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
SILL TERHAR RETIREMENT SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/04/1968

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

PO BOX 344
150 ALTER ST
BROOMFIELD, CO 80038

2b Employer Identification Number (EIN) 84-0535589

2c Sponsor's telephone number 303-469-1801

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.	10/14/2011	JOHN A. TERHAR JR.
	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")

SILL TERHAR MOTORS, INC

PO BOX 344
150 ALTER ST
BROOMFIELD, CO 80038

3b Administrator's EIN
84-0535589

3c Administrator's telephone number
303-469-1801

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**	221
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**	118
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	90
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	208
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	208
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	167
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:

2F 2E 2G 2T 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

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

A Name of plan
SILL TERHAR RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SILL TERHAR MOTORS, INC

D Employer Identification Number (EIN)
84-0535589

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

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

(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)

ASCENSUS

11-3665754

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50 60 37 99	RECORD KEEPER	250	Yes [X] No [ ]	Yes [ ] No [X]	125	Yes [X] No [ ]

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

MERRILL LYNCH,PIERCE,FENNER & SMITH

13-5674085

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

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

(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
ASCENSUS	15 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
ASCENSUS	15 99	125

(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.
MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085	QUALITY SERVICE BONUS

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

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

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
ASCENSUS	15 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR SUB-TA REVENUE BY FUND.

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

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

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

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
MERRILL LYNCH,PIERCE,FENNER & SMITH 13-5674085	SEE THE ATTACHED FORMULA DESCRIPTION REPORT LISTING THE FORMULAS FOR 12B-1 REVENUE BY FUND.

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

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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
SILL TERHAR RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SILL TERHAR MOTORS, INC

D Employer Identification Number (EIN)
84-0535589

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)	3539	4265
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	72	691803
(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)	94803	116988
(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)	2732385	2079393
(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	2830799	2892449
	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	2830799	2892449

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)	30941	
	(B) Participants	2a(1)(B)	151890	
	(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)		182831
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	197	
	(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)	4481	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4678
	(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)	26383	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		26383
	(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)		219911
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		433803
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	345294	
(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)		345294
f Corrective distributions (see instructions)	2f		26609
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)	250	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		250
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		372153
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		61650
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) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: LOGAN, THOMAS AND JOHNSON (2) EIN: 20-1943886

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		300000
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
SILL TERHAR RETIREMENT SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SILL TERHAR MOTORS, INC

D Employer Identification Number (EIN)
84-0535589

Part I Distributions

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

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

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

EIN(s): 45-0404698

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Financial Statements and Report of Independent Certified Public Accountants

Sill TerHar Ford, Inc. 401(k) Salary Reduction Plan and Trust

December 31, 2010 and 2009

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Logan, Thomas & Johnson, LLC
Certified Public Accountants

REPORT OF INDEPENDENT
CERTIFIED PUBLIC ACCOUNTANTS

Plan Administrator
Sill TerHar Ford, Inc. 401(k)
Salary Reduction Plan and Trust

We have audited the accompanying statements of net assets available for benefits of the Sill TerHar Ford, Inc. 401(k) Salary Reduction Plan and Trust (the Plan) as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2010 and 2009, and the changes in net assets available for benefits for the year ended December 31, 2010 in conformity with accounting principles generally accepted in the United States of America.

5023 W. 120th Ave. #165, Broomfield, CO 80020

Calvin Logan
Phone 303 532 1000
Fax 303 532 1080

Jan Thomas
Phone 303 569 6030
Fax 303 569 6031

Pauline Davis
Phone 719 640-1188
Fax 719 937 4271

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of Schedule H, Line 4(i) Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2010 is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Logan, Thomas & Johnson, LLC

Broomfield, Colorado
October 14, 2011

Financial Statements

Sill TerHar Ford, Inc. 401(k) Salary Reduction Plan and Trust
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31,

	2010	2009
ASSETS		
Investments, at fair value		
Mutual funds	$ 2,079,393	$ 1,840,560
Money market	691,654	891,826
Contribution account	149	72
Total investments	2,771,196	2,732,458
Receivables		
Participants contributions	4,265	3,539
Employer contributions	11,169	30,941
Notes receivable from participants	116,987	94,803
Total receivables	132,421	129,283
Total assets	2,903,617	2,861,741
LIABILITIES		
Excess contributions payable	18,797	28,950
NET ASSETS AVAILABLE FOR BENEFITS	$ 2,884,820	$ 2,832,791

The accompanying notes are an integral part of these statements.

Sill TerHar Ford, Inc. 401(k) Salary Reduction Plan and Trust
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year ended December 31, 2010

Additions to net assets attributed to:		
Investment return		
Dividends and interest	$	34,276
Net appreciation in fair value of investments		219,675
Total investment return		253,951
Contributions		
Participants		136,518
Employer		11,169
Total contributions		147,687
Total additions		401,638
Deductions from net assets attributed to:		
Benefits paid to participants		349,609
Total deductions		349,609
Net increase in net assets		52,029
Net assets available for benefits:		
Beginning of year		2,832,791
End of year	$	2,884,820

The accompanying notes are an integral part of this statement.

NOTE A – DESCRIPTION OF PLAN

The following brief description of the Sill TerHar Ford, Inc. 401(k) Salary Reduction Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions. The Plan was amended effective August 1, 2010 to adopt final 401(k) regulations required by the Internal Revenue Service.

1. *General*

   The Plan is a defined contribution plan covering eligible employees of Sill TerHar Ford, Inc. (the Company). Eligible employees are those who have attained the age of 18 years. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

2. *Participants' Contributions*

   Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan subject to Internal Revenue Code limitations. Participants may also contribute amounts representing distributions from other defined benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

3. *Employer Contributions*

   The Company may make discretionary profit sharing contributions. The amount of the discretionary contribution is set by the employer each year. The discretionary contribution is based on a percentage of participant elective deferrals for the plan year. The percentage of the employer contribution (per participant) will vary each year and will depend upon the amount of the discretionary contribution, and the amount of elective deferrals for each participant. The Company's discretionary profit sharing contribution for 2010 was $11,169. Contributions are subject to certain limitations.

4. *Participant Accounts*

   Each participant's account is credited with the participant's contribution, an allocation of discretionary employer contributions, if any, and an allocation of gains and losses. Allocations are based on participant earnings or account balances, as defined in the Plan Agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

5. *Notes Receivable from Participants*

   Participants may borrow from their fund accounts a minimum of $500 and to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Note terms range up to five years except for the purchase of a primary residence, which may be repaid over a period exceeding five years. The notes are secured by the balance in the participant's account and must bear a reasonable rate of interest. Principal and interest are paid ratably through semi-monthly payroll deductions. The notes bear interest of prime plus 1% and the rates range from 4.25% to 7.25% as of December 31, 2010.

6. *Vesting*

   Participants are immediately vested in their voluntary contribution and any earnings thereon. Vesting for the employer discretionary contribution is based on years of continuous service. A participant is 100% vested after five years of credited services.

7. *Forfeited Accounts*

   At December 31, 2010 and 2009, forfeited non-vested accounts totaled $15,438 and $13,264, respectively. Forfeited account balances may be used for administrative expenses or toward employer discretionary contributions. No amounts were applied from forfeited account balances during the years ended December 31, 2010 and 2009.

8. *Payment of Benefits*

   On termination of service, a participant may elect to receive a lump-sum amount, rollover the benefit to an IRA, or rollover to another employer's qualified plan.

9. *Administration Expenses*

   Administrative expenses are paid directly by the Company. An outside service company performs administrative functions.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

1. *Basis of Accounting*

   The accompanying financial statements have been prepared on the accrual basis of accounting.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

2. *New Accounting Pronouncement*

In September 2010, the FASB issued ASU No. 2010-25, Plan Accounting – *Reporting Loans to Participants by Defined Contribution Plans,* which requires participant loans to be measured at their unpaid principal balance plus any accrued but unpaid interest and to be classified as notes receivable from participants. Previously, loans were measured at fair value and classified as investments. This guidance is effective for fiscal years ending after December 15, 2010 and is required to be applied retrospectively. The adoption of this guidance did not have a material effect on the Plan's net assets available for benefits or the changes in net assets available for benefits. Participant loans have been reclassified to notes receivable from participants as of December 31, 2009.

3. *Investment Valuation and Income Recognition*

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

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

4. *Use of 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 the reported amounts of assets and liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

5. *Subsequent Events*

The Plan has evaluated events and transactions occurring subsequent to the end of the fiscal year for potential recognition or disclosure through October 14, 2011, the date on which the financial statements were issued and the Plan did not identify any events or transactions that would have a material impact on the financial statements.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

6. *Payment of Benefits*

   Benefits are recorded when paid.

7. *Notes Receivable from Participants*

   Notes receivable from participants represent participant loans that are recorded at their unpaid principal plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. No allowance for credit losses has been recorded as of December 31, 2010 and 2009. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

NOTE C – FAIR VALUE MEASUREMENTS

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. A fair value hierarchy is established to prioritize the inputs used to measure fair value. This hierarchy requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs. The three levels of inputs used to measure fair value are as follows:

Level 1 – Quoted market prices in active markets for identical assets or liabilities.

Level 2 – Inputs other than quoted prices included in Level 1, such as quoted prices for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data.

Level 3 – Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of assets or liabilities.

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

Money market funds and contribution account – valued at carrying amount.

Mutual funds – valued at the net asset value of shares, as determined by quoted market prices, held by the Plan at year end.

NOTE C – FAIR VALUE MEASUREMENTS (CONTINUED)

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.

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

	Fair Value	Level 1	Level 2	Level 3
Money market funds	$ 691,654	$ 691,654	$ -	$ -
Contribution account	149	149	-	-
Mutual funds:				
Growth	589,919	589,919	-	-
Equity	802,005	802,005	-	-
Bond	478,361	478,361	-	-
Other	209,108	209,108	-	-
Total investments	$ 2,771,196	$ 2,771,196	$ -	$ -

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

	Fair Value	Level 1	Level 2	Level 3
Money market funds	$ 891,826	$ 891,826	$ -	$ -
Contribution account	72	72	-	-
Mutual funds:				
Growth	262,136	262,136	-	-
Equity	369,127	369,127	-	-
Bond	386,460	386,460	-	-
GIC/BIC	92,241	92,241	-	-
Other	730,596	730,596	-	-
Total investments	$ 2,732,458	$ 2,732,458	$ -	$ -

NOTE D – INVESTMENTS

The net appreciation for the year of the Plan's mutual fund investments is reflected in the Statement of Changes in Net Assets Available for Benefits. Investments are all participant directed.

The fair value of individual investments that represent 5% or more of the Plan's net assets as of December 31, 2010 and 2009 are as follows:

	2010	2009
Ready Assets Prime Money Fund	$ 661,082	$ -
GM Thornburg Limited Term US Govt Portfolio	225,809	-
GM Thornburg International Value Fund	186,377	-
GM PIMCO Total Return Fund	240,360	-
Goldman Sachs Institutional Liquid Assets Portfolio	-	891,826
Goldman Sachs Growth & Income Fund A	-	366,931
Goldman Sachs Structured U.S. Equity Fund	-	181,174
Goldman Sachs Government Income Fund A	-	174,861
Goldman Sachs High Yield Fund A	-	211,599
Oppenheimer Small- & Mid-Cap Value Fund N	-	377,342
Thornburg International Value Fund CI R1	-	168,453

NOTE E – PLAN TERMINATION

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

NOTE F – TAX STATUS

The trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Internal Revenue Code, and accordingly, the trust's net investment income is exempt from income taxes. The Plan has adopted a standardized prototype plan, which has obtained a determination letter from the Internal Revenue Service. The Plan has not received its own determination letter. However, the Plan administrator and tax counsel believe the Plan was qualified and tax-exempt as of the financial statement date and being operated in compliance with the applicable requirements of the Internal Revenue Code.

NOTE F – TAX STATUS (CONTINUED)

The Plan recognizes tax liabilities when, despite the Plan's belief that its tax return positions are supportable, the Plan believes that certain positions may not be fully sustained upon review by tax authorities. Benefits from tax positions are measured at the largest amount of benefit that is greater than fifty percent likely of being realized upon settlement. The Plan has concluded there is no tax liability or benefit required to be recorded as of December 31, 2010 and 2009.

NOTE G – RISKS AND UNCERTAINTIES

The Plan provides for various investment options in registered investment companies. Investment securities, in general, are exposed to various risks such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is 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 amounts presented in the Statements of Net Assets Available for Benefits and the Statement of Changes in Net Assets Available for Benefits.

NOTE H – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of various items per the financial statements to the Form 5500 as of December 31, 2010:

Loans receivable from participants – financial statements	$ 116,987
Rounding	1
Investments – participant loans – Form 5500	$ 116,988
Contributions receivable - employer – financial statements	$ 11,169
Contributions receivable from employer for 2010	(11,169)
Contributions receivable - employer – Form 5500	$ -
Excess contributions payable – financial statements	$ 18,797
Excess contributions payable	(18,797)
Total liabilities – Form 5500	$ -
Net assets available for benefits – financial statements	$ 2,884,820
Employer contributions receivable	(11,169)
Excess contributions payable	18,797
Rounding	1
Net assets available for benefits – Form 5500	$ 2,892,449

NOTE H – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (CONTINUED)

Employer contributions – financial statements	$ 11,169
Employer contributions for 2010	(11,169)
Employer contributions for 2009	30,941
Employer contributions – Form 5500	$ 30,941
Participant contributions – financial statements	$ 136,518
2010 excess contributions	15,372
Participant contributions – Form 5500	$ 151,890
Investment income – financial statements	$ 253,951
2010 interest on excess contributions payable	1,084
Loans distributed	(3,940)
Distribution fees	(125)
Rounding	2
Investment income – Form 5500	$ 250,972
Benefits paid to participants – financial statements	$ 349,609
Loans distributed	(3,940)
Distribution fees	(125)
Fees on benefit distributions	(250)
Benefits paid to participants – Form 5500	$ 345,294
Corrective distributions – financial statements	$ -
Corrective distributions for 2009 excess contributions	26,609
Corrective distributions – Form 5500	$ 26,609
Administrative expenses – financial statements	$ -
Fees on benefit distributions	250
Administrative expenses – Form 5500	$ 250

Supplementary Information

Sill TerHar Ford, Inc. 401(k) Salary Reduction Plan and Trust
SCHEDULE H - LINE 4(I) SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
AT END OF YEAR
December 31, 2010

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment	(e) Current value
	Ready Assets Prime Money Fund	Money Market	$ 661,082
	Thornburg Limited Term US Govt Portfolio	Mutual Fund	10,179
	Lord Abbett High Yield Fund	Mutual Fund	38,817
	Oppenheimer International Bond Fund	Mutual Fund	48,677
	Mainstay Large Cap Growth Fund	Mutual Fund	18,765
	Janus Forty Fund	Mutual Fund	33,271
	BlackRock S&P 500 Index Fund	Mutual Fund	433
	BlackRock Equity Dividend Fund	Mutual Fund	105,707
	Eaton Vance Large Cap Value Fund	Mutual Fund	35,663
	Goldman Sachs Growth Opportunities Fund	Mutual Fund	70,013
	Janus Perkins Mid Cap Value Fund	Mutual Fund	113,428
	Ivy Small Cap Growth Fund	Mutual Fund	26,598
	Goldman Sachs Small Cap Value Fund	Mutual Fund	9,559
	Thornburg International Value Fund	Mutual Fund	37,644
	BlackRock Global Allocation Fund	Mutual Fund	99,856
	Oppenheimer Developing Markets Fund	Mutual Fund	88,357
	Prudential Global Real Estate Fund	Mutual Fund	1,555
	PIMCO Total Return Fund	Mutual Fund	92,477
	GM Ready Assets Prime Money Fund	Money Market	30,572
	GM Oppenheimer International Bond Fund	Mutual Fund	58,030
	GM Thornburg Limited Term US Govt Portfolio	Mutual Fund	225,809
	GM Thornburg International Value Fund	Mutual Fund	186,377
	GM Goldman Sachs Growth Opportunities Fund	Mutual Fund	60,894
	GM BlackRock Equity Dividend Fund	Mutual Fund	84,612
	GM Oppenheimer Developing Markets Fund	Mutual Fund	18,907
	GM Goldman Sachs Small Cap Value Fund	Mutual Fund	47,336
	GM Eaton Vance Large Cap Value Fund	Mutual Fund	84,613
	GM Janus Advisor Forty Fund	Mutual Fund	63,762
	GM Janus Adviser Perkins Mid Cap Value Fund	Mutual Fund	85,099
	GM Ivy Small Cap Growth Fund	Mutual Fund	26,845
	GM Mainstay Large Cap Growth Fund	Mutual Fund	64,843
	GM PIMCO Total Return Fund	Mutual Fund	240,360
	Prudential Jennison 20/20 Focus	Mutual Fund	907
	Frontier Trust Company	Contribution Account	149
			2,771,196
**	Participants	Notes receivable*	116,987
			$ 2,888,183

* Notes receivable from participants bear interest from 4.25% to 7.25% and mature at various times through 2015.

** Denotes a party-in-interest

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

Plan Name: SILL-TERHAR MOTORS RETIREMENT SAVINGS PLAN

Plan Number: 211171

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
MRDVX	BlackRock Equity Dividend Fund R	12 dollars per fund position
ODVNX	Oppenheimer Developing Markets Fd N	12 dollars per fund position
LHYQX	Lord Abbett High Yield R2	12 dollars per fund position
WSGRX	Ivy Small Cap Growth Fund R	12 dollars per fund position
TGVRX	Thornburg International Value Fund Cl R3	12 dollars per fund position
PURRX	Prudential Global Real Est Fd R	12 dollars per fund position
PTRRX	PIMCO Total Return Fund R	12 dollars per fund position
GMERSTX	GM Eaton Vance Large Cap Value Fund R	12 dollars per fund position
MRLOX	BlackRock Global Allocation Fund R	12 dollars per fund position
GMGGOSX	GM Goldman Sachs Growth Opportunities	12 dollars per fund position
MLGRX	Mainstay Large Cap Growth R3	12 dollars per fund position
LTURX	Thornburg Limited Term US Govt R3	12 dollars per fund position
JTWRX	Prudential Jennison 20/20 Focus R	12 dollars per fund position
JDPRX	Janus Perkins Mid Cap Value Fd R	12 dollars per fund position
JDCRX	Janus Forty Fund R	12 dollars per fund position
ERSTX	Eaton Vance Large Cap Value Fund R	12 dollars per fund position
OIBNX	Oppenheimer International Bond Fund N	12 dollars per fund position
GMODVNX	GM Oppenheimer Developing Mkts Fd N	12 dollars per fund position
MDSRX	BlackRock S & P 500 Index Fund	N/A
MRAXX	Ready Assets(7dayYield:0.00%)	6 dollars per fund position
GMMRAXX	GM Ready Assets Prime Money Fund	6 dollars per fund position
GSSSX	Goldman Sachs Small Cap Value Fund Svc	12 dollars per fund position
GMWSGRX	GM Ivy Small Cap Growth Fund R	12 dollars per fund position

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

Plan Name: SILL-TERHAR MOTORS RETIREMENT SAVINGS PLAN

Plan Number: 211171

Broker Dealer: Merrill Lynch

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus
GMTGVRX	GM Thornburg International Value Fund R3	12 dollars per fund position
GGOSX	Goldman Sachs Growth Opportunities Fund	12 dollars per fund position
GMOIBNX	GM Oppenheimer International Bond Fund	12 dollars per fund position
PRI MONEY	Prior Money	N/A
GMMRDVX	GM BlackRock Equity Dividend Fund R	12 dollars per fund position
GMMLGRX	GM Mainstay Large Cap Growth R3	12 dollars per fund position
GMLTURX	GM Thornburg Limited Term US Govt R3	12 dollars per fund position
GMJDPRX	GM Janus Adviser Perkins Mid Cap Val R	12 dollars per fund position
GMJDCRX	GM Janus Advisor Forty Fund R	12 dollars per fund position
GMGSSSX	GM Goldman Sachs Small Cap Value Fund Sv	12 dollars per fund position
GMPTRRX	GM PIMCO Total Return Fund R	12 dollars per fund position

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

Plan Name: SILL-TERHAR RETIREMENT SAVINGS PLAN

Plan Number: 134864

Broker Dealer: MERRILL LYNCH

Ticker Symbol	Investment Name	Formula used to determine Sub-TA Compensation paid to Ascensus	Formula used to determine 12b-1 Compensation to Broker Dealer
GSHAX	Goldman Sachs High Yield Fund A	25 basis points	25 basis points
GAPAX	Goldman Sachs Equity Gwth Strategy Prt A	25 basis points	25 basis points
GGSAX	Goldman Sachs Growth Strategy Port A	25 basis points	25 basis points
GIPAX	Goldman Sachs Balanced Strategy A	25 basis points	25 basis points
GOIAX	Goldman Sachs Grwth & Inc Strategy Port	25 basis points	25 basis points
GSCGX	Goldman Sachs Capital Growth A	25 basis points	25 basis points
GSFAX	Goldman Sachs Core Plus Fixed Income A	25 basis points	25 basis points
EMAAX	Enterprise Mergers & Acquisitions A	N/A	45 basis points
GSGRX	Goldman Sachs Growth & Income Fund A	25 basis points	25 basis points
TGVRX	Thornburg International Value Fund Cl R3	25 basis points	100 basis points
GSSQX	Goldman Sachs Structured U.S. Equity A	25 basis points	25 basis points
IARAX	AIM Advisor Real Estate Fund A	25 basis points	25 basis points
IPSXX	Goldman Sachs Instl Liq Assets Port. S	25 basis points	N/A
MDLOX	BlackRock Global Allocation Fund Inc.	25 basis points	25 basis points
QSCNX	Oppenheimer Sm- & Mid- Cap Val Fd N	N/A	50 basis points
SSVSX	Victory Special Value A	25 basis points	25 basis points
GSGOX	Goldman Sachs Government Income A	25 basis points	25 basis points

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

Plan Name Sill Terhar Retirement Savings Plan **EIN:** 84-0535589
Plan Sponsor's Name Sill Terhar Motors, Inc **PN:** 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Merrill Lynch	Ready Assets(7dayYield:0.00%)	0	661,082
	Thornburg	Thornburg Limited Term US Govt R3	0	10,179
	Lord Abbett	Lord Abbett High Yield R2	0	38,817
	Oppenheimer	Oppenheimer International Bond Fund N	0	48,677
	Mainstay	Mainstay Large Cap Growth R3	0	18,765
	Janus	Janus Forty Fund R	0	33,271
	Prudential	Prudential Jennison 20/20 Focus R	0	907

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

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BlackRock	BlackRock S & P 500 Index Fund	0	433
	BlackRock	BlackRock Equity Dividend Fund R	0	105,707
	Eaton Vance	Eaton Vance Large Cap Value Fund R	0	35,663
	Goldman Sachs	Goldman Sachs Growth Opportunities Fund	0	70,013
	Janus	Janus Perkins Mid Cap Value Fd R	0	113,428
	Ivy	Ivy Small Cap Growth Fund R	0	26,598
	Goldman Sachs	Goldman Sachs Small Cap Value Fund Svc	0	9,559

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

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Thornburg	Thornburg International Value Fund Cl R3	0	37,644
	BlackRock	BlackRock Global Allocation Fund R	0	99,856
	Oppenheimer	Oppenheimer Developing Markets Fd N	0	88,357
	Prudential	Prudential Global Real Est Fd R	0	1,555
	PIMCO	PIMCO Total Return Fund R	0	92,477
	Merrill Lynch	GM Ready Assets Prime Money Fund	0	30,572
	Oppenheimer	GM Oppenheimer International Bond Fund	0	58,030

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

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Thornburg	GM Thornburg Limited Term US Govt R3	0	225,809
	Thornburg	GM Thornburg International Value Fund R3	0	186,377
	Goldman Sachs	GM Goldman Sachs Growth Opportunities	0	60,894
	BlackRock	GM BlackRock Equity Dividend Fund R	0	84,612
	Oppenheimer	GM Oppenheimer Developing Mkts Fd N	0	18,907
	Goldman Sachs	GM Goldman Sachs Small Cap Value Fund Sv	0	47,336
	Eaton Vance	GM Eaton Vance Large Cap Value Fund R	0	84,613

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

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

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	Janus	GM Janus Advisor Forty Fund R	0	63,762
	Janus	GM Janus Adviser Perkins Mid Cap Val R	0	85,099
	Ivy	GM Ivy Small Cap Growth Fund R	0	26,845
	Mainstay	GM Mainstay Large Cap Growth R3	0	64,843
	PIMCO	GM PIMCO Total Return Fund R	0	240,360
	Participants Loan Account	Various Rates and Maturities	0	116,988
	Frontier Trust Company	Contribution Account	0	149