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
EL DORADO MOTORS, INC. 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1998

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

2300 NORTH CENTRAL EXPRESSWAY
MCKINNEY, TX 75070-3746

2b Employer Identification Number (EIN)
75-2410079

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

2d Business code (see instructions)
441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2011	TERESA WATWOOD
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

2300 NORTH CENTRAL EXPRESSWAY
MCKINNEY, TX 75070-3746

3b Administrator's EIN
75-2410079

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

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	110
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**	99
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	10
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	109
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	109
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	59
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury 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
EL DORADO MOTORS, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
75-2410079

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NATIONWIDE TRUST

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-1592130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	ASSET CUSTODIAN	14870	Yes [X] No [ ]	Yes [X] No [ ]	4726	Yes [ ] No [X]

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

TRINITY PENSION GROUP, LLC

4194 MENDENHALL OAKS PWY
SUITE 180
HIGH POINT, NC 27265

20-0235252

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	THIRD PARTY ADMINISTRATOR	1866	Yes [X] No [ ]	Yes [X] No [ ]	1825	Yes [ ] No [X]

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

UBS FINANCIAL SERVICES

1000 HARBOR BLVD
8TH FLOOR
WEEHAUKEN, NJ 07087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	3514	Yes [ ] No [X]

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

TURNER, VEDRENNE & HOWARD

9330 LBJ FREEWAY, STE 1450
DALLAS, TX 75243

75-2915651

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
EL DORADO MOTORS, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
75-2410079

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	3666	3664
(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)	67520	98561
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1365800	1534674
(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	1436986	1636899
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	1436986	1636899

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)	2154	
(B) Participants	2a(1)(B)	92755	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		94909
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)	6622	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		6622
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		137578
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		239109
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	25696	
(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)		25696
f Corrective distributions (see instructions)	2f		10675
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2825	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2825
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		39196
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		199913
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
EL DORADO MOTORS, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
75-2410079

Part I Distributions

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

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

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

EIN(s): 31-1592130

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2010 AND 2009

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

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

INDEPENDENT AUDITOR'S REPORT

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

We were engaged to audit the financial statements of The El Dorado Motors, Inc. 401(k) Plan (the Plan) as of December 31, 2010 and 2009 and for the years then ended, and the supplemental schedule as of December 31, 2010, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Nationwide Financial Services, Inc. (Nationwide), except for comparing the information with the related information included in the financial statements and supplemental schedule. The plan administrator has informed us that Nationwide holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Nationwide as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by Nationwide is complete and accurate.

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

Turner, Vedrenne & Howard, P.C.

Dallas, Texas
October 11, 2011

9330 LBJ Freeway
Suite 1450
Dallas, Texas 75243

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MEMBERS
Texas Society of CPAs
American Institute of CPAs

THE EL DORADO MOTORS, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
ASSETS		
Investments:		
Mutual funds, at fair value (Notes 2, 3 and 4)	$ 1,534,674	$ 1,365,800
Notes receivable from participants (Notes 2 and 3)	98,561	67,520
Total investments	1,633,235	1,433,320
Due from participants	3,664	3,666
Total assets	1,636,899	1,436,986
LIABILITIES	--	--
Net assets available for benefits	$ 1,636,899	$ 1,436,986

See accompanying notes to financial statements.

THE EL DORADO MOTORS, INC. 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
Additions:		
Investment income:		
Net appreciation in fair value of investments (Notes 3 and 4)	$ 137,578	$ 252,350
Interest	6,622	5,330
	144,200	257,680
Participants' contributions	92,755	139,114
Employer contributions	2,154	--
Total additions	239,109	396,794
Deductions:		
Benefits paid to participants	36,371	371,769
Administrative expenses	2,825	10,774
Total deductions	39,196	382,543
Increase in net assets available for plan benefits	199,913	14,251
Net assets available for benefits:		
Beginning of period	1,436,986	1,422,735
End of period	$ 1,636,899	$ 1,436,986

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN

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

General

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

Contributions

Participants may make voluntary contributions up to the maximum as adjusted by Internal Revenue Service (IRS) regulations ($16,500 for 2010 and 2009, and $22,000 for those age 50 and over for 2010 and 2009), to provide an additional source of income for retirement. The Plan allows for pre-tax and after-tax contributions by participants. The Plan permits Employer contributions to participant accounts at amounts determined by the Employer. For the year ended December 31, 2010, the Employer made a contribution of $2,154 to offset certain Plan expenses. There were no Employer contributions for 2009.

Participant Accounts

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

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service. Any participant accrued benefits forfeited are used to offset administrative expenses of the Plan and to reduce future employer contributions. There were forfeitures of $2,312 for 2009. There were no forfeitures for 2010.

Payment of Benefits

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

1. DESCRIPTION OF THE PLAN (Continued)

Administrative Expenses
The Employer pays administrative expenses not paid by the Plan. The Plan paid administrative expenses of $2,825 and $10,774 for the years ended December 31, 2010 and 2009, respectively

Notes Receivable from Participants
Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan terms range from 1 to 5 years or up to 15 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate of interest determined at the time of the loan. Interest rates were 8.0% at December 31, 2010. Principal and interest are paid ratably through monthly payroll deductions.

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

2. SIGNIFICANT ACCOUNTING POLICIES

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

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

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

Subsequent Events
Management has reviewed subsequent events and transactions which occurred after December 31, 2010 through the date of the independent auditor's report, which is the date the financial statements were available for release. The financial statements include all events or transactions, including estimates, required to be recognized in accordance with accounting principles generally accepted in the United States of America.

3. FAIR VALUE MEASUREMENTS

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

The fair value measurement accounting literature establishes fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements
The fair value of pooled separate accounts and other investments is based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements
The guaranteed interest account with an insurance company and notes receivable from participants are not actively traded and significant other observable inputs are not available. Thus, the fair value of the guaranteed interest account is determined by discounting estimated cash flows based on current yields of similar instruments, and the fair value of notes receivable from participants is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.

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

		Fair Value Measurements Using:	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2010			
Mutual funds	$ 1,534,674	$ 1,534,674	$ --
Notes receivable from participants	98,561	--	98,561
	$ 1,633,235	$ 1,534,674	$ 98,561

3. FAIR VALUE MEASUREMENTS (Continued)

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

The following table reconciles the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the guaranteed interest account and notes receivable from participants.

	Notes Receivable from Participants
December 31, 2010	
Balance at beginning of year	$ 67,520
Total gains or losses (realized and unrealized)	--
Purchases, sales, issuances, and settlements (net)	31,041
	$ 98,561
December 31, 2009	
Balance at beginning of year	$ 67,008
Total gains or losses (realized and unrealized)	--
Purchases, sales, issuances, and settlements (net)	512
	$ 67,520

4. INVESTMENTS

The Plan's investments are held by Nationwide at December 31, 2010 and 2009. The following table presents the fair values of investments at December 31, 2010 and 2009. Investments that represent 5% or more of the Plan's net assets are separately identified. Nationwide has certified that the information summarized in the following schedules as of and for the years ended December 31, 2010 and 2009 is complete and accurate.

4. INVESTMENTS (Continued)

	2010	2009
Investments at fair value as determined by quoted market price:		
Mutual funds:		
Nationwide Money Market	$ 274,172	$ 295,720
AllianceBernstein International Value (K)	68,921	72,676
Nationwide Investor Destinations Moderately Aggressive	117,085	104,216
JP Morgan Mid Cap Value	87,161	70,240
Oppenheimer Value	142,328	125,691
Others	845,007	697,257
	$ 1,534,674	$ 1,365,800

During the year ended December 31, 2010 and 2009, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) as follows:

	2010	2009
Investments at fair value as determined by quoted market price:		
Mutual funds	$ 137,578	$ 252,350

5. PLAN TERMINATION

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

6. INCOME TAX STATUS

The Plan received a favorable determination letter from the IRS dated March 31, 2010. The determination letter stated that the trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Code; and, accordingly, the trust's net investment income is exempt from income taxes.

7. RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL SCHEDULE

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

(a)	(b) Identity of Party	(c) Description	(d) Cost	(e) Current Value
	American Century Inflation-Adjusted Bond	Mutual Fund		$ 40,547
	American Century Inflation-Protected Bond	Mutual Fund		29,752
	American Century Small Company	Mutual Fund		19,851
	American Century Growth	Mutual Fund		23,584
	AllianceBernstein International Value (K)	Mutual Fund		68,921
	AllianceBernstein International Value (A)	Mutual Fund		611
	American Funds Growth Fund of America (R3)	Mutual Fund		41,732
	American Funds Growth Fund of America (R5)	Mutual Fund		14,918
	American Funds Capital World Bond	Mutual Fund		8,407
	Aberdeen International Equity	Mutual Fund		12,114
	Baron Small Cap	Mutual Fund		3,572
	BlackRock Small Cap Growth	Mutual Fund		19
	BlackRock Large Cap Value	Mutual Fund		10,178
	BlackRock Large Cap Growth	Mutual Fund		82
	Delaware Value	Mutual Fund		8,817
	Delaware Extended Duration Bond	Mutual Fund		25,397
	MainStay Epoch Global	Mutual Fund		11,495
	Munder Mid-Cap Core Growth	Mutual Fund		2,568
	Nationwide Money Market	Mutual Fund		274,172
	Nationwide Investor Destinations Aggressive	Mutual Fund		33,255
	Nationwide Investor Destinations Moderately Aggressive	Mutual Fund		117,085
	Nationwide Investor Destinations Moderate	Mutual Fund		236
	Fidelity Advisor Freedom 2010	Mutual Fund		25,726
	Fidelity Advisor Freedom 2015	Mutual Fund		13,908
	Fidelity Advisor Freedom 2020	Mutual Fund		50,332
	Fidelity Advisor Freedom 2025	Mutual Fund		16,401
	Fidelity Advisor Freedom 2030	Mutual Fund		18,729
	Fidelity Advisor Freedom 2035	Mutual Fund		2,653
	Fidelity Advisor Freedom 2040	Mutual Fund		8,131
	Goldman Sachs Large Cap Value	Mutual Fund		9,561
	INVESCO Van Kampen Comstock	Mutual Fund		59,397
	INVESCO Van Kampen Equity Income	Mutual Fund		12,842
	JP Morgan Mid Cap Value	Mutual Fund		87,161
	JP Morgan Small Cap Value	Mutual Fund		8,072
	Jensen Fund	Mutual Fund		26,563
	Oakmark Global Fund	Mutual Fund		35,245
	Legg Mason Western Asset Inflation Indexed Bond	Mutual Fund		17,607
	MFS Value	Mutual Fund		49,802
	MFS Research Bond	Mutual Fund		21,314
	Oppenheimer Value	Mutual Fund		142,328
	Oppenheimer Small & Medium Cap Value	Mutual Fund		2,083
	Oppenheimer International Bond	Mutual Fund		5,029
	Oppenheimer International Growth	Mutual Fund		25,140
	Pioneer Equity Income	Mutual Fund		10,697

See accompanying independent auditor's report.

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

(a)	(b) Identity of Party	(c) Description	(d) Cost	(e) Current Value
	PIMCO Real Return (A)	Mutual Fund		989
	PIMCO Real Return (Institutional)	Mutual Fund		7,993
	PIMCO Total Return	Mutual Fund		11,854
	Principal Investments Large Cap Growth	Mutual Fund		2,022
	Prudential National Research	Mutual Fund		298
	Ridgeworth Small Cap Value Equity	Mutual Fund		31,827
	Thornburg International Value	Mutual Fund		58,498
	Vanguard Small Cap Value Index	Mutual Fund		16,675
	Victory Diversified Stock	Mutual Fund		3,573
	Wells Fargo Advantage Endeavor Select	Mutual Fund		4,911
	Notes receivable from participants, $98,561 principal, 8% interest rate			98,561
				$ 1,633,325

See accompanying independent auditor's report.

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

Name of Plan:

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

Employer Identification Number:► 75-2410079

For plan year (beginning/ending):► January 1, 2010 / December 31, 2010 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Nationwide Trust	Abrden Intl Eq A		12113.83
	Nationwide Trust	AllBer Intl Val A		610.95
	Nationwide Trust	AllBer Intl Val K		68921.34
	Nationwide Trust	AmCent Gr A		23583.79
	Nationwide Trust	AmCent Infl Adj Bd A		40547.36
	Nationwide Trust	AmCent Infl Prtct Bd Inst		29751.88
	Nationwide Trust	AmCent Sm Co A		19851.21
	Nationwide Trust	AmFds Cap Wld Bd R3		8407.35
	Nationwide Trust	AmFds Gr Fd Am R3		41731.72
	Nationwide Trust	AmFds Gr Fd Am R5		14918.31
	Nationwide Trust	Baron SmCap		3572.26
	Nationwide Trust	BlkRk LgCap Gr Inv A		81.86
	Nationwide Trust	BlkRk LgCap Val Inv A		10178.21
	Nationwide Trust	BlkRk SmMdCap Gr Inv A		18.65
	Nationwide Trust	DE Extnd Dur Bd A		25397.14
	Nationwide Trust	DE Val A		8817.29
	Nationwide Trust	FidAdv Free 2010 A		25726.20
	Nationwide Trust	FidAdv Free 2015 A		13908.04
	Nationwide Trust	FidAdv Free 2020 A		50331.77
	Nationwide Trust	FidAdv Free 2025 A		16401.43
	Nationwide Trust	FidAdv Free 2030 A		18728.64
	Nationwide Trust	FidAdv Free 2035 A		2653.30
	Nationwide Trust	FidAdv Free 2040 A		8131.30
	Nationwide Trust	GdmnScs LgCap Val A		9560.92
	Nationwide Trust	Invsco VK Eq Inc A		72238.93
	Nationwide Trust	Jensn Port J		26563.33
	Nationwide Trust	JPM SmCap Val A		95232.92
	Nationwide Trust	LeggMWstrAsInfIndPlsBdInst		17607.41
	Nationwide Trust	MFS Rsrch Bd A		21314.82
	Nationwide Trust	MFS Val A		49801.89
	Nationwide Trust	Mndr MdCap Cor Gr A		2568.23
	Nationwide Trust	MnSty Epoch Glbl Eq Yld A		11494.49
	Nationwide Trust	NW Inv Dest Aggr Svc		33254.51
	Nationwide Trust	NW Inv Dest Mod Aggr Svc		117085.00
	Nationwide Trust	NW Inv Dest Mod Cnsrv Svc		0.01
	Nationwide Trust	NW Inv Dest Mod Svc		236.36
	Nationwide Trust	NW Mny Mkt Inst		274171.55
	Nationwide Trust	Okmrk Glbl II		35244.68
	Nationwide Trust	Opp Intl Bd A		5029.13
	Nationwide Trust	Opp Intl Gr A		25139.59
	Nationwide Trust	Opp SmMdCap Val A		2082.79
	Nationwide Trust	Opp Val A		142327.60
	Nationwide Trust	PIMCO Real Rtn A		989.02
	Nationwide Trust	PIMCO Real Rtn Inst		7992.57
	Nationwide Trust	PIMCO Ttl Rtn Inst		11854.28
	Nationwide Trust	Pionr Eq Inc A		10697.06
	Nationwide Trust	Prncpl LgCap Gr Inst		2021.62
	Nationwide Trust	Prudntl Jnisn Natrl Rsrc A		297.75
	Nationwide Trust	RdgWrth SmCap Val Eq I		31827.37
	Nationwide Trust	Thrnbrg Intl Val I		58497.71
	Nationwide Trust	Vic Divrs Stk A		3572.73
	Nationwide Trust	Vngrd SmCap Val Indx Inv		16674.86

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

Name of Plan:

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

Employer Identification Number:► 75-2410079

For plan year (beginning/ending):► January 1, 2010 / December 31, 2010 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Nationwide Trust	WFA Endvr Sel A		4911.10
	Nationwide Trust	Loan fund		98560.80
				1633234.86