

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt;"><b>2010</b></div> |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            |
|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           | <b>This Form is Open to Public Inspection</b>                                                              |

|                                                                                                          |                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                      |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                                                                                                                                                                                                      |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                                    |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                             |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                            |

|                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                       |                                                |                   |                                      |                     |                                            |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------|--------------------------------------|---------------------|--------------------------------------------|---------------|
| <b>Part II</b>                                                                                                                                                                                                                                        | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                        |                                                |                   |                                      |                     |                                            |               |
| <b>1a</b> Name of plan<br><u>FT. LAUDERDALE HARLEY DAVIDSON, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</u>                                                                                                                                          | <table border="1"> <tr> <td><b>1b</b> Three-digit plan number (PN) ►</td> <td><u>001</u></td> </tr> <tr> <td><b>1c</b> Effective date of plan</td> <td><u>10/01/2003</u></td> </tr> </table>                                                                                                          | <b>1b</b> Three-digit plan number (PN) ►       | <u>001</u>        | <b>1c</b> Effective date of plan     | <u>10/01/2003</u>   |                                            |               |
| <b>1b</b> Three-digit plan number (PN) ►                                                                                                                                                                                                              | <u>001</u>                                                                                                                                                                                                                                                                                            |                                                |                   |                                      |                     |                                            |               |
| <b>1c</b> Effective date of plan                                                                                                                                                                                                                      | <u>10/01/2003</u>                                                                                                                                                                                                                                                                                     |                                                |                   |                                      |                     |                                            |               |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><u>FT. LAUDERDALE HARLEY DAVIDSON, INC.</u><br><br><u>2871 N. FEDERAL HWY</u><br><u>FT. LAUDERDALE, FL 33306</u> | <table border="1"> <tr> <td><b>2b</b> Employer Identification Number (EIN)</td> <td><u>65-0845560</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number</td> <td><u>954-491-3334</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)</td> <td><u>441221</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN) | <u>65-0845560</u> | <b>2c</b> Sponsor's telephone number | <u>954-491-3334</u> | <b>2d</b> Business code (see instructions) | <u>441221</u> |
| <b>2b</b> Employer Identification Number (EIN)                                                                                                                                                                                                        | <u>65-0845560</u>                                                                                                                                                                                                                                                                                     |                                                |                   |                                      |                     |                                            |               |
| <b>2c</b> Sponsor's telephone number                                                                                                                                                                                                                  | <u>954-491-3334</u>                                                                                                                                                                                                                                                                                   |                                                |                   |                                      |                     |                                            |               |
| <b>2d</b> Business code (see instructions)                                                                                                                                                                                                            | <u>441221</u>                                                                                                                                                                                                                                                                                         |                                                |                   |                                      |                     |                                            |               |

**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.

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>10/17/2011</u> | <u>SANDRA ROSSMEYER</u>                                      |
|                  | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |

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

Form 5500 (2010)  
v.092307.1

|                                                                                                                                                                                        |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>FT. LAUDERDALE HARLEY DAVIDSON, INC.<br><br>2871 N. FEDERAL HWY<br>FT. LAUDERDALE, FL 33306 | <b>3b</b> Administrator's EIN<br>65-0845560<br><br><b>3c</b> Administrator's telephone number<br>954-491-3334 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                               | <b>5</b>                          | 129 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                |                                   |     |
| <b>a</b> Active participants.....                                                                                                                                                                                     | <b>6a</b>                         | 53  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                    | <b>6b</b>                         | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                     | <b>6c</b>                         | 37  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                              | <b>6d</b>                         | 90  |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                             | <b>6e</b>                         | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                               | <b>6f</b>                         | 90  |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                        | <b>6g</b>                         | 62  |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                            | <b>6h</b>                         | 12  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                  | <b>7</b>                          |     |

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

|                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                                                                                                                                                                                   | <b>9b</b> Plan benefit arrangement (check all that apply)                                                                                                                                                                                   |
| (1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | (1) <input checked="" type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                        |                                                             |     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2011             |                                                             |     |
| <b>A</b> Name of plan<br>FT. LAUDERDALE HARLEY DAVIDSON, INC. 401(K) PROFIT SHARING PLAN & TRUST       | <b>B</b> Three-digit plan number (PN) ▶                     | 001 |
|                                                                                                        |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>FT. LAUDERDALE HARLEY DAVIDSON, INC. | <b>D</b> Employer Identification Number (EIN)<br>65-0845560 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**1** Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY USA

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 01-0233346 | 65838         | 67978                                 | 64                                                                          | 01/01/2010              | 12/31/2010 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

|                                      |                               |
|--------------------------------------|-------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
| 4562                                 | 2041                          |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LINCOLN FINANCIAL ADVISORS CORP  
1300 S. CLINTON STREET, STE 500  
FT. WAYNE, IN 46802-2248

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
| 4562                                          |                                 |             | 3                     |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MIDSOUTH CONSULTING GROUP  
7102 COMMERCE WAY, STE 101  
BRENTWOOD, TN 37027

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |                                 | (e) Organization code |
|-----------------------------------------------|---------------------------------|---------------------------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose                     |                       |
|                                               | 2041                            | TPA FEES, COMPENSATION & RO PMT | 5                     |

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Schedule A (Form 5500) 2010  
v.092308.1

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |        |
|--------------------------------------------------------------------------------------------------------|----------|--------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> | 82897  |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 820616 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☒ guaranteed investment (4) ☐ other ▶

|                                                                                             |              |       |
|---------------------------------------------------------------------------------------------|--------------|-------|
| <b>b</b> Balance at the end of the previous year .....                                      | <b>7b</b>    | 74609 |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                       | <b>7c(1)</b> | 7212  |
| (2) Dividends and credits .....                                                             | <b>7c(2)</b> | 0     |
| (3) Interest credited during the year .....                                                 | <b>7c(3)</b> | 1076  |
| (4) Transferred from separate account .....                                                 | <b>7c(4)</b> | 0     |
| (5) Other (specify below) .....                                                             | <b>7c(5)</b> | 0     |
| ▶                                                                                           |              |       |
| (6) Total additions .....                                                                   | <b>7c(6)</b> | 8288  |
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ) .....               | <b>7d</b>    | 82897 |
| <b>e</b> Deductions:                                                                        |              |       |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....             | <b>7e(1)</b> | 0     |
| (2) Administration charge made by carrier .....                                             | <b>7e(2)</b> | 0     |
| (3) Transferred to separate account .....                                                   | <b>7e(3)</b> | 0     |
| (4) Other (specify below) .....                                                             | <b>7e(4)</b> | 0     |
| ▶                                                                                           |              |       |
| (5) Total deductions .....                                                                  | <b>7e(5)</b> | 0     |
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b>    | 82897 |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☒ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <div>SCHEDULE D<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration</div> | <div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>     |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                        |                                                                                                                                                                                                                                   |                                                                                                     |
| A Name of plan<br>FT. LAUDERDALE HARLEY DAVIDSON, INC. 401(K) PROFIT SHARING PLAN & TRUST                                                                                         |                                                                                                                                                                                                                                   | B Three-digit plan number (PN) ► 001                                                                |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>FT. LAUDERDALE HARLEY DAVIDSON, INC.                                                                             |                                                                                                                                                                                                                                   | D Employer Identification Number (EIN)<br>65-0845560                                                |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)  |                                                                                                                                                                                                                                   |                                                                                                     |
| a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                     |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO USA                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                     |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2946   |
| a Name of MTIA, CCT, PSA, or 103-12 IE: DAVIS NEW YORK VENTURE                                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                     |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO USA                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                     |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8572   |
| a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTERNATIONAL VALUE                                                                                                                   |                                                                                                                                                                                                                                   |                                                                                                     |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO USA                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                     |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1660   |
| a Name of MTIA, CCT, PSA, or 103-12 IE: INTL EQUITY INDEX FUND                                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                     |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO USA                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                     |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 899    |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE                                                                                                                      |                                                                                                                                                                                                                                   |                                                                                                     |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO USA                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                     |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 36584  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED                                                                                                                        |                                                                                                                                                                                                                                   |                                                                                                     |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO USA                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                     |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 461604 |
| a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE                                                                                                                    |                                                                                                                                                                                                                                   |                                                                                                     |
| b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO USA                                                                                                           |                                                                                                                                                                                                                                   |                                                                                                     |
| c EIN-PN 01-0233346-000                                                                                                                                                           | d Entity code P                                                                                                                                                                                                                   | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1084   |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                   |                                                                                                                                                                                                                                   |                                                                                                     |
| Schedule D (Form 5500) 2010 v.092308.1                                                                                                                                            |                                                                                                                                                                                                                                   |                                                                                                     |

|                                                                                                                  |                      |                                     |                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">LIFESTYLE GROWTH</span>                |                      |                                     |                                                                                                                                                            |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK LIFE INS CO USA</span> |                      |                                     |                                                                                                                                                            |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                 | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">164617</span> |

|                                                                                                                  |                      |                                     |                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">LIFESTYLE MODERATE</span>              |                      |                                     |                                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK LIFE INS CO USA</span> |                      |                                     |                                                                                                                                                          |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                 | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">8501</span> |

|                                                                                                                  |                      |                                     |                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MID CAP INDEX FUND</span>              |                      |                                     |                                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK LIFE INS CO USA</span> |                      |                                     |                                                                                                                                                          |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                 | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">8189</span> |

|                                                                                                                  |                      |                                     |                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MID VALUE FUND</span>                  |                      |                                     |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK LIFE INS CO USA</span> |                      |                                     |                                                                                                                                                         |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                 | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">238</span> |

|                                                                                                                  |                      |                                     |                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">MONEY MARKET FUND</span>               |                      |                                     |                                                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK LIFE INS CO USA</span> |                      |                                     |                                                                                                                                                           |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                 | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">60512</span> |

|                                                                                                                  |                      |                                     |                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">OPPENHEIMER GLOBAL</span>              |                      |                                     |                                                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK LIFE INS CO USA</span> |                      |                                     |                                                                                                                                                           |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                 | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">17370</span> |

|                                                                                                                  |                      |                                     |                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">PIMCO REAL RETURN</span>               |                      |                                     |                                                                                                                                                           |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK LIFE INS CO USA</span> |                      |                                     |                                                                                                                                                           |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                 | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">12574</span> |

|                                                                                                                  |                      |                                     |                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SMALL CAP GROWTH INDEX</span>          |                      |                                     |                                                                                                                                                         |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK LIFE INS CO USA</span> |                      |                                     |                                                                                                                                                         |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                 | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">805</span> |

|                                                                                                                  |                      |                                     |                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SMALL CAP INDEX FUND</span>            |                      |                                     |                                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK LIFE INS CO USA</span> |                      |                                     |                                                                                                                                                          |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                 | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">1079</span> |

|                                                                                                                  |                      |                                     |                                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">SMALL CAP VALUE INDEX</span>           |                      |                                     |                                                                                                                                                          |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">JOHN HANCOCK LIFE INS CO USA</span> |                      |                                     |                                                                                                                                                          |
| <b>c</b> EIN-PN <span style="color: blue;">01-0233346-000</span>                                                 | <b>d</b> Entity code | <span style="color: blue;">P</span> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right; color: blue;">1068</span> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO USA

|                                |                        |                                                                                                     |      |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 7910 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: THE GROWTH FUND OF AMERICA**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO USA

|                                |                        |                                                                                                     |      |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 8235 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO USA

|                                |                        |                                                                                                     |       |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|-------|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 15615 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|-------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INS CO USA

|                                |                        |                                                                                                     |     |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|-----|
| <b>c</b> EIN-PN 01-0233346-000 | <b>d</b> Entity code P | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) | 555 |
|--------------------------------|------------------------|-----------------------------------------------------------------------------------------------------|-----|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2010</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

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

|                                                                                                              |                                                                        |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>FT. LAUDERDALE HARLEY DAVIDSON, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</u>  | <b>B</b> Three-digit plan number (PN) <b>►</b> <u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>FT. LAUDERDALE HARLEY DAVIDSON, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><br><u>65-0845560</u> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | <u>7413</u>           | <u>20748</u>    |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | <u>0</u>              | <u>254</u>      |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    | <u>0</u>              | <u>577</u>      |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    | <u>29370</u>          | <u>19657</u>    |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | <u>869382</u>         | <u>820616</u>   |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   | <u>74609</u>          | <u>82897</u>    |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 980774                | 944749          |

**Liabilities**

|                                                                           |           |  |  |
|---------------------------------------------------------------------------|-----------|--|--|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |  |  |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |  |  |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |  |  |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |  |  |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> |  |  |

**Net Assets**

|                                                           |           |        |        |
|-----------------------------------------------------------|-----------|--------|--------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 980774 | 944749 |
|-----------------------------------------------------------|-----------|--------|--------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 34325      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 68824      |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 13692      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 116841    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 1061       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 1076       |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            | 2137      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            |           |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            |           |

|                                                                                                   |          | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|----------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | 2b(5)(A) |            |           |
| (B) Other .....                                                                                   | 2b(5)(B) |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines 2b(5)(A) and (B).....                   | 2b(5)(C) |            |           |
| (6) Net investment gain (loss) from common/collective trusts .....                                | 2b(6)    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | 2b(7)    |            | 91756     |
| (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<br>companies (e.g., mutual funds)..... | 2b(10)   |            |           |
| <b>c</b> Other income.....                                                                        | 2c       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | 2d       |            | 210734    |

**Expenses**

|                                                                                            |       |        |        |
|--------------------------------------------------------------------------------------------|-------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | 2e(1) | 221043 |        |
| (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) |        | 221043 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f    |        | 16308  |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g    |        | 7724   |
| <b>h</b> Interest expense.....                                                             | 2h    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | 2i(1) | 1570   |        |
| (2) Contract administrator fees .....                                                      | 2i(2) |        |        |
| (3) Investment advisory and management fees .....                                          | 2i(3) |        |        |
| (4) Other .....                                                                            | 2i(4) | 114    |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                        | 2i(5) |        | 1684   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |        | 246759 |

**Net Income and Reconciliation**

|                                                                |       |  |        |
|----------------------------------------------------------------|-------|--|--------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -36025 |
| <b>l</b> 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) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: CROWE HORWATH LLP

(2) EIN: 35-0921680

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> 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.).....                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 220422 |
| <b>b</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.)..... | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>c</b> 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.) .....                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>d</b> 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.).....                                                                                                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>g</b> 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? .....                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>h</b> 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? .....                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |        |
| <b>j</b> 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.).....                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |        |
| <b>n</b> 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. ....                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            |        |

- 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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

|                                                                                                              |                                         |            |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>     |                                         |            |
| <b>A</b> Name of plan<br><u>FT. LAUDERDALE HARLEY DAVIDSON, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</u>  | <b>B</b> Three-digit plan number (PN) ▶ | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>FT. LAUDERDALE HARLEY DAVIDSON, INC.</u> |                                         |            |
| <b>D</b> Employer Identification Number (EIN)<br><u>65-0845560</u>                                           |                                         |            |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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..... 

|          |  |
|----------|--|
| <b>1</b> |  |
|----------|--|

**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): 01-0233346

**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..... 

|          |  |
|----------|--|
| <b>3</b> |  |
|----------|--|

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6**

|                                                                                                                                                 |           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>a</b> Enter the minimum required contribution for this plan year .....                                                                       | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                      | <b>6b</b> |  |
| <b>c</b> 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)..... | <b>6c</b> |  |

**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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

**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

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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**

|                                                                                                                                                                                              |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**FT. LAUDERDALE HARLEY DAVIDSON, INC.**  
**401(K) PROFIT SHARING PLAN & TRUST**  
Ft. Lauderdale, Florida

**FINANCIAL STATEMENTS**  
December 31, 2010 and 2009

FT. LAUDERDALE HARLEY DAVIDSON, INC. 401(K) PROFIT SHARING PLAN & TRUST  
Ft. Lauderdale, Florida

FINANCIAL STATEMENTS  
December 31, 2010 and 2009

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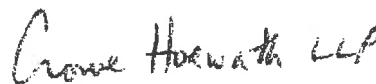
## REPORT OF INDEPENDENT AUDITORS

Plan Administrator  
Ft. Lauderdale Harley Davidson, Inc. 401(k)  
Profit Sharing Plan & Trust  
Ft. Lauderdale, Florida

We were engaged to audit the financial statements and supplemental schedules of Ft. Lauderdale Harley Davidson, Inc. 401(k) Profit Sharing Plan & Trust (Plan) as of December 31, 2010 and for the year then ended, as listed in the accompanying contents page. These financial statements and supplemental schedules are the responsibility of the Plan's management. The statement of net assets available for benefits of Ft. Lauderdale Harley Davidson, Inc. 401(k) Profit Sharing Plan & Trust as of December 31, 2009 was reported on by other auditors whose report dated May 5, 2011, disclaimed an opinion for the same reasons described in the following paragraph.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by John Hancock Life Insurance Company, the custodian of the Plan, except for comparing such information with the related information included in the 2010 financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2010 and for the year then ended that the information provided to the plan administrator by the custodian 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 2010 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2010 financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.



Crowe Horwath LLP

Columbus, Ohio  
October 17, 2011

FT. LAUDERDALE HARLEY DAVIDSON, INC. 401(K) PROFIT SHARING PLAN & TRUST  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
December 31, 2010 and 2009

---

|                                              | <u>2010</u>                  | <u>2009</u>                  |
|----------------------------------------------|------------------------------|------------------------------|
| <b>ASSETS</b>                                |                              |                              |
| Investments, at fair value (Note 3)          | \$ 903,513                   | \$ 943,991                   |
| Cash                                         | 20,748                       | 7,413                        |
| Receivables                                  |                              |                              |
| Participant contributions                    | 577                          | -                            |
| Employer contribution                        | 254                          | -                            |
| Notes receivable from participants           | <u>19,658</u>                | <u>23,414</u>                |
|                                              | 20,489                       | 23,414                       |
| <br>Total assets                             | <br><u>944,750</u>           | <br><u>974,818</u>           |
| <br><b>LIABILITIES</b>                       |                              |                              |
| Excess contributions payable                 | <u>-</u>                     | <u>13,671</u>                |
| <br><b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <br><u><u>\$ 944,750</u></u> | <br><u><u>\$ 961,147</u></u> |

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See accompanying notes to financial statements.

FT. LAUDERDALE HARLEY DAVIDSON, INC. 401(K) PROFIT SHARING PLAN & TRUST  
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
Year ended December 31, 2010

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|                                                               |                           |
|---------------------------------------------------------------|---------------------------|
| Investment income:                                            |                           |
| Interest income                                               | \$ 1,076                  |
| Net appreciation in fair value of investments (Note 3)        | <u>91,756</u>             |
|                                                               | 92,832                    |
| <br>Interest income on notes receivable from participants     | <br>1,061                 |
| <br>Contributions                                             |                           |
| Employer                                                      | 34,326                    |
| Participants'                                                 | 68,824                    |
| Rollover                                                      | <u>3,124</u>              |
|                                                               | 106,274                   |
| <br>Total additions                                           | <br>200,167               |
| <br>Benefits paid to participants                             | <br>215,030               |
| <br>Administrative expenses                                   | <br><u>1,534</u>          |
| <br>Net decrease                                              | <br>(16,397)              |
| <br>Net assets available for benefits<br>at beginning of year | <br><br><u>961,147</u>    |
| <br>Net assets available for benefits<br>at end of year       | <br><br><u>\$ 944,750</u> |

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See accompanying notes to financial statements.

## NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Ft. Lauderdale Harley Davidson, Inc. 401(k) Profit Sharing Plan & Trust (Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General: The Plan is a defined contribution plan covering all employees of Ft. Lauderdale Harley Davidson who have reached age 21, completed six months of service and a minimum of 1,000 service hours. Employees become eligible to receive employer contributions on the next plan entry date, either January 1<sup>st</sup> or July 1<sup>st</sup>, after completing six months of service with a minimum of 1,000 service hours. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Participants may elect to contribute up to the amount allowable by law. The Company matches the participant deferrals equal to a discretionary percentage of the salary deferrals, which is determined each year. Participants must have six months of service to receive the employer match. Additional discretionary profit sharing amounts may be contributed at the option of the Company. No discretionary profit sharing amounts were contributed in 2010.

Investment Options: Upon enrollment in the Plan, a participant may direct contributions to any of several investment options on a daily basis.

Retirement, Death and Disability: A participant is entitled to 100% of his or her account balance upon retirement, death or disability.

Payment of Benefits: Upon termination of service, participants may elect to receive a lump-sum distribution equal to the value of his or her vested interest in their account.

Participant Accounts: Each participant's account is credited with the participant's contribution and an allocation of (a) the Company's contributions, (b) Plan earnings, and is charged with his or her withdrawals and an allocation of administration expenses. 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 participants' vested account.

Forfeitures: Forfeitures of employer matching contributions are used to offset future employer matching contributions or administrative expenses of the Plan. No forfeitures were used during 2010. Forfeitures available as of December 31, 2010 were \$20,748.

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(Continued)

**NOTE 1 - DESCRIPTION OF PLAN (Continued)**

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 as listed below:

| <u>Years of Service</u> | <u>Percentage Vested<br/>and Nonforfeitable</u> |
|-------------------------|-------------------------------------------------|
| Less than 1 year        | 0%                                              |
| 1 year                  | 10%                                             |
| 2 years                 | 20%                                             |
| 3 years                 | 40%                                             |
| 4 years                 | 60%                                             |
| 5 years                 | 80%                                             |
| 6 years                 | 100%                                            |

Notes Receivable from Participants: Participants may borrow from their accounts amounts up to the maximum of \$50,000 or 50% of their vested account balance and not less than \$1,000. Their loans are secured by the balance in the participant's account and bear interest. Principal and interest are paid through payroll deductions.

Plan Termination: 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 would become 100% vested in their employer contributions and earnings thereon.

**NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting: The financial statements of the Plan are prepared under the accrual basis of accounting.

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

Risks and Uncertainties: The Plan provides for various investments. The underlying investments are exposed to various risks, such as interest rate, market, liquidity and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the value of investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Payment of Benefits: Benefits are recorded when paid.

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(Continued)

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

Adoption of New Accounting Standards: In September 2010, the Financial Accounting Standards Board (FASB) amended existing guidance with respect to the reporting of participant loans for defined contribution pension plans. The guidance requires that loans issued to participants be reported as notes receivable, segregated from plan investments, and be measured at their unpaid principal balances plus accrued but unpaid interest. This guidance is effective for reporting periods ending after December 15, 2010, and is to be applied retrospectively to all periods presented comparatively. The adoption of this guidance by the Plan resulted in a reclassification from investments to notes receivable from participants of \$23,414 on the statement of net assets available for benefits as of December 31, 2009. Adoption had no effect on the Plan's net assets available for benefits.

Notes Receivable from Participants: Notes receivable from participants are reported at their unpaid principal balance plus any accrued but unpaid interest, with no allowance for credit losses, as repayments of principal and interest are received through payroll deductions and the notes are collateralized by the participants' account balances.

Reclassification: Certain prior year amounts have been reclassified to conform to the current year presentation.

Investment Valuation and Income Recognition: Plan investments are reported at fair value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the plan's gains and losses on investments bought and sold as well as held during the year.

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (level 1 measurements) and gives the lowest priority to unobservable inputs (level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

Level 1: Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

Level 2: Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3: Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

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(Continued)

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

*Pooled Separate Accounts:* Each of the pooled separate accounts invests solely in shares of a mutual fund which are segregated from other assets of insurance company. The name of the underlying mutual fund is identified in the name of the separate account when the underlying mutual fund is managed by an entity other than an affiliate of John Hancock Life Insurance Company. The pooled separate accounts that invest in mutual funds sponsored by an affiliate of John Hancock Life Insurance Company generally reference the investment strategy of the underlying mutual fund in their names.

*Investment Contracts:* The fair values of the Plan's investment contracts have been estimated to approximate contract value. (level 3 inputs). Management has determined that no adjustment from contract value is required for credit quality considerations. Because of certain restrictions on participant-directed investment exchanges and fair market value adjustments for lump-sum contract withdrawals pursuant to the terms of the contract, management has determined that the contracts are not fully benefit-responsive.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

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(Continued)

FT. LAUDERDALE HARLEY DAVIDSON, INC. 401(K) PROFIT SHARING PLAN & TRUST  
NOTES TO THE FINANCIAL STATEMENTS  
December 31, 2010 and 2009

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES** (Continued)

Investments measured at fair value on a recurring basis are summarized below:

| Fair Value Measurements<br>at December 31, 2010 Using                         |                                                                            |                                                           |                                                    |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                                                                               | Quoted Prices in<br>Active Markets<br>for Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| Investments                                                                   |                                                                            |                                                           |                                                    |
| Pooled separate accounts, categorized by<br>Nature of underlying investments: |                                                                            |                                                           |                                                    |
| Money market mutual fund                                                      | \$ -                                                                       | \$ 60,512                                                 | \$ -                                               |
| International mutual funds                                                    | -                                                                          | 19,929                                                    | -                                                  |
| Small blend mutual funds                                                      | -                                                                          | 2,952                                                     | -                                                  |
| Mid cap mutual funds                                                          | -                                                                          | 36,645                                                    | -                                                  |
| Large blend mutual funds                                                      | -                                                                          | 672,390                                                   | -                                                  |
| Bond mutual fund                                                              | -                                                                          | 28,188                                                    | -                                                  |
| Guaranteed investment contract                                                | -                                                                          | -                                                         | 82,897                                             |

There were no significant transfers between Level 1 and Level 2 during 2010.

| Fair Value Measurements<br>at December 31, 2009 Using                         |                                                                            |                                                           |                                                    |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                                                                               | Quoted Prices in<br>Active Markets<br>for Identical<br>Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
| Investments                                                                   |                                                                            |                                                           |                                                    |
| Pooled separate accounts, categorized by<br>Nature of underlying investments: |                                                                            |                                                           |                                                    |
| Money market mutual fund                                                      | \$ -                                                                       | \$ 50,507                                                 | \$ -                                               |
| International mutual funds                                                    | -                                                                          | 16,447                                                    | -                                                  |
| Small blend mutual funds                                                      | -                                                                          | 2,341                                                     | -                                                  |
| Mid cap mutual funds                                                          | -                                                                          | 95,319                                                    | -                                                  |
| Large blend mutual funds                                                      | -                                                                          | 688,067                                                   | -                                                  |
| Bond mutual fund                                                              | -                                                                          | 16,701                                                    | -                                                  |
| Guaranteed investment contract                                                | -                                                                          | -                                                         | 74,609                                             |

(Continued)

**NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

The table below presents a reconciliation of Plan investments measured at fair value on a recurring basis using significant unobservable inputs (level 3) for the year ended December 31, 2010, including the reporting classifications for the applicable gains and losses included in the statement of changes in net assets available for benefits:

|                                                                                   | Fair Value Measurements Using Significant<br><u>Unobservable Inputs (Level 3)</u><br>Investment Contract |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Beginning balance, January 1, 2010                                                | \$ 74,609                                                                                                |
| Total gains or losses included in change<br>in net assets available for benefits: |                                                                                                          |
| Interest income in investment contracts<br>held at end of year                    | 1,076                                                                                                    |
| Purchases, sales, issuances and settlements (net)                                 | <u>7,212</u>                                                                                             |
| Ending balance, December 31, 2010                                                 | <u>\$ 82,897</u>                                                                                         |

**NOTE 3 - UNAUDITED INFORMATION – INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS**

All information pertaining to the Plan's investments and notes receivable from participants included in the financial statements, including the associated investment income and interest earned on notes receivable from participants was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by John Hancock Life Insurance Company, the custodian of the Plan. This information has not been audited by independent accountants.

The following presents the fair values of investments that represent 5 percent or more of the Plan's net assets available for benefits.

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(Continued)

**NOTE 3 - UNAUDITED INFORMATION – INVESTMENTS AND NOTES RECEIVABLE FROM PARTICIPANTS** (continued)

|                                       | <u>2010</u> | <u>2009</u> |
|---------------------------------------|-------------|-------------|
| Pooled separate accounts              |             |             |
| John Hancock Lifestyle Aggressive     | *           | 50,507      |
| John Hancock Lifestyle Balanced       | 461,604     | 483,422     |
| John Hancock Lifestyle Growth         | 164,617     | 170,118     |
| John Hancock Money Market             | 60,512      | 53,672      |
| Investment Contract                   |             |             |
| John Hancock Guaranteed Interest 5 yr | 75,726      | 74,609      |

\* - fund did not meet 5% threshold

During 2010, the Plan's investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$91,756.

**NOTE 4 - TAX STATUS**

The Plan sponsor has adopted a non-standardized prototype 401(k) plan document sponsored by Midsouth Pension Consultants LLC. The non-standardized prototype document has received an opinion letter from the Internal Revenue Service dated March 31, 2008, stating that the form of the Plan is qualified under Section 401(a) of the Internal Revenue Code ("IRC"). The Plan has been amended since the adoption of the prototype plan; however, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

There are issues related to timeliness of remitting participant deferrals to the Plan which may indicate operational deficiencies in the Plan's compliance with the applicable qualification sections of the Internal Revenue Code. Management has indicated its intent to address these issues and correct these in accordance with the procedures prescribed by the Internal Revenue Service, including the deposit of lost earnings into the accounts of the impacted participants.

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(Continued)

#### NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

Parties in interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Plan holds units of a pooled separate account managed by John Hancock Life Insurance Company and an unallocated investment contract with John Hancock Life Insurance Company. John Hancock Life Insurance Company is the Plan custodian and, therefore, these transactions and the Plan's payment of custodian fees to John Hancock Life Insurance Company qualify as party-in-interest transactions. Notes receivable from participants also reflect party-in-interest transactions. Certain administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. Some administrative expenses of the Plan are paid directly by the Company.

#### NOTE 6 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of the change in net assets available for benefits per the financial statements to the Form 5500:

|                                                     | December 31,<br><u>2010</u> | December 31,<br><u>2009</u> |
|-----------------------------------------------------|-----------------------------|-----------------------------|
| Net assets available per the financial statements   | \$ 944,750                  | \$ 961,147                  |
| Notes receivable deemed distributed                 | -                           | 5,956                       |
| Excess contributions payable                        | <u>-</u>                    | <u>13,671</u>               |
| Net assets available for benefits per the Form 5500 | <u>\$ 944,750</u>           | <u>\$ 980,774</u>           |

The following is a reconciliation of the change in net assets available for benefits for the year ended December 31, 2010 per the financial statements to the net loss reported in the 2010 Form 5500:

|                                           | Year Ended<br><u>December 31, 2010</u> |
|-------------------------------------------|----------------------------------------|
| Net decrease per the financial statements | \$ (16,397)                            |
| Distributions                             | (5,956)                                |
| Excess contributions distributed          | <u>(13,671)</u>                        |
| Net loss per the Form 5500                | <u>\$ (36,024)</u>                     |

#### NOTE 7 – SUBSEQUENT EVENTS

During 2011, the Plan changed custodians and transferred all assets from John Hancock to Lincoln Financial Services.

Plan management has evaluated subsequent events for recognition and disclosure through October 17, 2011, which is the date the financial statements were available to be issued.

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## **SUPPLEMENTAL SCHEDULES**

Name of plan sponsor: Ft. Lauderdale Harley Davidson, Inc.  
Employer identification: 65-0845560  
Three-digit plan number: 001

12.

FT. LAUDERDALE HARLEY DAVIDSON, INC. 401(K) PROFIT SHARING PLAN & TRUST  
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
December 31, 2010

|                          |                                             |
|--------------------------|---------------------------------------------|
| Name of plan sponsor:    | <u>Ft. Lauderdale Harley Davidson, Inc.</u> |
| Employer identification: | <u>65-0845560</u>                           |
| Three-digit plan number: | <u>001</u>                                  |

| (a)                                          | (b)<br>Identity of<br>Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date,<br>Interest, Collateral<br>Par or Maturity Value | (d)<br>Cost | (e)<br>Current<br>Value |
|----------------------------------------------|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|-------------|-------------------------|
| <b><u>Pooled Separate Accounts</u></b>       |                                                                    |                                                                                                               |             |                         |
| *                                            | John Hancock Life Insurance Co                                     | Lifestyle Conservative                                                                                        | #           | \$ 1,084                |
| *                                            | John Hancock Life Insurance Co                                     | Lifestyle Moderate                                                                                            | #           | 8,501                   |
| *                                            | John Hancock Life Insurance Co                                     | Lifestyle Balanced                                                                                            | #           | 461,604                 |
| *                                            | John Hancock Life Insurance Co                                     | Lifestyle Growth                                                                                              | #           | 164,617                 |
| *                                            | John Hancock Life Insurance Co                                     | Lifestyle Aggressive                                                                                          | #           | 36,584                  |
| *                                            | John Hancock Life Insurance Co                                     | Money Market                                                                                                  | #           | 60,512                  |
| *                                            | John Hancock Life Insurance Co                                     | Total Bond Market Fund                                                                                        | #           | 15,614                  |
| *                                            | John Hancock Life Insurance Co                                     | PIMCO Real Return                                                                                             | #           | 12,574                  |
| *                                            | John Hancock Life Insurance Co                                     | 500 Index Fund                                                                                                | #           | 2,946                   |
| *                                            | John Hancock Life Insurance Co                                     | T. Rowe Price Equity Inc.                                                                                     | #           | 7,910                   |
| *                                            | John Hancock Life Insurance Co                                     | Davis New York Venture                                                                                        | #           | 8,572                   |
| *                                            | John Hancock Life Insurance Co                                     | The Growth Fund of America                                                                                    | #           | 8,235                   |
| *                                            | John Hancock Life Insurance Co                                     | Total Stock Market Index Fund                                                                                 | #           | 555                     |
| *                                            | John Hancock Life Insurance Co                                     | Mid Value Fund                                                                                                | #           | 238                     |
| *                                            | John Hancock Life Insurance Co                                     | Oppenheimer Global                                                                                            | #           | 17,370                  |
| *                                            | John Hancock Life Insurance Co                                     | Mid Cap Index Fund                                                                                            | #           | 8,189                   |
| *                                            | John Hancock Life Insurance Co                                     | Small Cap Value Index                                                                                         | #           | 1,068                   |
| *                                            | John Hancock Life Insurance Co                                     | Small Cap Index Fund                                                                                          | #           | 1,079                   |
| *                                            | John Hancock Life Insurance Co                                     | Intl Equity Index Fund                                                                                        | #           | 899                     |
| *                                            | John Hancock Life Insurance Co                                     | Small Cap Growth Index                                                                                        | #           | 805                     |
| *                                            | John Hancock Life Insurance Co                                     | DFA International Value                                                                                       | #           | <u>1,660</u>            |
|                                              |                                                                    |                                                                                                               |             | 820,616                 |
| <b><u>Guaranteed Investment Contract</u></b> |                                                                    |                                                                                                               |             |                         |
| *                                            | John Hancock Life Insurance Co                                     | Guaranteed Interest 5 yr                                                                                      | #           | 75,726                  |
| *                                            | John Hancock Life Insurance Co                                     | Guaranteed Interest 3 yr                                                                                      | #           | <u>7,171</u>            |
|                                              |                                                                    |                                                                                                               |             | 82,897                  |
| <b><u>Participant loans</u></b>              |                                                                    |                                                                                                               |             |                         |
| *                                            | Participant loans                                                  | Interest ranging from<br>4.25% to 9.25%                                                                       | #           | <u>19,658</u>           |
|                                              |                                                                    |                                                                                                               |             | <u>\$ 923,171</u>       |

\* Denotes parties-in interest

# All investments are participant directed; therefore cost information is not required.

## 2010 Form 5500 Line 4a - Schedule of Delinquent Participant Contributions

[illegible]

**Ft. Lauderdale Harley Davidson, Inc. 401(k) Profit Sharing Plan & Trust**  
**EIN: 65-0845560**  
**Plan Number: 001**  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
**December 31, 2010**

| (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 |
|-----|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------|-------------------|
| *   | John Hancock Life Ins Co                                 | 500 Index Fund                                                                                             | **       | 2,946             |
| *   | John Hancock Life Ins Co                                 | Davis New York Venture                                                                                     | **       | 8,572             |
| *   | John Hancock Life Ins Co                                 | DFA International Value                                                                                    | **       | 1,660             |
| *   | John Hancock Life Ins Co                                 | Guaranteed Account                                                                                         | **       | 82,897            |
| *   | John Hancock Life Ins Co                                 | Intl Equity Index Fund                                                                                     | **       | 899               |
| *   | John Hancock Life Ins Co                                 | Lifestyle Aggressive                                                                                       | **       | 36,584            |
| *   | John Hancock Life Ins Co                                 | Lifestyle Balanced                                                                                         | **       | 461,604           |
| *   | John Hancock Life Ins Co                                 | Lifestyle Conservative                                                                                     | **       | 1,084             |
| *   | John Hancock Life Ins Co                                 | Lifestyle Growth                                                                                           | **       | 164,617           |
| *   | John Hancock Life Ins Co                                 | Lifestyle Moderate                                                                                         | **       | 8,501             |
| *   | John Hancock Life Ins Co                                 | Mid Cap Index Fund                                                                                         | **       | 8,189             |
| *   | John Hancock Life Ins Co                                 | Mid Value Fund                                                                                             | **       | 238               |
| *   | John Hancock Life Ins Co                                 | Money Market Fund                                                                                          | **       | 60,512            |
| *   | John Hancock Life Ins Co                                 | Oppenheimer Global                                                                                         | **       | 17,370            |
| *   | John Hancock Life Ins Co                                 | PIMCO Real Return                                                                                          | **       | 12,574            |
| *   | John Hancock Life Ins Co                                 | Small Cap Growth Index                                                                                     | **       | 805               |
| *   | John Hancock Life Ins Co                                 | Small Cap Index Fund                                                                                       | **       | 1,079             |
| *   | John Hancock Life Ins Co                                 | Small Cap Value Index                                                                                      | **       | 1,068             |
| *   | John Hancock Life Ins Co                                 | T. Rowe Price Equity Inc                                                                                   | **       | 7,910             |
| *   | John Hancock Life Ins Co                                 | The Growth Fund of America                                                                                 | **       | 8,235             |
| *   | John Hancock Life Ins Co                                 | Total Bond Market Fund                                                                                     | **       | 15,615            |
| *   | John Hancock Life Ins Co                                 | Total Stock Market Index Fund                                                                              | **       | 555               |
| *   | Participant Loans                                        | Loans to Participants (Rates Vary)                                                                         | -        | 19,657            |
|     | <b>TOTAL</b>                                             |                                                                                                            |          | <b>923,170</b>    |