Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NAPLETON AUTO WERKS 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1990

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

6600 E. RIVERSIDE BOULEVARD
LOVES PARK, IL 61111

2b Employer Identification Number (EIN)
36-4077925

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

2d Business code (see instructions)
441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2011	SUSAN ADKINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/27/2011	SUSAN ADKINS
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

6600 E. RIVERSIDE BOULEVARD
LOVES PARK, IL 61111

3b Administrator's EIN
36-4077925

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

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	245
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**	185
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	59
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	244
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	244
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	150
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4077925

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

AMERICAN GENERAL SECURITIES INC.
1202 NORTH 75TH STREET, SUITE 321
DOWNERS GROVE, IL 60516

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

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

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

AMERICAN GENERAL SECURITIES INC

1202 NORTH 75TH STREET, SUITE 321
DOWNERS GROVE, IL 60516

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
33 63	BROKERAGE	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 60 99	RECORD KEEPER	1060	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

a	Name: LINDGREN,CALLIHAN,VAN OSDOL AND CO	**b** EIN:	36-3050177
c	Position: ACCOUNTANTS		
d	Address: 4949 HARRISON AVENUE, SUITE 300 ROCKFORD, IL 61108	**e** Telephone:	815-399-7700

Explanation: FIRM MERGED INTO WIPFLI LLP

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4077925

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	5310	148
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	910143	898561
(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)	90117	99571
(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)	3801667	4393397
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4807237	5391677
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4807237	5391677

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)	322349	
	(C) Others (including rollovers)	2a(1)(C)	3443	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		325792
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	105	
	(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)	3922	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4027
	(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)	48659	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		48659
	(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)		636582
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1015060
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	429560	
(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)		429560
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	1060	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1060
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		430620
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		584440
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WIPFLI LLP **(2)** EIN: 39-0758449

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-4077925

Part I Distributions

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

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

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

EIN(s): 45-0404698

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NAPLETON AUTO WERKS
401(K) PLAN

FINANCIAL REPORT

December 31, 2010

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INDEPENDENT AUDITOR'S REPORT

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

We were engaged to audit the accompanying statement of net assets available for benefits of Napleton Auto Werks 401(k) Plan as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2009 were audited by Lindgren, Callihan, Van Osdol & Co., Ltd, whose practice was acquired by Wipfli LLP as of October 1, 2010. 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 (ERISA), the plan administrator instructed them not to perform and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated July 21, 2010, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 5, which was certified by OFI Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2010 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2010 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2010 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wipfli LLP

Rockford, Illinois
July 22, 2011

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An association of legally independent firms

NAPLETON AUTO WERKS 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009

	2010	2009
ASSETS		
Investments at fair value:		
Mutual funds	$5,291,958	$4,711,810
	5,291,958	4,711,810
Receivables:		
Notes receivable from participants	93,816	90,117
Participant contributions	5,066	9,832
	98,882	99,949
Total assets	5,390,840	4,811,759
LIABILITIES		
Total liabilities	0	0
NET ASSETS AVAILABLE FOR BENEFITS	$5,390,840	$4,811,759

See Notes to Financial Statements.

NAPLETON AUTO WERKS 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2010 and 2009

	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of investments	$628,602	$1,147,655
Interest, dividends and capital gain distributions	60,499	39,248
	689,101	1,186,903
Contributions:		
Participants'	323,465	332,968
Rollovers	3,443	518,865
	326,908	851,833
Total additions	1,016,009	2,038,736
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants and beneficiaries	435,928	514,410
Administrative expenses	1,000	1,000
Total deductions	436,928	515,410
Net increase	579,081	1,523,326
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	4,811,759	3,288,433
End of year	$5,390,840	$4,811,759

See Notes to Financial Statements.

Note 1. Plan Description

The following description of the Napleton Auto Werks 401(k) Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution plan with 401(k) provisions subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan's sponsor has engaged a trustee, OFI Trust Company to assist in the management of the Plan. OFI Trust Company is a subsidiary of OppenheimerFunds, Inc.

Eligibility:

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

Contributions:

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

Participant accounts:

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

Vesting:

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

Notes receivable from participants:

Notes receivable from participants are loans made to participants from their account balance. Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 3.25% to 8.25%, as determined by the plan administrator. Principal and interest is paid ratably through payroll deductions. Participant loans that are deemed uncollectible are written off and recorded as distributions.

Note 1. Plan Description (Continued)

Payment of benefits:

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

Forfeited accounts:

At December 31, 2010 and 2009, forfeited non-vested accounts totaled $714 and $684, respectively. These accounts will be allocated to the remaining Plan participants. During the years ended December 31, 2010 and 2009, the Company's allocation to the remaining Plan participants were $58 and $62, respectively, from forfeited non-vested accounts.

Note 2. Summary of Significant Accounting Policies

Basis of accounting:

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

Use of estimates:

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

Payments of benefits:

Benefits are recorded when paid.

Operating expenses:

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

Investment valuation and income recognition:

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

Note 2. Summary of Significant Accounting Policies (Continued)

Notes receivable from participants:

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

Adoption of new accounting standards:

During 2010, the Plan adopted Accounting Standards Update 2010-25 (ASU 2010-25), *Reporting Loans to Participants by Defined Contribution Pension Plans*. ASU 2010-25 requires defined contribution plans to classify loans to participants as notes receivable from participants. The classification of participant loans as notes receivable from participants acknowledges that participant loans are unique from other investments and measuring participant loans at their unpaid principal balance plus any accrued but unpaid interest is more meaningful to users of financial statements rather than measuring participant loans at fair value. A reclassification of the 2009 participant loans from investments to notes receivable from participants was made due to the adoption of ASU 2010-25.

Subsequent events:

The Plan has evaluated subsequent events through July 21, 2011, the date the financial statements were available to be issued. All subsequent events requiring recognition as of December 31, 2010, have been incorporated herein.

Note 3. Investments

The following table presents the fair value of the investments that individually represent 5% or more of the Plan's net assets at December 31, 2010 and 2009:

	2010	2009
Mutual funds:		
Oppenheimer Cash Reserves A	$838,802	$686,504
Oppenheimer Global Fund A	470,171	279,753
Oppenheimer Discovery Fund A	473,996	281,688
Oppenheimer Main Street Fund A	525,825	*
Oppenheimer Capital Appreciation A	504,357	302,982
Oppenheimer Developing Markets Fund A	401,759	300,186
Oppenheimer Capital Appreciation Fund B	*	256,556
Oppenheimer Global Opportunities Fund A	388,779	*
Oppenheimer Main Street Fund B	*	360,801

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

Note 3. Investments (Continued)

During 2010 and 2009 the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	2010	2009
Mutual funds	$628,602	$1,147,655
Net change in fair value	$628,602	$1,147,655

Note 4. Fair Value Measurements

Current accounting standards establish a framework for measuring fair value. The 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 fair value hierarchy under current accounting standards are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include; quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; or inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is as description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

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

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

Note 5. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Assets at Fair Value at December 31, 2010

Description	Level 1	Level 2	Level 3	Total
Mutual funds:				
Balanced funds	$45,195	$0	$0	$45,195
Growth funds	3,977,942	0	0	3,977,942
Fixed income funds	1,150,923	0	0	1,150,923
Other funds	117,898	0	0	117,898
Total mutual funds	$5,291,958	$0	$0	$5,291,958

Assets at Fair Value at December 31, 2009

Description	Level 1	Level 2	Level 3	Total
Mutual funds:				
Balanced funds	$29,360	$0	$0	$29,360
Growth funds	3,446,989	0	0	3,446,989
Fixed income funds	1,168,418	0	0	1,168,418
Other funds	67,043	0	0	67,043
Total mutual funds	$4,711,810	$0	$0	$4,711,810

Note 5. Information Certified by Trustee

The Sponsor has elected the method of annual reporting compliance by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Plan's trustee has certified that the following data included in the accompanying financial statements and additional information is complete and accurate:

a) Investments as disclosed in the statement of net assets available for benefits

b) Net appreciation in fair value of investments and interest as shown in the statement of changes in net assets available for benefits.

c) Investment information as disclosed in Note 3 and on Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year).

Note 6. Related Party Transactions

Plan investments are managed by OFI Trust Company. OFI Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative services amounted to $1,000 for the years ended December 31, 2010 and 2009.

Note 7. Plan Termination

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

Note 8. Tax Status

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

Accounting principles generally accepted in the Unites States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely or not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

Note 9. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 10. Reconciliation of Financial Statements to Form 5500

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

	2010	2009
Net assets available for benefits per the financial statements	$5,390,840	$4,811,759
Additional participant contributions receivable	(4,918)	(4,522)
Distributed loan	5,755	0
Net assets available for benefits per the Form 5500	$5,391,677	$4,807,237

The following is a reconciliation of net increase per the financial statements to the Form 5500 for the years ended December 31, 2010 and 2009:

Net increase per the financial statements	$579,081	$1,523,326
Beginning of the year:		
Additional participant contributions receivable	4,522	5,328
End of the year:		
Additional participant contributions receivable	(4,918)	(4,522)
Distributed loan	5,755	0
Rounding	0	1
Net income per the Form 5500	$584,440	$1,524,133

NAPLETON AUTO WERKS 401(K) PLAN
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010
FEIN 36-4077925

{a}	{b} Identity of issue, borrower, lessor, or similar party	{c} Description of investment including maturity date, rate of interest, collateral, par, or maturity value	{d} Cost	{e} Current Value
Mutual Funds:				
*	OppenheimerFunds, Inc.	Oppenheimer Small & Mid Cap Growth B	#	$3,069
*	OppenheimerFunds, Inc.	Oppenheimer Cash Reserves A	#	838,802
*	OppenheimerFunds, Inc.	Oppenheimer Cash Reserves B	#	59,759
*	OppenheimerFunds, Inc.	Oppenheimer Limited-Term Government Fund A	#	70,836
*	OppenheimerFunds, Inc.	Oppenheimer Global Strategic Income B	#	9,715
*	OppenheimerFunds, Inc.	Oppenheimer Value Fund B	#	2,747
*	OppenheimerFunds, Inc.	Oppenheimer Equity Fund A	#	1,545
*	OppenheimerFunds, Inc.	Oppenheimer Global Fund A	#	470,171
*	OppenheimerFunds, Inc.	Oppenheimer Value Fund A	#	10,449
*	OppenheimerFunds, Inc.	Oppenheimer Select Value A	#	13,186
*	OppenheimerFunds, Inc.	Oppenheimer Core Bond Fund A	#	195
*	OppenheimerFunds, Inc.	Oppenheimer Discovery Fund A	#	473,996
*	OppenheimerFunds, Inc.	Oppenheimer Discovery Fund B	#	35,297
*	OppenheimerFunds, Inc.	Oppenheimer International Growth Fund A	#	18,484
*	OppenheimerFunds, Inc.	Oppenheimer Main Street Fund A	#	525,825
*	OppenheimerFunds, Inc.	Oppenheimer Main Street Fund B	#	49,376
*	OppenheimerFunds, Inc.	Oppenheimer Global Fund Class B	#	28,737
*	OppenheimerFunds, Inc.	Oppenheimer Developing Markets Fund B	#	32,378
*	OppenheimerFunds, Inc.	Oppenheimer Equity Income Fund A	#	19,598
*	OppenheimerFunds, Inc.	Oppenheimer Capital Income Fund A	#	896
*	OppenheimerFunds, Inc.	Oppenheimer Capital Appreciation A	#	504,357
*	OppenheimerFunds, Inc.	Oppenheimer Champion Income Fund A	#	341
*	OppenheimerFunds, Inc.	Oppenheimer International Small Company Fund B	#	10,789
*	OppenheimerFunds, Inc.	Oppenheimer Main Street Select Fund A	#	125,457
*	OppenheimerFunds, Inc.	Oppenheimer Main Street Select Fund B	#	13,205
*	OppenheimerFunds, Inc.	Oppenheimer Rising Dividends Fund A	#	36,196
*	OppenheimerFunds, Inc.	Oppenheimer Rising Dividends Fund B	#	2,295
*	OppenheimerFunds, Inc.	Oppenheimer Limited Term Government Fund B	#	7,856
*	OppenheimerFunds, Inc.	Oppenheimer Small & Mid Cap Growth A	#	55,305

* Party-in-interest as defined by ERISA
** Not required for participant-directed investments

NAPLETON AUTO WERKS 401(K) PLAN
SCHEDULE H, PART IV, LINE 4I - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2010
FEIN 36-4077925

{a}	{b} Identity of issue, borrower, lessor, or similar party	{c} Description of investment including maturity date, rate of interest, collateral, par, or maturity value	{d} Cost	{e} Current Value
*	OppenheimerFunds, Inc.	Oppenheimer Developing Markets Fund A	#	$401,759
*	OppenheimerFunds, Inc.	Oppenheimer Global Opportunities Fund B	#	40,326
*	OppenheimerFunds, Inc.	Oppenheimer Global Strategic Income A	#	150,563
*	OppenheimerFunds, Inc.	Oppenheimer International Bond Fund A	#	11,809
*	OppenheimerFunds, Inc.	Oppenheimer International Bond Fund B	#	1,047
*	OppenheimerFunds, Inc.	Oppenheimer Main Street Small & Mid Cap A	#	21,998
*	OppenheimerFunds, Inc.	Oppenheimer Quest Opportunity Value B	#	8,636
*	OppenheimerFunds, Inc.	Oppenheimer Port Series: Conservative Inv A	#	$79
*	OppenheimerFunds, Inc.	Oppenheimer Quest Opportunity Value A	#	143,834
*	OppenheimerFunds, Inc.	Oppenheimer Capital Appreciation Fund B	#	72,951
*	OppenheimerFunds, Inc.	Oppenheimer Global Opprtunities Fund A	#	388,779
*	OppenheimerFunds, Inc.	Oppenheimer International Diversified A	#	16,964
*	OppenheimerFunds, Inc.	Oppenheimer International Growth Fund B	#	319
*	OppenheimerFunds, Inc.	Oppenheimer Port Series: Active Allocation A	#	43,584
*	OppenheimerFunds, Inc.	Oppenheimer Port Series: Moderate Investment A	#	636
*	OppenheimerFunds, Inc.	Oppenheimer Commodity Strategy Total Return A	#	20,962
*	OppenheimerFunds, Inc.	Oppenheimer International Small Company A	#	201,229
*	OppenheimerFunds, Inc.	Oppenheimer Small & Mid Cap Value Fund A	#	233,360
*	OppenheimerFunds, Inc.	Oppenheimer Small & Mid Cap Value Fund B	#	15,326
*	OppenheimerFunds, Inc.	Oppenheimer Real Estate Fund Class A	#	10,690
*	OppenheimerFunds, Inc.	Oppenheimer Commodity Strategy Total Return B	#	3,650
*	OppenheimerFunds, Inc.	Oppenheimer Gold & Special Minerals Fund A	#	82,266
*	OppenheimerFunds, Inc.	Oppenheimer Gold & Special Minerals Fund B	#	329
		Total mutual funds		$5,291,958
Notes receivable from participants:				
*	Participant loans	3.25% - 8.25%	$0	$93,816

* Party-in-interest as defined by ERISA
\# Not required for participant-directed investments

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

Plan Name: NAPLETON AUTO WERKS 401(K) PLAN

Plan Number: 710154

Broker Dealer: AMERICAN GENERAL SECURITIES IN

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus	Formula used to determine 12b-1 Compensation to Broker Dealer
OMOBX	Oppenheimer Main Street Select Fd B	12.17 dollars per fund position	100 basis points
OSMBX	Oppenheimer Intl Small Company Fd B	12.17 dollars per fund position	N/A
QRABX	Oppenheimer Commodity Strategy Total Ret	12.17 dollars per fund position	100 basis points
OMSOX	Oppenheimer Main Street Select Fd A	12.17 dollars per fund position	25 basis points
QSCBX	Oppenheimer Small- & Mid- Cap Value Fd B	12.17 dollars per fund position	100 basis points
OIGAX	Oppenheimer Intl Growth Fund A	12.17 dollars per fund position	25 basis points
ODMAX	Oppenheimer Developing Markets Fund A	12.17 dollars per fund position	25 basis points
CRSXX	Oppenheimer Cash Reserves A	12.17 dollars per fund position	19 basis points
OPOCX	Oppenheimer Discovery Fund A	12.17 dollars per fund position	25 basis points
OPPAX	Oppenheimer Global Fund A	12.17 dollars per fund position	25 basis points
OPTFX	Oppenheimer Capital Appreciation A	12.17 dollars per fund position	25 basis points
OGGIX	Oppenheimer Global Opportunities Fd B	12.17 dollars per fund position	100 basis points
OPGIX	Oppenheimer Global Opportunities Fund A	12.17 dollars per fund position	25 basis points
QRAAX	Oppenheimer Commodity Strategy Total Ret	12.17 dollars per fund position	25 basis points
OGSBX	Oppenheimer Limited Term Govt Fund B	12.17 dollars per fund position	100 basis points
IGRWX	Oppenheimer International Growth Fund B	12.17 dollars per fund position	100 basis points
ODVBX	Oppenheimer Developing Mkts Fd B	12.17 dollars per fund position	100 basis points
CRBXX	Oppenheimer Cash Reserves B	12.17 dollars per fund position	75 basis points
OMSBX	Oppenheimer Main Street Fund B	12.17 dollars per fund position	100 basis points
ODIBX	Oppenheimer Discovery Fund B	12.17 dollars per fund position	99 basis points
OGLBX	Oppenheimer Global Fund Class B	12.17 dollars per fund position	100 basis points
OTGBX	Oppenheimer Capital Appreciation Fund B	12.17 dollars per fund position	100 basis points
QOPBX	Oppenheimer Quest Opportunity Value B	12.17 dollars per fund position	100 basis points

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

Plan Name: NAPLETON AUTO WERKS 401(K) PLAN

Plan Number: 710154

Broker Dealer: AMERICAN GENERAL SECURITIES IN

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus	Formula used to determine 12b-1 Compensation to Broker Dealer
OPSGX	Oppenheimer Global Strategic Income B	12.17 dollars per fund position	100 basis points
OPSIX	Oppenheimer Global Strategic Income A	12.17 dollars per fund position	25 basis points
OACIX	Oppenheimer Port Series: Conserv Inv A	12.17 dollars per fund position	25 basis points
OAEIX	Oppenheimer Equity Income Fund A	12.17 dollars per fund position	25 basis points
OPCHX	Oppenheimer Champion Income Fund A	12.17 dollars per fund position	25 basis points
OIBBX	Oppenheimer International Bond Fund B	12.17 dollars per fund position	100 basis points
OIBAX	Oppenheimer International Bond Fund A	12.17 dollars per fund position	25 basis points
OREAX	Oppenheimer Real Estate Fund Class A	12.17 dollars per fund position	25 basis points
OPPEX	Oppenheimer Capital Income Fund A	12.17 dollars per fund position	25 basis points
CGRWX	Oppenheimer Value Fund A	12.17 dollars per fund position	25 basis points
OSVAX	Oppenheimer Select Value A	12.17 dollars per fund position	25 basis points
OARDX	Oppenheimer Rising Dividends Fund A	12.17 dollars per fund position	25 basis points
OPMSX	Oppenheimer Main St Small & Mid-Cap A	12.17 dollars per fund position	25 basis points
OSMAX	Oppenheimer International Small CompanyA	12.17 dollars per fund position	N/A
OAMIX	Oppenheimer Port Series: Moderate Inv A	12.17 dollars per fund position	25 basis points
QVSCX	Oppenheimer Small- & Mid- Cap Value Fd A	12.17 dollars per fund position	25 basis points
CGRBX	Oppenheimer Value Fund B	12.17 dollars per fund position	100 basis points
OBRDX	Oppenheimer Rising Dividends Fund B	12.17 dollars per fund position	100 basis points
OGMBX	Oppenheimer Gold & Special Minerals Fd B	12.17 dollars per fund position	100 basis points
OPGSX	Oppenheimer Gold & Special Minerals Fd A	12.17 dollars per fund position	25 basis points
OIDAX	Oppenheimer International Diversified A	12.17 dollars per fund position	25 basis points
OEGAX	Oppenheimer Small & Mid-Cap Growth A	12.17 dollars per fund position	25 basis points
OEQAX	Oppenheimer Equity Fund A	12.17 dollars per fund position	25 basis points

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

Plan Name: NAPLETON AUTO WERKS 401(K) PLAN

Plan Number: 710154

Broker Dealer: AMERICAN GENERAL SECURITIES IN

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus	Formula used to determine 12b-1 Compensation to Broker Dealer
OPGVX	Oppenheimer Limited Term Govt Fund A	12.17 dollars per fund position	25 basis points
MSIGX	Oppenheimer Main Street Fund A	12.17 dollars per fund position	25 basis points
QVOPX	Oppenheimer Quest Opportunity Value A	12.17 dollars per fund position	25 basis points
OPIGX	Oppenheimer Core Bond Fund A	12.17 dollars per fund position	25 basis points
OAAAX	Oppenheimer Port Series: Active Alloc A	12.17 dollars per fund position	25 basis points

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Global Opportunities Fd B	0	40,326
	Oppenheimer	Oppenheimer Global Strategic Income B	0	9,715
	Oppenheimer	Oppenheimer Quest Opportunity Value B	0	8,636
	Oppenheimer	Oppenheimer Capital Appreciation Fund B	0	72,951
	Oppenheimer	Oppenheimer Global Fund Class B	0	28,737
	Oppenheimer	Oppenheimer Discovery Fund B	0	35,297
	Oppenheimer	Oppenheimer Main Street Fund B	0	49,376

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Cash Reserves B	0	59,759
	Oppenheimer	Oppenheimer Developing Mkts Fd B	0	32,378
	Oppenheimer	Oppenheimer International Growth Fund B	0	318
	Oppenheimer	Oppenheimer Limited Term Govt Fund B	0	7,856
	Oppenheimer	Oppenheimer Main Street Select Fd B	0	13,205
	Oppenheimer	Oppenheimer Global Opportunities Fund A	0	388,779
	Oppenheimer	Oppenheimer Global Strategic Income A	0	150,563

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Capital Appreciation A	0	504,357
	Oppenheimer	Oppenheimer Global Fund A	0	470,171
	Oppenheimer	Oppenheimer Discovery Fund A	0	473,996
	Oppenheimer	Oppenheimer Cash Reserves A	0	838,802
	Oppenheimer	Oppenheimer Developing Markets Fund A	0	401,759
	Oppenheimer	Oppenheimer Intl Growth Fund A	0	18,484
	Oppenheimer	Oppenheimer Small- & Mid- Cap Value Fd B	0	15,326

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Main Street Select Fd A	0	125,457
	Oppenheimer	Oppenheimer Commodity Strategy Total Ret	0	3,649
	Oppenheimer	Oppenheimer Intl Small Company Fd B	0	10,789
	Oppenheimer	Oppenheimer International Small CompanyA	0	201,229
	Oppenheimer	Oppenheimer Small- & Mid- Cap Value Fd A	0	233,360
	Oppenheimer	Oppenheimer Commodity Strategy Total Ret	0	20,962
	Oppenheimer	Oppenheimer Quest Opportunity Value A	0	143,834

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Main Street Fund A	0	525,825
	Oppenheimer	Oppenheimer Limited Term Govt Fund A	0	70,836
	Oppenheimer	Oppenheimer Equity Fund A	0	1,545
	Oppenheimer	Oppenheimer Small & Mid-Cap Growth A	0	55,305
	Oppenheimer	Oppenheimer International Diversified A	0	16,964
	Oppenheimer	Oppenheimer Gold & Special Minerals Fd A	0	82,267
	Oppenheimer	Oppenheimer Gold & Special Minerals Fd B	0	330

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Rising Dividends Fund B	0	2,295
	Oppenheimer	Oppenheimer Value Fund B	0	2,747
	Oppenheimer	Oppenheimer Port Series: Conserv Inv A	0	79
	Oppenheimer	Oppenheimer Port Series: Moderate Inv A	0	636
	Oppenheimer	Oppenheimer Port Series: Active Alloc A	0	43,584
	Oppenheimer	Oppenheimer Main St Small & Mid-Cap A	0	21,998
	Oppenheimer	Oppenheimer Rising Dividends Fund A	0	36,196

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Select Value A	0	13,186
	Oppenheimer	Oppenheimer Value Fund A	0	10,449
	Oppenheimer	Oppenheimer Capital Income Fund A	0	896
	Oppenheimer	Oppenheimer Real Estate Fund Class A	0	10,690
	Oppenheimer	Oppenheimer International Bond Fund A	0	11,809
	Oppenheimer	Oppenheimer International Bond Fund B	0	1,047
	Oppenheimer	Oppenheimer Champion Income Fund A	0	341

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Oppenheimer	Oppenheimer Equity Income Fund A	0	19,598
	Oppenheimer	Oppenheimer Core Bond Fund A	0	195
	Oppenheimer	Oppenheimer Small & Mid-Cap Growth B	0	3,069
	Participants loan Account	Various Rates And Maturities	0	99,571
		`		