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
NATIONAL HOT ROD ASSOCIATION 401(K) SALARY SAVINGS RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1986

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
NATIONAL HOT ROD ASSOCIATION

2035 FINANCIAL WAY
GLENDORA, CA 91741

2035 FINANCIAL WAY
GLENDORA, CA 91741

2b Employer Identification Number (EIN)
95-1686172

2c Sponsor's telephone number
626-914-4761

2d Business code (see instructions)
711300

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	STELLA GURROLA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	PETER CLIFFORD
	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")
NATIONAL HOT ROD ASSOCIATION

2035 FINANCIAL WAY
GLENDORA, CA 91741

3b Administrator's EIN
95-1686172

3c Administrator's telephone number
626-914-4761

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**	297
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**	213
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	54
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	267
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	267
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	213
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
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 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)	X	**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
NATIONAL HOT ROD ASSOCIATION 401(K) SALARY SAVINGS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL HOT ROD ASSOCIATION

D Employer Identification Number (EIN)
95-1686172

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

FID.INV.INST.OPS.CO.

04-2647786

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60	RECORDKEEPER	1988	Yes [X] No [ ]	Yes [X] No [ ]	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 ☐

(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
FIDELITY INVESTMENTS INSTITUTIONAL	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.
ABF LG CAP VAL INV - BOSTON FINANCI 04-2526037	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
AF EUROPAC GRTH R4 - AMERICAN FUNDS 95-2566717	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
AF GRTH FUND AMER R4 - AMERICAN FUN 95-2566717	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	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.
ALLNZ NFJ SMCPVAL AD - BOSTON FINAN 04-2526037	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
AMCENT INFL-ADJBD IV - AMERICAN CEN 44-0619208	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
ARIEL FUND - US BANCORP FUND SERVIC 39-0281260	0.38%

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
FIDELITY INVESTMENTS INSTITUTIONAL	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.
BARON ASSET FUND - DST SYSTEMS, INC 43-1581814	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
BARON GROWTH - DST SYSTEMS, INC. 43-1581814	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
DAVIS NY VENTURE A - BOSTON FINANCI 04-2526037	0.40%

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
FIDELITY INVESTMENTS INSTITUTIONAL	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.
LD ABBETT MIDCPVAL P - DST SYSTEMS, 43-1581814	0.45%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
OAKMARK EQ & INC I - BOSTON FINANCI 04-2526037	0.35%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
OPPHMR DEV MKTS A - OPPENHEIMERFUND P.O. BOX 5270 COLORADO, CO 80217	0.45%

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
FIDELITY INVESTMENTS INSTITUTIONAL	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.
PIM GLBBND AD UNHDGD - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
PIMCO HIGH YIELD ADM - BOSTON FINAN 04-2526037	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
TEMPLETON DEV MKTS A - FRANKLIN TEM 94-3167260	0.35%

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
FIDELITY INVESTMENTS INSTITUTIONAL	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.
TMPL GLOBAL BOND A - FRANKLIN TEMPL 94-3167260	0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	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.
VIRTUS MID-CAP VAL A - VP DISTRIBUT 06-0847856	0.50%

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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.**

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
NATIONAL HOT ROD ASSOCIATION 401(K) SALARY SAVINGS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
NATIONAL HOT ROD ASSOCIATION

D Employer Identification Number (EIN)
95-1686172

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT

b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-3022712-024	C	23128

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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
NATIONAL HOT ROD ASSOCIATION 401(K) SALARY SAVINGS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL HOT ROD ASSOCIATION

D Employer Identification Number (EIN)
95-1686172

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)	0	24265
(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)	288037	293587
(9) Value of interest in common/collective trusts	1c(9)	0	23128
(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)	13778481	15416860
(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	14066518	15757840
	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	14066518	15757840

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)	247175	
	(B) Participants	2a(1)(B)	771884	
	(C) Others (including rollovers)	2a(1)(C)	3896	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1022955
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)	17251	
	(F) Other	2b(1)(F)	1150	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		18401
	(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)	282013	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		282013
	(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		188
(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)		1497004
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2820561
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1074282	
(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)		1074282
f Corrective distributions (see instructions)	2f		45524
g Certain deemed distributions of participant loans (see instructions)	2g		7261
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2172	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2172
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1129239
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1691322
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: AHLSTROM & BAKER CPA'S (2) EIN: 33-0138137

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		X	

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
NATIONAL HOT ROD ASSOCIATION 401(K) SALARY SAVINGS RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL HOT ROD ASSOCIATION

D Employer Identification Number (EIN)
95-1686172

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): 04-6568107

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):

NATIONAL HOT ROD ASSOCIATION
401(k) SALARY SAVINGS RETIREMENT PLAN

Financial Statements
and Supplemental Schedule

December 31, 2010

With Independent Auditor's Report

NATIONAL HOT ROD ASSOCIATION
401(k) SALARY SAVINGS RETIREMENT PLAN

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Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

Ahlstrom & Baker
CERTIFIED PUBLIC ACCOUNTANTS

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Los Alamitos, CA 90720

Telephone: (714) 527-7272
Fax: (714) 828-2209

Independent Auditor's Report

To the Administrative Committee of
National Hot Rod Association 401(k) Salary Savings Retirement Plan

We were engaged to audit the financial statements and supplemental schedule of National Hot Rod Association 401(k) Salary Savings Retirement Plan as of December 31, 2010 and 2009 and for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and 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 December 31, 2010 and 2009 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 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ahlstrom & Baker

October 6, 2011

NATIONAL HOT ROD ASSOCIATION
401(k) SALARY SAVINGS RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

	2010	2009
Investments, at fair value (participant-directed):		
Mutual funds	$15,416,860	$13,778,481
Common/collective trust fund	23,128	-
Total investments	15,439,988	13,778,481
Receivables:		
Notes receivable from participants	293,587	288,037
Employer's contribution receivable	24,265	-
Total receivables	317,852	288,037
Total assets reflecting all investments at fair value	15,757,840	14,066,518
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(188)	-
Net assets available for benefits	$15,757,652	$14,066,518

The accompanying notes are an integral part of the financial statements.

NATIONAL HOT ROD ASSOCIATION
401(k) SALARY SAVINGS RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2010

Additions to net assets attributed to:	
Investment income:	
Interest and dividends	$ 283,163
Net appreciation in fair value of investments	1,497,004
Total investment income	1,780,167
Contributions:	
Employer's matching	247,175
Participants' salary deferrals	771,884
Participant rollover	3,896
Total contributions	1,022,955
Interest income on notes receivable from participants	17,251
Total additions	2,820,373
Deductions from net assets attributed to:	
Benefit paid to participants	1,074,282
Corrective distributions related to excess contributions	45,524
Deemed distribution of participant loan	7,261
Administrative expenses	2,172
Total deductions	1,129,239
Net increase in net assets	1,691,134
Net assets available for benefits:	
Beginning of year	14,066,518
End of year	$15,757,652

The accompanying notes are an integral part of the financial statements.

1. Description of Plan

The following description of National Hot Rod Association ("Employer") 401(k) Salary Savings Retirement 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 established under the provisions of Section 401(a) of the Internal Revenue Code ("IRC"), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC for the benefit of eligible employees of the Company. All employees, excluding temporary employees and those employees who are classified by the Employer as event workers, are eligible to participate in the Plan on the first day of the calendar quarter after completing six months of service. Employees who are classified as event workers and have attained age 21 will be eligible to participant in the Plan on the first day of the calendar quarter after completion of a year of service, which is defined as a 12 consecutive month period with at least 1,000 hours of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions

Participants may elect to contribute a certain amount of their pre-tax compensation as salary deferrals to the Plan. Participants who have attained age 50 before the Plan year-end are also able to make additional catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Effective February 16, 2010, the Company began making a discretionary employer matching contribution equal to 100% of the first 3% of a participant's eligible compensation, contributed to the Plan as pre-tax contributions. Effective June 16, 2010, the Plan was amended to provide for a required employer matching contribution of 3%. In addition, the Employer may make annual discretionary profit sharing contributions to the Plan for participants of the Plan who are employed as of the last day of the Plan year. Contributions are subject to certain limits.

Participant Accounts

Participants direct the investment of their contributions into investment options, consisting of various mutual funds, offered by the Plan. Each participant's account is credited the participant's contributions, and an allocation of (a) the Employer's contributions, and (b) the Plan's earnings and administrative expenses. Allocations are based on participant compensation 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.

1. Description of Plan (continued)

Vesting

Participants are immediately vested in their voluntary contributions and the safe harbor matching contributions (from January 1, 2003 to February 15, 2009) plus actual earnings thereon. Vesting in employer matching contribution accounts which were generated prior to January 1, 2003 and after February 15, 2009 is based on years of continuous service with a participant becoming 100% vested after five years of service. Subsequent to the year-end, the Plan was amended and all participant accounts became 100% vested.

Payment of Benefits

On termination of service, a participant may elect to receive either a lump sum distribution equal to the value of the participant's vested interest in his or her account, or a distribution in installments. Inservice withdrawals are allowed under certain conditions.

Notes Receivable from Participants

Participants may borrow from their individual participant accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loans must be repaid within five years, except in the case of the purchase of a primary residence. Loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Interest rates range from 5.04% to 9.00%. Principal and interest are normally paid ratably through payroll deductions.

Forfeited Accounts

At December 31, 2010 and 2009, forfeited nonvested accounts total $51 and $257, respectively. These accounts will be used to reduce future employer contributions. In 2010, employer contributions received were reduced by $206 from forfeited nonvested accounts.

Administrative Expenses

Certain Plan administrative expenses related to participant-related fees charged by the trustee are paid by the Plan by charging directly against the appropriate participant's account. All other administrative expenses are paid by the Company, at its option.

Plan Termination

Although it has not expressed any intent to do so, the Company is under no obligation or liability to continue its contributions and may discontinue such contributions or terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the Plan's investments as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is to be prepared on a contract value basis.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value and defines fair value as the price that would be received to sell an asset (i.e. exit price) in an orderly transaction between market participants as of the valuation date. 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 (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 with the related inputs to the valuation methodology are described as follows:

Level 1	Quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access.
Level 2	Significant other observable (directly or indirectly) inputs, including quoted prices for similar assets in active markets or in inactive markets and other market observable inputs such as interest rate, credit risks, etc.
Level 3	Significant unobservable inputs, including the Plan's own assumptions in determining the fair value of investments.

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

The investment asset 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 the Plan's investment 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 quoted market price based on net asset value (NAV) of shares held by the Plan at year-end.

Common/collective trust fund: Valued at the unit value as reported by the investment manager, based on the market value of the underlying assets of the fund.

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.

In addition, purchases and sales of investments are recorded on a trade-date basis. Interest and dividends are recorded when payable and as received. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants related to participant loans are stated at the unpaid principal balance. Interest income associated with the notes receivable are recorded when interest payments are received, usually every two weeks. Delinquent participant loans are reclassified as distributions based on terms of the Plan agreement. In accordance with a recent change in accounting principles generally accepted in the United States of America, participant loans are to be classified as notes receivable, rather than as investments as in the prior years. The 2009 financial statements have been restated to reflect the retrospective application of this change.

Payment of Benefits

Benefits are recorded when paid.

2. Summary of Significant Accounting Policies (continued)

Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 6, 2011, which is the date the financial statements were available to be issued.

3. Tax Status

The Company has adopted the Fidelity Volume Submitter Plan, which the Internal Revenue Service stated was in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, the Plan administrator believes that the Plan is designed and currently being operated in compliance with the Internal Revenue Code and thus the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. 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 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.

4. Financial Information Certified by the Trustee

The following is a summary of financial information reflected in the Plan financial statements as of December 31, 2010 and 2009 and for the year ended December 31, 2010, as certified by Fidelity Management Trust Company, the trustee of the Plan, in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments that represent 5% or more of net assets available for benefits at either year-end are separately identified.

4. Financial Information Certified by the Trustee (continued)

Statements of Net Assets Available for Benefits:

	December 31, 2010	2009
Investments, at fair value:		
Mutual funds:		
Allianz NFJ Small-Cap Value Fund	$ 1,143,421	$ 833,706
American Beacon Large Cap Value Fund Plan Ahead Class	1,656,961	1,602,471
Oppenheimer Developing Markets Fund	931,833	-
Fidelity Emerging Markets Fund	-	822,751
Fidelity Freedom 2020 Fund	1,308,034	1,046,267
Fidelity Freedom 2030 Fund	1,229,905	1,015,448
Fidelity Retirement Money Market Portfolio	1,380,865	1,941,598
Fidelity U.S. Bond Index Fund	627,130	804,557
Other	7,138,711	5,711,683
Total mutual funds	15,416,860	13,778,481
Common/collective trust fund (contract value of $22,940)	23,128	-
Total investments	15,439,988	13,778,481
Note receivable from participants	293,587	288,037
Total assets certified	$15,733,575	$14,066,518

Statement of Changes in Net Assets Available for Benefits:

	Year Ended December 31, 2010
Investment income:	
Interest and dividends:	
Dividends - mutual funds	$ 282,013
Interest - common/collective trust fund	1,150
Total interest and dividends	283,163
Net appreciation in fair value of mutual funds	1,497,004
Total investment income	1,780,167
Interest income on notes receivable from participants	17,251
Total income certified	$1,797,418

In addition, the investment information included on the supplemental Schedule of Assets (Held at End of Year) was certified by the trustee.

5. Fair Value Measurements

The following table sets forth by level within the fair value hierarchy, as well as by major investment category taking into consideration the attributes, including the nature and risks of such investments, the Plan's investment assets at fair value as of December 31, 2010 and 2009:

	Level 1	Level 2	Level 3	Total
As of December 31, 2010 -				
Mutual funds:				
Balanced funds	$ 5,064,812	$ -	$ -	$ 5,064,812
Index funds	1,408,923	-	-	1,408,923
Growth funds	6,428,234	-	-	6,428,234
Fixed income funds	2,514,891	-	-	2,514,891
Total mutual funds	15,416,860	-	-	15,416,860
Common/collective trust fund				
Stable value fund	-	23,128	-	23,128
Total investments at fair value	$15,416,860	$ 23,128	$ -	$15,439,988
As of December 31, 2009 -				
Mutual funds:				
Balanced funds	$ 3,732,135	$ -	$ -	$ 3,732,135
Index funds	1,659,899	-	-	1,659,899
Growth funds	5,601,705	-	-	5,601,705
Fixed income funds	2,784,742	-	-	2,784,742
Total investments at fair value	$13,778,481	$ -	$ -	$13,778,481

6. Fully Benefit-Responsive Investment Contract

The Plan's investment in the common/collective trust fund is a stable value investment contract which is fully benefit-responsive. The common/collective trust fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The common/collective trust fund issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the common/collective trust fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the common/collective trust fund. Contract value, as reported to the Plan by the trustee, represents contributions made under the contract, plus earnings, less participant

6. Fully Benefit-Responsive Investment Contract (continued)

withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent. Such interest rates are reset typically on quarterly basis.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: the Plan is terminated, there is a material adverse change to the provisions of the Plan, or the Company elects to withdraw from a contract in order to switch to a different investment provider. The contracts for the Fund limit the circumstances which the issuer may unilaterally terminate the contract. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

For the year ended December 31, 2010, the average yields of the common/collective trust fund are as follows:

Based on actual earnings	2.68%
Based on interest rate credited to participants	1.44%

7. Risks and Uncertainties

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

8. Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity Management and Research Company, who is an affiliate of the trustee. The investment in Fidelity mutual funds qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

9. Reconciliation of Financial Statements to Form 5500

The Plan's investment in the fully benefit-responsive common/collective trust fund at December 31, 2010 is reflected on the financial statements and Form 5500 at fair value; however, the financial statements also reflect an adjustment from fair value to contract value for the common/collective trust fund as mentioned in Note 2. The following are reconciliations of net assets available for benefits and changes in net assets available for benefits per the financial statements to the Form 5500:

	December 31, 2010
Net assets per financial statements	$15,757,652
Adjustment from contract value to fair value for common/collective trust fund	188
Net assets per the Form 5500	$15,757,840

	Year Ended December 31, 2010
Net increase in net assets per financial statements	$1,691,134
Change in the fair value of common/collective trust fund	188
Net increase in net assets per the Form 5500	$1,691,322

In addition, the Form 5500 reflects participant loans as an investment; however, the financial statements reflect participant loans as notes receivable from participants.

SUPPLEMENTAL SCHEDULE

NATIONAL HOT ROD ASSOCIATION
401(k) SALARY SAVINGS RETIREMENT PLAN
(EIN 95-1686172 Plan 002)
Schedule of Assets (Held at End of Year)
(Schedule H, Part IV, Item 4i - Form 5500)

December 31, 2010

(a)	(b) Identity of Issue or Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual Funds:		(A)	
	American Beacon Large Cap Value Fund Plan Ahead Class	89,420 shares of Large Cap Value Domestic Equities Fund		$ 1,656,961
	American Century Inflation-Adjusted Bond Fund	5,878 shares of Inflation Protected Bond Fund		69,358
	American Funds-The Growth Fund of America	22,911 shares of Large Cap Growth Domestic Equities Fund		691,672
	American Funds-EuroPacific Growth Fund	3,011 shares of Large Cap Blend International Equities Fund		122,491
	Allianz NFJ Small-Cap Value Fund	40,134 shares of Small Cap Value Domestic Equities Fund		1,143,421
	Baron Growth Fund	12,079 shares of Small Cap Growth Domestic Equities Fund		618,821
	Baron Asset Fund	11,412 shares of Mid Cap Growth Domestic Equities Fund		630,745
	Virtus Mid-Cap Value Fund	18,637 shares of Mid Cap Value Domestic Equities Fund		415,428
	Davis New York Venture Fund	6,315 shares of Large Cap Blend Domestic Equities Fund		216,860
	Oppenheimer Developing Markets Fund	25,551 shares of International Equity Fund		931,833
	Templeton Global Bond Fund	49,095 shares of International Bond Fund		667,207
*	Spartan U.S. Equity Index Fund	12,132 shares of Large Cap Blend Domestic Equities Index Fund		539,646
*	Fidelity U.S. Bond Index Fund	55,351 shares of Domestic Bond Index Fund		627,130
	The Oakmark Equity and Income Fund	28,366 shares of Bond and Equities Fund		786,872
*	Fidelity Capital & Income Fund	42,149 shares of High Yield Bond Fund		397,462
*	Spartan International Index Fund	6,885 shares of International Large Cap Index Fund		242,148
*	Fidelity Freedom 2000 Fund	1,654 shares of Asset Allocation Fund		19,750
*	Fidelity Freedom 2005 Fund	1,079 shares of Asset Allocation Fund		11,661
*	Fidelity Freedom 2010 Fund	26,085 shares of Asset Allocation Fund		354,488
*	Fidelity Freedom 2015 Fund	68,385 shares of Asset Allocation Fund		775,485
*	Fidelity Freedom 2020 Fund	94,854 shares of Asset Allocation Fund		1,308,034
*	Fidelity Freedom 2025 Fund	8,717 shares of Asset Allocation Fund		100,414
*	Fidelity Freedom 2030 Fund	89,318 shares of Asset Allocation Fund		1,229,905
*	Fidelity Freedom 2035 Fund	8,067 shares of Asset Allocation Fund		92,532
*	Fidelity Freedom 2040 Fund	35,187 shares of Asset Allocation Fund		281,846
*	Fidelity Freedom 2045 Fund	8,501 shares of Asset Allocation Fund		80,674
*	Fidelity Freedom 2050 Fund	2,468 shares of Asset Allocation Fund		23,151
*	Fidelity Retirement Money Market Portfolio	1,380,865 shares of Money Market Fund		1,380,865
				15,416,860
	Common/collective trust:			
*	Fidelity Managed Income Portfolio	22,940 shares of Stable Value Fund (fair value of $23,128)		22,940
*	Participant loans	Interest rates from 5.04% to 9.00% and maturity dates until 2019		293,587
				$15,733,387

(A) Historical cost information is not required for participant-directed investments.

* A party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

NATIONAL HOT ROD ASSOCIATION
401(k) SALARY SAVINGS RETIREMENT PLAN

Financial Statements
and Supplemental Schedule

December 31, 2010

With Independent Auditor's Report

NATIONAL HOT ROD ASSOCIATION
401(k) SALARY SAVINGS RETIREMENT PLAN

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Other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

Ahlstrom & Baker
CERTIFIED PUBLIC ACCOUNTANTS

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Independent Auditor's Report

To the Administrative Committee of
National Hot Rod Association 401(k) Salary Savings Retirement Plan

We were engaged to audit the financial statements and supplemental schedule of National Hot Rod Association 401(k) Salary Savings Retirement Plan as of December 31, 2010 and 2009 and for the year ended December 31, 2010, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and 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 December 31, 2010 and 2009 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 that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ahlstrom & Baker

October 6, 2011

NATIONAL HOT ROD ASSOCIATION
401(k) SALARY SAVINGS RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

	2010	2009
Investments, at fair value (participant-directed):		
Mutual funds	$15,416,860	$13,778,481
Common/collective trust fund	23,128	-
Total investments	15,439,988	13,778,481
Receivables:		
Notes receivable from participants	293,587	288,037
Employer's contribution receivable	24,265	-
Total receivables	317,852	288,037
Total assets reflecting all investments at fair value	15,757,840	14,066,518
Adjustment from fair value to contract value for fully benefit-responsive investment contract	(188)	-
Net assets available for benefits	$15,757,652	$14,066,518

The accompanying notes are an integral part of the financial statements.

NATIONAL HOT ROD ASSOCIATION
401(k) SALARY SAVINGS RETIREMENT PLAN

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2010

Additions to net assets attributed to:	
Investment income:	
Interest and dividends	$ 283,163
Net appreciation in fair value of investments	1,497,004
Total investment income	1,780,167
Contributions:	
Employer's matching	247,175
Participants' salary deferrals	771,884
Participant rollover	3,896
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Benefit paid to participants	1,074,282
Corrective distributions related to excess contributions	45,524
Deemed distribution of participant loan	7,261
Administrative expenses	2,172
Total deductions	1,129,239
Net increase in net assets	1,691,134
Net assets available for benefits:	
Beginning of year	14,066,518
End of year	$15,757,652

The accompanying notes are an integral part of the financial statements.

1. Description of Plan

The following description of National Hot Rod Association ("Employer") 401(k) Salary Savings Retirement 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 established under the provisions of Section 401(a) of the Internal Revenue Code ("IRC"), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC for the benefit of eligible employees of the Company. All employees, excluding temporary employees and those employees who are classified by the Employer as event workers, are eligible to participate in the Plan on the first day of the calendar quarter after completing six months of service. Employees who are classified as event workers and have attained age 21 will be eligible to participant in the Plan on the first day of the calendar quarter after completion of a year of service, which is defined as a 12 consecutive month period with at least 1,000 hours of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Contributions

Participants may elect to contribute a certain amount of their pre-tax compensation as salary deferrals to the Plan. Participants who have attained age 50 before the Plan year-end are also able to make additional catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Effective February 16, 2010, the Company began making a discretionary employer matching contribution equal to 100% of the first 3% of a participant's eligible compensation, contributed to the Plan as pre-tax contributions. Effective June 16, 2010, the Plan was amended to provide for a required employer matching contribution of 3%. In addition, the Employer may make annual discretionary profit sharing contributions to the Plan for participants of the Plan who are employed as of the last day of the Plan year. Contributions are subject to certain limits.

Participant Accounts

Participants direct the investment of their contributions into investment options, consisting of various mutual funds, offered by the Plan. Each participant's account is credited the participant's contributions, and an allocation of (a) the Employer's contributions, and (b) the Plan's earnings and administrative expenses. Allocations are based on participant compensation 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.

1. Description of Plan (continued)

Vesting

Participants are immediately vested in their voluntary contributions and the safe harbor matching contributions (from January 1, 2003 to February 15, 2009) plus actual earnings thereon. Vesting in employer matching contribution accounts which were generated prior to January 1, 2003 and after February 15, 2009 is based on years of continuous service with a participant becoming 100% vested after five years of service. Subsequent to the year-end, the Plan was amended and all participant accounts became 100% vested.

Payment of Benefits

On termination of service, a participant may elect to receive either a lump sum distribution equal to the value of the participant's vested interest in his or her account, or a distribution in installments. Inservice withdrawals are allowed under certain conditions.

Notes Receivable from Participants

Participants may borrow from their individual participant accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loans must be repaid within five years, except in the case of the purchase of a primary residence. Loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates. Interest rates range from 5.04% to 9.00%. Principal and interest are normally paid ratably through payroll deductions.

Forfeited Accounts

At December 31, 2010 and 2009, forfeited nonvested accounts total $51 and $257, respectively. These accounts will be used to reduce future employer contributions. In 2010, employer contributions received were reduced by $206 from forfeited nonvested accounts.

Administrative Expenses

Certain Plan administrative expenses related to participant-related fees charged by the trustee are paid by the Plan by charging directly against the appropriate participant's account. All other administrative expenses are paid by the Company, at its option.

Plan Termination

Although it has not expressed any intent to do so, the Company is under no obligation or liability to continue its contributions and may discontinue such contributions or terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the fair value of the Plan's investments as well as the adjustment of the fully benefit-responsive investment contract from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is to be prepared on a contract value basis.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value and defines fair value as the price that would be received to sell an asset (i.e. exit price) in an orderly transaction between market participants as of the valuation date. 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 (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 with the related inputs to the valuation methodology are described as follows:

Level 1	Quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access.
Level 2	Significant other observable (directly or indirectly) inputs, including quoted prices for similar assets in active markets or in inactive markets and other market observable inputs such as interest rate, credit risks, etc.
Level 3	Significant unobservable inputs, including the Plan's own assumptions in determining the fair value of investments.

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Income Recognition (continued)

The investment asset 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 the Plan's investment 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 quoted market price based on net asset value (NAV) of shares held by the Plan at year-end.

Common/collective trust fund: Valued at the unit value as reported by the investment manager, based on the market value of the underlying assets of the fund.

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.

In addition, purchases and sales of investments are recorded on a trade-date basis. Interest and dividends are recorded when payable and as received. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Notes Receivable from Participants

Notes receivable from participants related to participant loans are stated at the unpaid principal balance. Interest income associated with the notes receivable are recorded when interest payments are received, usually every two weeks. Delinquent participant loans are reclassified as distributions based on terms of the Plan agreement. In accordance with a recent change in accounting principles generally accepted in the United States of America, participant loans are to be classified as notes receivable, rather than as investments as in the prior years. The 2009 financial statements have been restated to reflect the retrospective application of this change.

Payment of Benefits

Benefits are recorded when paid.

2. Summary of Significant Accounting Policies (continued)

Subsequent Events

Management evaluates events occurring subsequent to the date of the financial statements in determining the accounting for and disclosure of transactions and events that affect the financial statements. Subsequent events have been evaluated through October 6, 2011, which is the date the financial statements were available to be issued.

3. Tax Status

The Company has adopted the Fidelity Volume Submitter Plan, which the Internal Revenue Service stated was in compliance with the applicable requirements of the Internal Revenue Code. Accordingly, the Plan administrator believes that the Plan is designed and currently being operated in compliance with the Internal Revenue Code and thus the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the taxing authorities. 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 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.

4. Financial Information Certified by the Trustee

The following is a summary of financial information reflected in the Plan financial statements as of December 31, 2010 and 2009 and for the year ended December 31, 2010, as certified by Fidelity Management Trust Company, the trustee of the Plan, in accordance with 29 CFR 2520.103-5(c) of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments that represent 5% or more of net assets available for benefits at either year-end are separately identified.

4. Financial Information Certified by the Trustee (continued)

Statements of Net Assets Available for Benefits:

	December 31, 2010	2009
Investments, at fair value:		
Mutual funds:		
Allianz NFJ Small-Cap Value Fund	$ 1,143,421	$ 833,706
American Beacon Large Cap Value Fund Plan Ahead Class	1,656,961	1,602,471
Oppenheimer Developing Markets Fund	931,833	-
Fidelity Emerging Markets Fund	-	822,751
Fidelity Freedom 2020 Fund	1,308,034	1,046,267
Fidelity Freedom 2030 Fund	1,229,905	1,015,448
Fidelity Retirement Money Market Portfolio	1,380,865	1,941,598
Fidelity U.S. Bond Index Fund	627,130	804,557
Other	7,138,711	5,711,683
Total mutual funds	15,416,860	13,778,481
Common/collective trust fund (contract value of $22,940)	23,128	-
Total investments	15,439,988	13,778,481
Note receivable from participants	293,587	288,037
Total assets certified	$15,733,575	$14,066,518

Statement of Changes in Net Assets Available for Benefits:

	Year Ended December 31, 2010
Investment income:	
Interest and dividends:	
Dividends - mutual funds	$ 282,013
Interest - common/collective trust fund	1,150
Total interest and dividends	283,163
Net appreciation in fair value of mutual funds	1,497,004
Total investment income	1,780,167
Interest income on notes receivable from participants	17,251
Total income certified	$1,797,418

In addition, the investment information included on the supplemental Schedule of Assets (Held at End of Year) was certified by the trustee.

5. Fair Value Measurements

The following table sets forth by level within the fair value hierarchy, as well as by major investment category taking into consideration the attributes, including the nature and risks of such investments, the Plan's investment assets at fair value as of December 31, 2010 and 2009:

	Level 1	Level 2	Level 3	Total
As of December 31, 2010 -				
Mutual funds:				
Balanced funds	$ 5,064,812	$ -	$ -	$ 5,064,812
Index funds	1,408,923	-	-	1,408,923
Growth funds	6,428,234	-	-	6,428,234
Fixed income funds	2,514,891	-	-	2,514,891
Total mutual funds	15,416,860	-	-	15,416,860
Common/collective trust fund				
Stable value fund	-	23,128	-	23,128
Total investments at fair value	$15,416,860	$ 23,128	$ -	$15,439,988
As of December 31, 2009 -				
Mutual funds:				
Balanced funds	$ 3,732,135	$ -	$ -	$ 3,732,135
Index funds	1,659,899	-	-	1,659,899
Growth funds	5,601,705	-	-	5,601,705
Fixed income funds	2,784,742	-	-	2,784,742
Total investments at fair value	$13,778,481	$ -	$ -	$13,778,481

6. Fully Benefit-Responsive Investment Contract

The Plan's investment in the common/collective trust fund is a stable value investment contract which is fully benefit-responsive. The common/collective trust fund is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The common/collective trust fund issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note 2, because the common/collective trust fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the common/collective trust fund. Contract value, as reported to the Plan by the trustee, represents contributions made under the contract, plus earnings, less participant

6. Fully Benefit-Responsive Investment Contract (continued)

withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than zero percent. Such interest rates are reset typically on quarterly basis.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: the Plan is terminated, there is a material adverse change to the provisions of the Plan, or the Company elects to withdraw from a contract in order to switch to a different investment provider. The contracts for the Fund limit the circumstances which the issuer may unilaterally terminate the contract. The Plan administrator does not believe that the occurrence of any such event, which would limit the Plan's ability to transact at contract value with participants, is probable.

For the year ended December 31, 2010, the average yields of the common/collective trust fund are as follows:

Based on actual earnings	2.68%
Based on interest rate credited to participants	1.44%

7. Risks and Uncertainties

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

8. Related Party Transactions

Certain Plan investments are shares of mutual funds managed by Fidelity Management and Research Company, who is an affiliate of the trustee. The investment in Fidelity mutual funds qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules.

9. Reconciliation of Financial Statements to Form 5500

The Plan's investment in the fully benefit-responsive common/collective trust fund at December 31, 2010 is reflected on the financial statements and Form 5500 at fair value; however, the financial statements also reflect an adjustment from fair value to contract value for the common/collective trust fund as mentioned in Note 2. The following are reconciliations of net assets available for benefits and changes in net assets available for benefits per the financial statements to the Form 5500:

	December 31, 2010
Net assets per financial statements	$15,757,652
Adjustment from contract value to fair value for common/collective trust fund	188
Net assets per the Form 5500	$15,757,840

	Year Ended December 31, 2010
Net increase in net assets per financial statements	$1,691,134
Change in the fair value of common/collective trust fund	188
Net increase in net assets per the Form 5500	$1,691,322

In addition, the Form 5500 reflects participant loans as an investment; however, the financial statements reflect participant loans as notes receivable from participants.

SUPPLEMENTAL SCHEDULE

NATIONAL HOT ROD ASSOCIATION
401(k) SALARY SAVINGS RETIREMENT PLAN
(EIN 95-1686172 Plan 002)
Schedule of Assets (Held at End of Year)
(Schedule H, Part IV, Item 4i - Form 5500)

December 31, 2010

(a)	(b) Identity of Issue or Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual Funds:		(A)	
	American Beacon Large Cap Value Fund Plan Ahead Class	89,420 shares of Large Cap Value Domestic Equities Fund		$ 1,656,961
	American Century Inflation-Adjusted Bond Fund	5,878 shares of Inflation Protected Bond Fund		69,358
	American Funds-The Growth Fund of America	22,911 shares of Large Cap Growth Domestic Equities Fund		691,672
	American Funds-EuroPacific Growth Fund	3,011 shares of Large Cap Blend International Equities Fund		122,491
	Allianz NFJ Small-Cap Value Fund	40,134 shares of Small Cap Value Domestic Equities Fund		1,143,421
	Baron Growth Fund	12,079 shares of Small Cap Growth Domestic Equities Fund		618,821
	Baron Asset Fund	11,412 shares of Mid Cap Growth Domestic Equities Fund		630,745
	Virtus Mid-Cap Value Fund	18,637 shares of Mid Cap Value Domestic Equities Fund		415,428
	Davis New York Venture Fund	6,315 shares of Large Cap Blend Domestic Equities Fund		216,860
	Oppenheimer Developing Markets Fund	25,551 shares of International Equity Fund		931,833
	Templeton Global Bond Fund	49,095 shares of International Bond Fund		667,207
*	Spartan U.S. Equity Index Fund	12,132 shares of Large Cap Blend Domestic Equities Index Fund		539,646
*	Fidelity U.S. Bond Index Fund	55,351 shares of Domestic Bond Index Fund		627,130
	The Oakmark Equity and Income Fund	28,366 shares of Bond and Equities Fund		786,872
*	Fidelity Capital & Income Fund	42,149 shares of High Yield Bond Fund		397,462
*	Spartan International Index Fund	6,885 shares of International Large Cap Index Fund		242,148
*	Fidelity Freedom 2000 Fund	1,654 shares of Asset Allocation Fund		19,750
*	Fidelity Freedom 2005 Fund	1,079 shares of Asset Allocation Fund		11,661
*	Fidelity Freedom 2010 Fund	26,085 shares of Asset Allocation Fund		354,488
*	Fidelity Freedom 2015 Fund	68,385 shares of Asset Allocation Fund		775,485
*	Fidelity Freedom 2020 Fund	94,854 shares of Asset Allocation Fund		1,308,034
*	Fidelity Freedom 2025 Fund	8,717 shares of Asset Allocation Fund		100,414
*	Fidelity Freedom 2030 Fund	89,318 shares of Asset Allocation Fund		1,229,905
*	Fidelity Freedom 2035 Fund	8,067 shares of Asset Allocation Fund		92,532
*	Fidelity Freedom 2040 Fund	35,187 shares of Asset Allocation Fund		281,846
*	Fidelity Freedom 2045 Fund	8,501 shares of Asset Allocation Fund		80,674
*	Fidelity Freedom 2050 Fund	2,468 shares of Asset Allocation Fund		23,151
*	Fidelity Retirement Money Market Portfolio	1,380,865 shares of Money Market Fund		1,380,865
				15,416,860
	Common/collective trust:			
*	Fidelity Managed Income Portfolio	22,940 shares of Stable Value Fund (fair value of $23,128)		22,940
*	Participant loans	Interest rates from 5.04% to 9.00% and maturity dates until 2019		293,587
				$15,733,387

(A) Historical cost information is not required for participant-directed investments.

* A party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

NATIONAL HOT ROD ASSOCIATION
401(k) SALARY SAVINGS RETIREMENT PLAN
(EIN 95-1686172 Plan 002)
Schedule of Assets (Held at End of Year)
(Schedule H, Part IV, Item 4i - Form 5500)

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December 31, 2010

(a)	(b) Identity of Issue or Borrower	(c) Description of Investment	(d) Cost	(e) Current Value
	Mutual Funds:		(A)	
	American Beacon Large Cap Value Fund Plan Ahead Class	89,420 shares of Large Cap Value Domestic Equities Fund		$ 1,656,961
	American Century Inflation-Adjusted Bond Fund	5,878 shares of Inflation Protected Bond Fund		69,358
	American Funds-The Growth Fund of America	22,911 shares of Large Cap Growth Domestic Equities Fund		691,672
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*	Fidelity Freedom 2015 Fund	68,385 shares of Asset Allocation Fund		775,485
*	Fidelity Freedom 2020 Fund	94,854 shares of Asset Allocation Fund		1,308,034
*	Fidelity Freedom 2025 Fund	8,717 shares of Asset Allocation Fund		100,414
*	Fidelity Freedom 2030 Fund	89,318 shares of Asset Allocation Fund		1,229,905
*	Fidelity Freedom 2035 Fund	8,067 shares of Asset Allocation Fund		92,532
*	Fidelity Freedom 2040 Fund	35,187 shares of Asset Allocation Fund		281,846
*	Fidelity Freedom 2045 Fund	8,501 shares of Asset Allocation Fund		80,674
*	Fidelity Freedom 2050 Fund	2,468 shares of Asset Allocation Fund		23,151
*	Fidelity Retirement Money Market Portfolio	1,380,865 shares of Money Market Fund		1,380,865
				15,416,860
	Common/collective trust:			
*	Fidelity Managed Income Portfolio	22,940 shares of Stable Value Fund (fair value of $23,128)		22,940
*	Participant loans	Interest rates from 5.04% to 9.00% and maturity dates until 2019		293,587
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See accompanying independent auditor's report.