAL NA AUTOMOTIVE**

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

AS OF DECEMBER 31, 2009

EIN: 51-0304065 - PLAN NUMBER: 011

(a) Party-in-interest	(b) Identity of issuer, 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
*	Frank Russell Trust Company			
	Russell Equity I Fund	Mutual fund	\$ 4,853,221	\$ 4,108,351
	Russell Alliance International Markets Fund	Mutual fund	900,946	813,525
	Russell Small Cap Fund	Mutual fund	974,184	833,674
	Russell Fixed Income I Fund	Mutual fund	5,629,533	6,229,660
	Russell Large Cap Str Equity Fund	Mutual fund	4,881,152	4,117,068
			<u>\$ 17,239,036</u>	<u>\$ 16,102,278</u>

*Party-in-interest transaction, not a prohibited transaction.

See independent auditors' report.

PENSION PLAN FOR HOURLY EMPLOYEES
OF CONTINENTAL NA AUTOMOTIVE

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2009

EIN: 51-0304065 - PLAN NUMBER: 011

(a) Identity of party involved	(b) Description of asset	(c) Aggregate Purchase Price	(d) Aggregate Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of Asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Russell Investments	Russell Fixed Income I Fund	10	\$ 721,197			\$ 764,325	\$ 721,197	\$ (43,128)
Russell Investments	Russell Fixed Income I Fund	4				\$ 339,400	\$ 339,400	

See independent auditors' report.

PENSION PLAN FOR HOURLY EMPLOYEES
OF CONTINENTAL NA AUTOMOTIVE

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AS OF DECEMBER 31, 2009

EIN: 51-0304065 - PLAN NUMBER: 011

(a)	(b)	(c)	(d)	(e)
Party-in-interest	Identity of issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
*	Frank Russell Trust Company			
	Russell Equity I Fund	Mutual fund	\$ 4,853,221	\$ 4,108,351
	Russell Alliance International Markets Fund	Mutual fund	900,946	813,525
	Russell Small Cap Fund	Mutual fund	974,184	833,674
	Russell Fixed Income I Fund	Mutual fund	5,629,533	6,229,660
	Russell Large Cap Str Equity Fund	Mutual fund	4,881,152	4,117,068
			<u>\$ 17,239,036</u>	<u>\$ 16,102,278</u>

*Party-in-interest transaction, not a prohibited transaction.

See independent auditors' report.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees of Continental NA
EIN: 51-0304065 PN: 011

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
60.5	5.00%	1.0000	3.03
61.5	5.00%	0.9500	2.92
62.5	30.00%	0.9025	16.92
63.5	25.00%	0.6318	10.03
64.5	25.00%	0.4738	7.64
65	100.00%	0.3554	23.10
Weighted Average			63.64

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees of Continental NA
EIN: 51-0304065 PN: 011

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on the full Yield Curve with a two month lookback (October 2008 yield curve), with sample rates as follows:
Yield Curve	Duration 0.5 - 5.45% Duration 5.5 - 8.25% Duration 10.5 - 8.87% Duration 15.5 - 8.65% Duration 20.5 - 8.11% Duration 25.5 - 7.71% Duration 30.5 - 7.46%
Optional Payment Form Election Percentage	It is assumed that all participants elect a life annuity.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 65.
Mortality Rates	
Healthy	2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Disabled	Revenue Ruling 96-7 Mortality Table for Disability After December 31, 1994.
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation of Plan Assets	<p>Smoothed fair market value of assets over the current and prior six months, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.</p> <p>A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).</p>

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees of Continental NA
EIN: 51-0304065 PN: 011

Trust Expenses Included in Target Normal Cost

Expenses are assumed to be equal to the prior year's actual administrative expenses paid from the trust (without PBGC premiums), plus the expected PBGC premiums for the current year, rounded to the nearest \$1,000.

Expected Return on Assets
2008 Plan Year

6.40%.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees of Continental NA
EIN: 51-0304065 PN: 011

Table 1
Retirement Rates

Age	Rate
60	5.00%
61	5.00%
62	30.00%
63	25.00%
64	25.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees of Continental NA
EIN: 51-0304065 PN: 011

Table 2
Termination Rates

Age	Male	Female	Age	Male	Female
20	25.60%	29.90%	45	6.10%	7.50%
21	23.70%	28.70%	46	5.80%	7.20%
22	21.90%	28.50%	47	5.50%	6.90%
23	19.90%	28.20%	48	5.20%	6.60%
24	18.20%	27.90%	49	4.90%	6.30%
25	17.00%	27.70%	50	4.60%	6.00%
26	15.90%	26.30%	51	4.20%	5.60%
27	15.30%	24.90%	52	3.80%	5.10%
28	14.70%	23.20%	53	3.30%	4.70%
29	14.10%	21.40%	54	2.90%	4.20%
30	13.50%	19.80%	55	2.40%	3.60%
31	12.90%	18.40%	56	1.90%	3.10%
32	12.30%	17.00%	57	1.40%	2.60%
33	11.70%	15.60%	58	1.00%	2.00%
34	11.10%	14.20%	59	0.60%	1.20%
35	10.50%	12.80%	60+	0.00%	0.00%
36	9.90%	11.80%			
37	9.30%	10.80%			
38	8.70%	9.90%			
39	8.10%	9.30%			
40	7.70%	9.00%			
41	7.30%	8.70%			
42	7.00%	8.40%			
43	6.70%	8.10%			
44	6.40%	7.80%			

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees of Continental NA
EIN: 51-0304065 PN: 011

Table 3
Disability Rates

Age	Male	Female	Age	Male	Female
15	0.04%	0.08%	45	0.32%	0.64%
16	0.05%	0.10%	46	0.35%	0.70%
17	0.06%	0.12%	47	0.40%	0.80%
18	0.07%	0.14%	48	0.45%	0.90%
19	0.07%	0.14%	49	0.51%	1.02%
20	0.07%	0.14%	50	0.57%	1.14%
21	0.07%	0.14%	51	0.63%	1.26%
22	0.08%	0.16%	52	0.71%	1.42%
23	0.08%	0.16%	53	0.79%	1.58%
24	0.08%	0.16%	54	0.88%	1.76%
25	0.09%	0.18%	55	0.98%	1.96%
26	0.09%	0.18%	56	1.09%	2.18%
27	0.09%	0.18%	57	1.22%	2.44%
28	0.10%	0.20%	58	1.34%	2.68%
29	0.10%	0.20%	59	1.47%	2.94%
30	0.11%	0.22%	60	1.62%	3.24%
31	0.11%	0.22%	61	1.76%	3.52%
32	0.12%	0.24%	62	1.91%	3.82%
33	0.12%	0.24%	63	2.06%	4.12%
34	0.13%	0.26%	64	2.21%	4.42%
35	0.13%	0.26%	65+	0.00%	0.00%
36	0.14%	0.28%			
37	0.14%	0.28%			
38	0.15%	0.30%			
39	0.15%	0.30%			
40	0.16%	0.32%			
41	0.18%	0.36%			
42	0.22%	0.44%			
43	0.23%	0.46%			
44	0.27%	0.54%			

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees of Continental NA
EIN: 51-0304065 PN: 011

Schedule SB, Part V—Summary of Plan Provisions

Effective Date October 1, 1988. Amended and restated October 1, 2006.
Effective December 31, 2004, all benefits accrued under the Plan were frozen. Most recent amendment effective December 3, 2007.

Eligibility Date of employment.

Normal Retirement

Eligibility Age 65 with 5 years of Eligibility Service.

Benefit Years of Credited Service times:

Years	Multiplier
Prior to January 1, 1997	\$ 192
January 1 to December 31, 1997	\$ 216
January 1 to December 31, 1998	\$ 228
January 1 to December 31, 1999	\$ 240
January 1 to December 31, 2000	\$ 288
January 1 to December 31, 2001	\$ 288
January 1 to December 31, 2002	\$ 336
January 1 to December 31, 2003	\$ 348
January 1 to December 31, 2004	\$ 360

Early Retirement

Eligibility Age 60 with 10 years of Eligibility Service.

Benefit The annual pension is the benefit accrued to Early Retirement date reduced by a certain percentage to reflect early commencement. This percentage is 5/9 of 1% for each month prior to Normal Retirement date.

Disability Retirement

Eligibility 10 years of Eligibility Service and eligible for Social Security disability benefits.

Benefit The annual pension payable immediately is computed as under Normal Retirement. A temporary benefit is also payable until age 65 and is computed under Normal Retirement, not to exceed \$212.50.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees of Continental NA
EIN: 51-0304065 PN: 011

Vesting	
Eligibility	Full vesting after 5 years of Eligibility Service.
Benefit	The annual pension is the accrued benefit deferred to age 65 or, if the participant elects, a reduced pension to begin any time between age 60 and 65. The reduction for early commencement is described in the Early Retirement section above.
Death Benefits	
Before Retirement	None, except for employee-elected preretirement death benefits.
After Retirement	None, except if the employee has a spouse, the standard life annuity benefit is automatically converted to a reduced joint and 50% survivor option unless that conversion is rescinded.
Eligibility Service	From date of hire. One year of Eligibility Service is credited for each Plan Year in which 1,000 hours of service are worked.
Credited Service	Years worked after employee becomes a participant. A twelfth of a year shall be credited if the hours worked are between 70.83 and 212.50. An additional twelfth is credited for each 141.67 hours in excess of 212.50 such that a full year is credited if there are 1,700 or more hours of service in a plan year. Credited Service is frozen effective December 31, 2004.
Form of Payment	
Normal Form of Annuity	50% Joint and Survivor, if married; Life Annuity, if single.
Optional Form of Annuity	None.
Lump Sum Cash-Out	Benefit paid immediately to participant as a lump sum if the Actuarial Equivalent of the age-65 monthly retirement benefit payable as a Life Annuity is less than \$5,000.
Actuarial Equivalence for Lump Sum Payments	IRC Section 417(e) mortality table for 2009 and interest based on 3-segment yield curve.
Plan Year	Calendar year.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees of Continental NA
EIN: 51-0304065 PN: 011

Changes in Plan Provisions for the January 1, 2009 Valuation

There were no changes in plan provisions reflected in the January 1, 2009 valuation results.

Changes in Plan Provisions for the January 1, 2008 Valuation

There were no changes in plan provisions reflected in the January 1, 2008 valuation results.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

The target liability was calculated using the full yield curve based on corporate bonds rates for October 2008. As such, "2" was entered on line 21b as the applicable lookback month.

As a result of an internal change in assignments at Hewitt Associates, the Enrolled Actuary has changed from Rob Austin (08-06486) to Kevin Kadlubek (08-07104).

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees of Continental NA
EIN: 51-0304065 PN: 011

Schedule SB, line 25—Change in Funding Method

The 2009 valuation reflects the following method changes:

- A change in the asset valuation method from the 6-month (7-point) average value method to the 6-month (7-point) smoothed value method as of January 1, 2009.
- A change in the interest rate assumption from segment rates of 5.29%, 5.86%, and 6.40% to the full Yield Curve with a two month lookback (October 2008 yield curve).
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Pension Plan for Hourly Employees of Continental NA
EIN: 51-0304065 PN: 011

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009
Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		1								
25-29		1	1							
30-34	2	6	2	1						
35-39	2	6	9	15	1					
40-44	1	7	9	19	3					
45-49	3	4	8	23	13	2	2			
50-54	1	5	18	17	8	5	19	3		
55-59	1	5	7	15	17	2	20	18		
60-64		3	3	8	8	1	3	20		
65-69			1		1			1		
70+								1		

N-352

PENSION PLAN FOR HOURLY EMPLOYEES
OF CONTINENTAL NA AUTOMOTIVE

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
DECEMBER 31, 2009

EIN: 51-0304065 - PLAN NUMBER: 011

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Identity of party involved	Description of asset	Number of Transactions	Aggregate Purchase Price	Aggregate Selling Price	Lease Rental	Expense incurred with transaction	Cost of Asset	Current value of asset on transaction date	Net gain (loss)
Russell Investments	Russell Fixed Income I Fund	10		\$ 721,197			\$ 764,325	\$ 721,197	\$ (43,128)
Russell Investments	Russell Fixed Income I Fund	4	\$ 339,400				\$ 339,400	\$ 339,400	

See independent auditors' report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	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

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Pension Plan for Hourly EEs of Continental NA	B Three-digit plan number (PN) ► <u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Continental Automotive, Inc.	D Employer Identification Number (EIN) 51-0304065
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information																											
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>																											
2 Assets: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">a Market value.....</td> <td style="width:10%; text-align: center;">2a</td> <td style="width:20%; text-align: right;">13,995,192</td> </tr> <tr> <td>b Actuarial value.....</td> <td style="text-align: center;">2b</td> <td style="text-align: right;">15,394,711</td> </tr> </table>				a Market value.....	2a	13,995,192	b Actuarial value.....	2b	15,394,711																		
a Market value.....	2a	13,995,192																									
b Actuarial value.....	2b	15,394,711																									
3 Funding target/participant count breakdown <table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;"></th> <th style="width:25%; text-align: center;">(1) Number of participants</th> <th style="width:25%; text-align: center;">(2) Funding Target</th> </tr> <tr> <td>a For retired participants and beneficiaries receiving payment.....</td> <td style="text-align: center;">3a 207</td> <td style="text-align: right;">6,261,881</td> </tr> <tr> <td>b For terminated vested participants.....</td> <td style="text-align: center;">3b 300</td> <td style="text-align: right;">2,092,175</td> </tr> <tr> <td colspan="3">c For active participants:</td> </tr> <tr> <td>(1) Non-vested benefits.....</td> <td style="text-align: center;">3c(1)</td> <td style="text-align: right;">86,670</td> </tr> <tr> <td>(2) Vested benefits.....</td> <td style="text-align: center;">3c(2)</td> <td style="text-align: right;">5,969,289</td> </tr> <tr> <td>(3) Total active.....</td> <td style="text-align: center;">3c(3) 352</td> <td style="text-align: right;">6,055,959</td> </tr> <tr> <td>d Total.....</td> <td style="text-align: center;">3d 859</td> <td style="text-align: right;">14,410,015</td> </tr> </table>					(1) Number of participants	(2) Funding Target	a For retired participants and beneficiaries receiving payment.....	3a 207	6,261,881	b For terminated vested participants.....	3b 300	2,092,175	c For active participants:			(1) Non-vested benefits.....	3c(1)	86,670	(2) Vested benefits.....	3c(2)	5,969,289	(3) Total active.....	3c(3) 352	6,055,959	d Total.....	3d 859	14,410,015
	(1) Number of participants	(2) Funding Target																									
a For retired participants and beneficiaries receiving payment.....	3a 207	6,261,881																									
b For terminated vested participants.....	3b 300	2,092,175																									
c For active participants:																											
(1) Non-vested benefits.....	3c(1)	86,670																									
(2) Vested benefits.....	3c(2)	5,969,289																									
(3) Total active.....	3c(3) 352	6,055,959																									
d Total.....	3d 859	14,410,015																									
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐ <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">a Funding target disregarding prescribed at-risk assumptions.....</td> <td style="width:10%; text-align: center;">4a</td> <td style="width:20%;"></td> </tr> <tr> <td>b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....</td> <td style="text-align: center;">4b</td> <td></td> </tr> </table>				a Funding target disregarding prescribed at-risk assumptions.....	4a		b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b																			
a Funding target disregarding prescribed at-risk assumptions.....	4a																										
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b																										
5 Effective interest rate..... 5 8.17 %																											
6 Target normal cost..... 6 170,000																											

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<div style="text-align: center;"> Signature of actuary </div> <div style="text-align: center;"> Kevin Kadlubek Type or print name of actuary Hewitt Associates LLC Firm name 3130 Fairview Park Drive, Suite 300 Falls Church VA 22042 Address of the firm </div>	<div style="text-align: center;"> 10/05/2010 Date 08-07104 Most recent enrollment number (571) 226-2400 Telephone number (including area code) </div>
------------------	---	--

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	3,632,387	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	3,632,387	0
10 Interest on item 9 using prior year's actual return of <u>(26.60)%</u>	(966,215)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.09 %</u>		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	2,666,172	0

Part III Funding percentages

14 Funding target attainment percentage	14	88.33 %
15 Adjusted funding target attainment percentage	15	106.83 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	107.45 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	170,000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	170,000
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	170,000	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0