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| <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><b>2010</b><br><br><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>05/01/2010</u> and ending <u>04/30/2011</u> |  |   |  |
| <b>A</b> This return/report is for:  | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |  |
|  | <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;                               |  |
|  | <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; |
|  | <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>GM NAMEPLATE, INC. PROFIT SHARING 401(K) PLAN</u>   | <b>1b</b> Three-digit plan number (PN) ►                            | <u>002</u>  |   |
|  | <b>1c</b> Effective date of plan                                    | <u>12/01/2002</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><br><u>GM NAMEPLATE, INC.</u><br><br><u>2040 15TH AVENUE WEST</u><br><u>SEATTLE, WA 98119</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>91-0612253</u> | <b>2c</b> Sponsor's telephone number<br><u>206-284-5707</u> | <b>2d</b> Business code (see instructions)<br><u>332810</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>01/27/2012</u> | <u>ALAN ELSE</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

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

GM NAMEPLATE, INC.

2040 15TH AVENUE WEST  
SEATTLE, WA 98119**3b** Administrator's EIN

91-0612253

**3c** Administrator's telephone number

206-284-5707

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

648

**6** Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

643

**b** Retired or separated participants receiving benefits.....**6b**

5

**c** Other retired or separated participants entitled to future benefits.....**6c**

163

**d** Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

811

**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

1

**f** Total. Add lines **6d** and **6e**.....**6f**

812

**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

545

**h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**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) ☐**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☒**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

|   |  |  |  |
|---|--|--|--|
| <b>SCHEDULE C</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>Service Provider 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> |  | 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 **05/01/2010** and ending **04/30/2011**

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><b>GM NAMEPLATE, INC. PROFIT SHARING 401(K) PLAN</b>              | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>002</b> |
|  |  |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>GM NAMEPLATE, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><b>91-0612253</b> |            |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--|

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|   |
|---|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| <b>FID.INV.INST.OPS.CO.</b><br><br><b>04-2647786</b>  |

|   |
|---|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation  |
|   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|   |

|   |
|---|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|   |
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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

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

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

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

BENSON & MCLAUGHLIN

91-0886288

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 10                            | ACCOUNTANT/AUDITOR   | 15335   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | Yes <input type="checkbox"/> No <input type="checkbox"/>  |  | Yes <input type="checkbox"/> No <input type="checkbox"/>  |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 64 37 65 71 60                | RECORDKEEPER   | 3542  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

MORGAN STANLEY SMITH BARNEY

26-4310632

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|--|---|---|---|--|---|
| 99                            | ADVISOR  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | 0  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2   | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL  | 60                                      | 0   |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>ALL/BERN INTL GRTH A - ALLIANCEBERN</p> <p>13-3211780</p>  |   |   |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p> |   |   |
| <p><b>(a)</b> Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>   |   |   |
| <p><b>(b)</b> Service Codes<br/>(see instructions)</p> <p style="text-align: center;">60</p>  |   |   |
| <p><b>(c)</b> Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>  |   |   |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>INVS EQL WT S&amp;P500 A - INVESCO TRIM      P.O. BOX 4739<br/>HOUSTON, TX 77210-4739</p>                |   |   |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p> |   |   |
| <p><b>(a)</b> Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>   |   |   |
| <p><b>(b)</b> Service Codes<br/>(see instructions)</p> <p style="text-align: center;">60</p>  |   |   |
| <p><b>(c)</b> Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>  |   |   |
| <p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>INVS MDCP CORE EQ A - INVESCO TRIMA      P.O. BOX 219078<br/>KANSAS CITY, MO 64121-9078</p>              |   |   |
| <p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.35%</p> |   |   |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation  |
|--|---|--|
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60                                      | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation              |   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| INVS S&P 500 INDEX A - INVESCO TRIM      P.O. BOX 4739<br>HOUSTON, TX 77210-4739 | 0.25%                                   |  |
|  |   |  |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation  |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60                                      | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation              |   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| INVS SM CAP GRTH A - INVESCO TRIMAR      P.O. BOX 4739<br>HOUSTON, TX 77210-4739 | 0.35%                                   |  |
|  |   |  |
| (a) Enter service provider name as it appears on line 2                          | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation  |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60                                      | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation              |   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| IVK EQUITY INCOME A - INVESCO TRIMA      P.O. BOX 4739<br>HOUSTON, TX 77210-4739 | 0.35%                                   |  |



**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation  |
|--|---|--|
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60                                      | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation            |   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| IVK GRTH & INC A - INVESCO TRIMARK<br>P.O. BOX 4739<br>HOUSTON, TX 77210-4739  | 0.35%                                   |  |
|  |   |  |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation  |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60                                      | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation            |   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| IVK SMALL CAP VAL A - INVESCO TRIMA<br>P.O. BOX 4739<br>HOUSTON, TX 77210-4739 | 0.35%                                   |  |
|  |   |  |
| (a) Enter service provider name as it appears on line 2                        | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation  |
| FIDELITY INVESTMENTS INSTITUTIONAL   | 60                                      | 0  |
| (d) Enter name and EIN (address) of source of indirect compensation            |   | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
| MS LIQUID ASSETS - MORGAN STANLEY T<br>22-3458456                              | 0.25%                                   |  |

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|--|--|---|
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| OPPHMR MS SELECT A - OPPENHEIMERFUND P.O. BOX 5270<br>COLORADO, CO 80217 | 0.25%  |   |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
| FIDELITY INVESTMENTS INSTITUTIONAL                                       | 60   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| THORNBURG INT VAL R4 - BOSTON FINANCIAL<br><br>04-2526037                | 0.25%  |   |
| (a) Enter service provider name as it appears on line 2                  | (b) Service Codes<br>(see instructions)  | (c) Enter amount of indirect compensation |
|  |  |   |
| (d) Enter name and EIN (address) of source of indirect compensation      | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
|  |  |   |

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

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

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

|                    |  |
|--------------------|--|
| <b>a</b> Name:     | <b>b</b> EIN:  |
| <b>c</b> Position: |  |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |  |
|--------------------|--|
| <b>a</b> Name:     | <b>b</b> EIN:  |
| <b>c</b> Position: |  |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |  |
|--------------------|--|
| <b>a</b> Name:     | <b>b</b> EIN:  |
| <b>c</b> Position: |  |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |  |
|--------------------|--|
| <b>a</b> Name:     | <b>b</b> EIN;  |
| <b>c</b> Position: |  |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |  |
|--------------------|--|
| <b>a</b> Name:     | <b>b</b> EIN;  |
| <b>c</b> Position: |  |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan 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> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2010</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

|  |   |                                       |
|--|---|---------------------------------------|
| For calendar plan year 2010 or fiscal plan year beginning <span style="color: blue;">05/01/2010</span> and ending <span style="color: blue;">04/30/2011</span> |   |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">GM NAMEPLATE, INC. PROFIT SHARING 401(K) PLAN</span>   | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span>                        | <span style="color: blue;">002</span> |
|  |   |                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">GM NAMEPLATE, INC.</span>                                   | <b>D</b> Employer Identification Number (EIN)<br><br><span style="color: blue;">91-0612253</span> |                                       |

|   |   |  |  |
|---|---|--|--|
| Part I  | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) |  |  |
| (Complete as many entries as needed to report all interests in DFEs)  |   |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">FID MGD INC PORT</span>                     |   |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">FIDELITY MANAGEMENT TRUST COMPANY</span> |   |  |  |
| <b>c</b> EIN-PN <span style="color: blue;">04-3022712-024</span>  | <b>d</b> Entity code <span style="color: blue;">C</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;">151726</span> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |   |  |  |
| <b>b</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)  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |   |  |  |
| <b>b</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)  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |   |  |  |
| <b>b</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)  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |   |  |  |
| <b>b</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)  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |   |  |  |
| <b>b</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)  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:  |   |  |  |
| <b>b</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):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity  
code**e** Dollar value of interest in MTIA, CCT, PSA, or  
103-12 IE at end of year (see instructions)

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

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

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

|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <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<br><br><div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2010</div><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|  |   |                                       |
|--|---|---------------------------------------|
| For calendar plan year 2010 or fiscal plan year beginning <span style="color: blue;">05/01/2010</span> and ending <span style="color: blue;">04/30/2011</span> |   |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">GM NAMEPLATE, INC. PROFIT SHARING 401(K) PLAN</span>   | <b>B</b> Three-digit plan number (PN) ►   | <span style="color: blue;">002</span> |
|  |   |                                       |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">GM NAMEPLATE, INC.</span>  | <b>D</b> Employer Identification Number (EIN)<br><br><span style="color: blue;">91-0612253</span> |                                       |

|               |                                      |
|---------------|--------------------------------------|
| <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>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>    | 137343                | 107368          |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>    | 30431                 | 56993           |
| <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>    | 182666                | 1577202         |
| <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> | 32270                 | 37230           |
| <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>    | 628094                | 762258          |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | 1850055               | 151726          |
| <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>   | 21143489              | 26760708        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <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>    | 24004348              | 29453485        |

**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> | 0 | 0 |

**Net Assets**

|   |           |          |          |
|---|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 24004348 | 29453485 |
|---|-----------|----------|----------|

**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 Contributions:**

|  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....  | <b>2a(1)(A)</b> | 189982     |           |
| <b>(B)</b> Participants .....  | <b>2a(1)(B)</b> | 1151259    |           |
| <b>(C)</b> Others (including rollovers) .....  | <b>2a(1)(C)</b> | 4134       |           |
| (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>    |            | 1345375   |

**b Earnings on investments:****(1) Interest:**

|  |                 |       |       |
|--|-----------------|-------|-------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 5032  |       |
| <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> | 50453 |       |
| <b>(F)</b> Other .....   | <b>2b(1)(F)</b> |       |       |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |       | 55485 |

|   |                 |        |        |
|---|-----------------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....   | <b>2b(2)(A)</b> |        |        |
| <b>(B)</b> Common stock .....   | <b>2b(2)(B)</b> | 830    |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> | 319951 |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 320781 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|   |                 |      |      |
|---|-----------------|------|------|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 3199 |      |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> | 3355 |      |
| <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> |      | -156 |

|  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate.....              | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....   | <b>2b(5)(B)</b> | 97         |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 97        |
| <b>(6)</b> Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 3722      |
| <b>(7)</b> Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| <b>(8)</b> Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| <b>(9)</b> Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| <b>(10)</b> Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 3117800   |
| <b>c</b> Other income.....   | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....                  | <b>2d</b>       |            | 4843104   |

**Expenses**

|  |              |         |         |
|--|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| <b>(1)</b> Directly to participants or beneficiaries, including direct rollovers .....     | <b>2e(1)</b> | 1270650 |         |
| <b>(2)</b> To insurance carriers for the provision of benefits .....                       | <b>2e(2)</b> |         |         |
| <b>(3)</b> Other .....   | <b>2e(3)</b> |         |         |
| <b>(4)</b> Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....         | <b>2e(4)</b> |         | 1270650 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         | -40     |
| <b>h</b> Interest expense.....   | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: <b>(1)</b> Professional fees .....                       | <b>2i(1)</b> |         |         |
| <b>(2)</b> Contract administrator fees .....   | <b>2i(2)</b> |         |         |
| <b>(3)</b> Investment advisory and management fees .....                                   | <b>2i(3)</b> |         |         |
| <b>(4)</b> Other .....   | <b>2i(4)</b> | 18752   |         |
| <b>(5)</b> Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....  | <b>2i(5)</b> |         | 18752   |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 1289362 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 3553742 |
| <b>l</b> Transfers of assets:   |              |  |         |
| <b>(1)</b> To this plan.....  | <b>2l(1)</b> |  | 1895395 |
| <b>(2)</b> From this plan .....   | <b>2l(2)</b> |  |         |

**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: **BENSON & MCLAUGHLIN**

(2) EIN: **91-0886288**

**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.).....                 |     | X  |        |
| <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.)..... |     | X  |        |
| <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.) .....  |     | X  |        |
| <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.).....  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....   | X   |    | 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? .....   |     | X  |        |
| <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? .....  |     | X  |        |
| <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? .....  |     | X  |        |
| <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.).....   | X   |    |        |
| <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.).....  |     | X  |        |
| <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?.....  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....   |     | X  |        |
| <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. ....  |     | X  |        |

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

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

**5b(1)** Name of plan(s)

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |

|   |  |  |
|---|--|--|
| <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<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011

|  |  |
|--|--|
| <b>A</b> Name of plan<br><u>GM NAMEPLATE, INC. PROFIT SHARING 401(K) PLAN</u>              | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>GM NAMEPLATE, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>91-0612253</u> |

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

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

|  |          |          |
|--|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....  | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>04-6568107</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.   |          |          |
| <b>3</b> 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) |
|----------------|--|

|  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.   |                              |                             |                              |
| <b>5</b> 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.  |                              |                             |                              |
| <b>6 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.  |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> 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? ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

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

|  |                                   |                                   |                               |                             |
|--|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> 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. |
|----------------|---|

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 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 |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2010  
v.092308.1

**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): \_\_\_\_\_

**GM NAMEPLATE, INC.**  
**PROFIT SHARING 401(k) PLAN**

**FINANCIAL STATEMENTS**

**April 30, 2011 AND 2010**

Plan Sponsor: GM Nameplate, Inc.  
Three Digit Plan Number: 002  
Employer Identification Number: 91-0612253

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Certified Public Accountants, P.S.

## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of  
GM Nameplate, Inc. Profit Sharing 401(k) Plan

We were engaged to audit the accompanying statement of net assets available for plan benefits of GM Nameplate, Inc. Profit Sharing 401(k) Plan as of April 30, 2011 and 2010 and the related statement of changes in net assets available for plan benefits for the years ended April 30, 2011 and 2010, and the additional information included in the schedule of assets held for investment purposes as of April 30, 2011. These financial statements are the responsibility of the plan's administrator.

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 E, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the April 30, 2011 and 2010 financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the plan investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of April 30, 2011 and 2010, and for the years ended April 30, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule for the periods ended April 30, 2011 and 2010. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Benson & McLaughlin, P.S.*

November 17, 2011  
Seattle, Washington

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANSTATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS  
APRIL 30, 2011 AND 2010

Plan Sponsor: GM Nameplate, Inc.  
Three Digit Plan Number: 002  
Employer Identification Number: 91-0612253

|  | <u>2011</u>         | <u>2010</u>         |
|--|---------------------|---------------------|
| ASSETS:                                    |                     |                     |
| Cash                                       | <u>\$ 3,243</u>     | <u>\$ 2,939</u>     |
| Investments, at fair value:                |                     |                     |
| Participant directed investments held with |                     |                     |
| Fidelity Management Trust Company:         |                     |                     |
| Money market funds                         | 1,573,959           | 179,727             |
| Mutual funds                               | 26,760,708          | 21,143,489          |
| Common stock                               | 37,230              | 32,270              |
| Common collective trust                    | 151,726             | 1,850,055           |
| Total investments                          | <u>28,523,623</u>   | <u>23,205,541</u>   |
| Receivables:                               |                     |                     |
| Employer contribution                      | 107,368             | 137,343             |
| Employee salary deferrals                  | 56,993              | 30,431              |
| Participant loans                          | 762,258             | 628,094             |
| Total receivables                          | <u>926,619</u>      | <u>795,868</u>      |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS     | <u>\$29,453,485</u> | <u>\$24,004,348</u> |

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANSTATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS  
FOR THE YEARS ENDED APRIL 30, 2011 AND 2010

Plan Sponsor: GM Nameplate, Inc.  
 Three Digit Plan Number: 002  
 Employer Identification Number: 91-0612253

|  | <u>2011</u>         | <u>2010</u>         |
|--|---------------------|---------------------|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO:                               |                     |                     |
| Investment income:   |                     |                     |
| Interest and dividend income   | \$ 376,266          | \$ 383,072          |
| Net appreciation in fair value of investments                        | 3,117,741           | 5,623,276           |
| Net investment gain from common collective trust                     | 3,722               | 14,332              |
| Contributions:   |                     |                     |
| Participant salary deferrals and rollovers                           | 1,155,393           | 934,463             |
| Employer match   | 189,982             | 137,343             |
| Total additions  | <u>4,843,104</u>    | <u>7,092,486</u>    |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:                            |                     |                     |
| Benefits paid to participants  | 1,270,650           | 3,661,137           |
| Administrative expenses  | 18,752              | 36,899              |
| Deemed distributions (recovery) of participant loans                 | (40)                | 3,957               |
| Total deductions   | <u>1,289,362</u>    | <u>3,701,993</u>    |
| NET INCREASE IN NET ASSETS   | 3,553,742           | 3,390,493           |
| TRANSFER OF ASSETS FROM PARK NAMEPLATE<br>401(k) PROFIT SHARING PLAN | 1,895,395           |                     |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS:                              |                     |                     |
| BEGINNING OF PERIOD  | <u>24,004,348</u>   | <u>20,613,855</u>   |
| END OF PERIOD  | <u>\$29,453,485</u> | <u>\$24,004,348</u> |

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANNOTES TO FINANCIAL STATEMENTS  
APRIL 30, 2011 AND 2010

---

Plan Sponsor: GM Nameplate, Inc.  
Three Digit Plan Number: 002  
Employer Identification Number: 91-0612253

NOTE A: Description of Plan

The following description of the GM Nameplate, Inc. Profit Sharing 401(k) Plan (the Plan) provides only general information about the provisions of the Plan for the periods ended April 30, 2011 and 2010.

Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

## 1. General

The Plan is a defined contribution profit sharing 401(k) plan covering all full-time employees of the company who are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

## 2. Contributions

Participant elected 401(k) contributions: A participant may elect to defer up to 100% of his or her compensation, not to exceed an amount determined under Section 415(d) of the Internal Revenue Code each year.

Employer discretionary matching contributions: The employer may, at its election, make a matching contribution equal to the percentage or dollar amount declared for the contribution period.

Employer discretionary profit sharing contribution: Each year, the company determines the amount of contribution which is made from current or accumulated net profits.

The employer made a matching contribution of \$189,982 and \$137,343 for the years ended April 30, 2011 and 2010, respectively.

The employer made no discretionary profit sharing contributions for the plan periods ended April 30, 2011 and 2010.

The Plan allows rollover contributions from another qualified plan.

Participant elected 401(k) contributions are remitted to the Plan within an administratively reasonable time after withholding from the participants' compensation.

Employer matching and profit sharing contributions, if any, are remitted to the plan no later than the time prescribed by law, including extensions thereof, for the filing of the employers' tax return for the taxable year in which the plan year ends.

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANNOTES TO FINANCIAL STATEMENTS (continued)  
APRIL 30, 2011 AND 2010

---

Plan Sponsor: GM Nameplate, Inc.  
Three Digit Plan Number: 002  
Employer Identification Number: 91-0612253

**NOTE A: Description of Plan (continued)****3. Participant Accounts**

Employees may elect to make 401(k) deferral contributions beginning on the first of the month immediately following the completion of the first hour of service.

For purposes of 401(k) matching and profit sharing contributions, employees are eligible in the month following the completion of one year of service.

Each participant's account is credited with his or her salary deferral as it is earned.

Each participant's account is credited with the company's discretionary profit sharing contribution, if any, based upon eligibility rules as of April 30 each year. Allocation of company contributions is based upon annual compensation in relation to the annual eligible compensation paid to all participants.

The company's matching contributions are made based upon eligibility rules as of the last day of any declared contribution period.

All contributions can be directed into any combination of participant directed investment fund options available by the plan, each having a different investment objective.

**4. Vesting**

All participants are fully vested in all of their accounts.

**5. Payment of Benefits**

On termination of service, benefits are payable as soon as administratively feasible after the investment information is made available. Benefits may be paid in a lump sum or in optional installment payments according to Plan limitations.

In-service withdrawals before age 55 are permitted in cases of serious financial hardship, as defined in the Plan. "Hardship" withdrawals are available only to the extent that the participant has no other financial resources to meet the financial need, and the amount of withdrawal can not exceed the amount needed.

**6. Participant Loans**

Participants are allowed to borrow from their account the lesser of 50% of the account balance or \$50,000. Loans bear interest at a commercially reasonable rate determined by the Administration Committee (ranging from 4.25% to 9.25% for loans currently outstanding due through May 2016) and must be repaid, by payroll deduction, in level payments of principal and interest over not more than five years.

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS (continued)  
APRIL 30, 2011 AND 2010

---

Plan Sponsor: GM Nameplate, Inc.  
Three Digit Plan Number: 002  
Employer Identification Number: 91-0612253

NOTE B: Summary of Accounting Policies

Basis of accounting:

The Plan uses the accrual basis of accounting for financial accounting purposes.

Investments:

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Participant loans receivable:

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

Benefit payments:

Benefits are recorded when paid.

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 the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANNOTES TO FINANCIAL STATEMENTS (continued)  
APRIL 30, 2011 AND 2010

Plan Sponsor: GM Nameplate, Inc.  
 Three Digit Plan Number: 002  
 Employer Identification Number: 91-0612253

**NOTE C: Fair Value Measurements**

The Fair Value Measurements and Disclosures Topic of the FASB ASC establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

**Level 1 Fair Value Measurements:**

The fair values of mutual funds and common stock are based on quoted net asset values of the shares held by the Plan at year-end. Money market funds are stated at cost since the funds trade at \$1 per share.

**Level 2 Fair Value Measurements:**

The fair value of the common/collective trust (Fidelity Managed Income Portfolio at April 30, 2011 and Morgan Stanley Stable Value Fund Class A at April 30, 2010) is based on its underlying assets that have either Level 1 or 2 pricing inputs, including quoted prices for similar assets in active or non-active markets.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2011 and 2010:

|                                   | <u>LEVEL 1</u>          | <u>LEVEL 2</u>        | <u>TOTAL</u>            |
|-----------------------------------|-------------------------|-----------------------|-------------------------|
| 2011:                             |                         |                       |                         |
| Money market funds                | <u>\$ 1,573,959</u>     |                       | <u>\$ 1,573,959</u>     |
| Mutual funds:                     |                         |                       |                         |
| Short-term/Bond investments       | 3,420,899               |                       | 3,420,899               |
| Blended funds                     | 1,850,961               |                       | 1,850,961               |
| Large cap stock funds             | 9,729,576               |                       | 9,729,576               |
| Mid cap stock funds               | 4,061,125               |                       | 4,061,125               |
| Small cap stock funds             | 2,389,720               |                       | 2,389,720               |
| International stock funds         | 3,799,486               |                       | 3,799,486               |
| Other funds                       | 2,387                   |                       | 2,387                   |
| Target retirement date funds      | <u>1,506,554</u>        |                       | <u>1,506,554</u>        |
| Total mutual funds                | <u>26,760,708</u>       |                       | <u>26,760,708</u>       |
| Common/Collective trust           |                         | \$ 151,726            | 151,726                 |
| Common stock                      | <u>37,230</u>           |                       | <u>37,230</u>           |
| <br>TOTAL ASSETS AT<br>FAIR VALUE | <br><u>\$28,371,897</u> | <br><u>\$ 151,726</u> | <br><u>\$28,523,623</u> |

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANNOTES TO FINANCIAL STATEMENTS (continued)  
APRIL 30, 2011 AND 2010

Plan Sponsor: GM Nameplate, Inc.  
 Three Digit Plan Number: 002  
 Employer Identification Number: 91-0612253

NOTE C: Fair Value Measurements (continued)

|                                | <u>LEVEL 1</u>          | <u>LEVEL 2</u>         | <u>TOTAL</u>            |
|--------------------------------|-------------------------|------------------------|-------------------------|
| 2010:                          |                         |                        |                         |
| Money market funds             | \$ 179,727              |                        | \$ 179,727              |
| Mutual funds:                  |                         |                        |                         |
| Short-term/Bond investments    | 2,991,906               |                        | 2,991,906               |
| Blended funds                  | 1,613,453               |                        | 1,613,453               |
| Large cap stock funds          | 7,391,263               |                        | 7,391,263               |
| Mid cap stock funds            | 3,290,521               |                        | 3,290,521               |
| Small cap stock funds          | 1,725,989               |                        | 1,725,989               |
| International stock funds      | 3,087,570               |                        | 3,087,570               |
| Other funds                    | 1,774                   |                        | 1,774                   |
| Target retirement date funds   | 1,041,013               |                        | 1,041,013               |
| Total mutual funds             | <u>21,143,489</u>       |                        | <u>21,143,489</u>       |
| Common/Collective trust        |                         | \$1,850,055            | 1,850,055               |
| Common stock                   | <u>32,270</u>           |                        | <u>32,270</u>           |
| <br>TOTAL ASSETS AT FAIR VALUE | <br><u>\$21,355,486</u> | <br><u>\$1,850,055</u> | <br><u>\$23,205,541</u> |

NOTE D: Investments

Investments that represent 5% or more of the fair value of the Plan's net assets at April 30, 2011 and 2010 are as follows:

|   | <u>2011</u> | <u>2010</u> |
|---|-------------|-------------|
| Morgan Stanley Stable Value Fund Class A                |             | \$1,850,055 |
| Morgan Stanley Liquid Assets                            | \$1,573,959 |             |
| Thornburg International Value R4                        | 3,605,559   |             |
| Oppenheimer Main Street Select A                        | 2,091,765   | 1,884,135   |
| VanKampen Equity Income Fund Class A                    | 1,850,961   | 1,613,453   |
| VanKampen Small Cap Value Fund Class A                  | 2,056,093   | 1,543,273   |
| Fidelity Advisor Diversified International Fund Class A |             | 2,944,199   |
| Fidelity Advisor Government Income Fund Class A         | 2,316,652   | 2,355,534   |
| Fidelity Advisor Large Cap Fund Class A                 | 3,809,633   | 3,266,711   |
| Fidelity Advisor Midcap Fund Class A                    | 3,673,904   | 3,048,703   |



GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANNOTES TO FINANCIAL STATEMENTS (continued)  
APRIL 30, 2011 AND 2010

Plan Sponsor: GM Nameplate, Inc.  
 Three Digit Plan Number: 002  
 Employer Identification Number: 91-0612253

**NOTE E: Certified Information**

The following information was certified by Fidelity Management Trust Company pursuant to Department of Labor's regulation section 2520.103-5(d) as of April 30, 2011 and 2010, and for the years ended April 30, 2011 and 2010:

|  | <u>2011</u>  | <u>2010</u>  |
|--|--------------|--------------|
| Investment balances:   |              |              |
| Investments  | \$28,526,866 | \$23,208,480 |
| Participant loans receivable   | 762,258      | 628,094      |
| Additions and deductions from net assets:                            |              |              |
| Investment income, net   | 3,497,729    | 6,020,680    |
| Administrative expenses  | (18,752)     | (36,899)     |
| Transfer of assets from Park Nameplate<br>401(k) Profit Sharing Plan | 1,895,395    |              |

**NOTE F: Reconciliation to Form 5500**

A reconciliation of investment income per the statement of changes in net assets available for plan benefits and the amounts reported on the Form 5500 is as follows:

|   | <u>2011</u>        | <u>2010</u>        |
|---|--------------------|--------------------|
| Form 5500:  |                    |                    |
| Interest income   | \$ 55,485          | \$ 57,606          |
| Dividends   | 320,781            | 325,466            |
| Net realized loss on sale of assets                         | (156)              | (4,828)            |
| Net unrealized gain from registered<br>investment companies | 3,117,800          | 5,623,335          |
| Net unrealized appreciation from other<br>investments       | 97                 | 4,769              |
|   | <u>\$3,494,007</u> | <u>\$6,006,348</u> |
| Financial statements:                                       |                    |                    |
| Interest and dividend income                                | \$ 376,266         | \$ 383,072         |
| Net appreciation in fair value of investments               | 3,117,741          | 5,623,276          |
|   | <u>\$3,494,007</u> | <u>\$6,006,348</u> |

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANNOTES TO FINANCIAL STATEMENTS (continued)  
APRIL 30, 2011 AND 2010

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Plan Sponsor: GM Nameplate, Inc.  
Three Digit Plan Number: 002  
Employer Identification Number: 91-0612253

NOTE G: Plan Termination

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

NOTE H: Tax Status

The Plan utilizes a Volume Submitter Profit Sharing Plan document administered by Fidelity Management Trust Company (Fidelity). The Internal Revenue Service has determined and informed Fidelity by a letter dated March 31, 2008, that the Plan document is acceptable and, therefore, the Plan and trust established under the plan document is tax-exempt, under the appropriate sections of the Internal Revenue Code. The Plan document has been amended since receiving the determination letter. However, the trustees believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of April 30, 2011, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by departments of the federal government; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to examinations for years prior to April 30, 2008.

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANNOTES TO FINANCIAL STATEMENTS (continued)  
APRIL 30, 2011 AND 2010

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Plan Sponsor: GM Nameplate, Inc.  
Three Digit Plan Number: 002  
Employer Identification Number: 91-0612253

**NOTE I: Risks and Uncertainties**

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

The Plan invests in mutual funds which may invest in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

**NOTE J: Plan Merger**

During December 2010, Park Nameplate Co., Inc. (Park) was acquired by GM Nameplate, Inc. The Plan was amended to include predecessor employer service for Park employees effective February 1, 2011. Net assets of \$1,895,395 were transferred from Park Nameplate 401(k) Profit Sharing Plan into the Plan during April 2011.

**NOTE K: Subsequent Events**

Management has evaluated subsequent events through November 17, 2011, the date on which the financial statements were available to be issued.

## ADDITIONAL INFORMATION

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GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANSCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES  
APRIL 30, 2011

Plan Sponsor: GM Nameplate, Inc.  
 Three Digit Plan Number: 002  
 Employer Identification Number: 91-0612253  
 Form 5500, Part IV, Line 4i:

| <u>IDENTITY OF ISSUER,<br/>DESCRIPTION OF<br/>INVESTMENT</u>                  | <u>DESCRIPTION, MATURITY<br/>DATE, RATE OF INTEREST,<br/>MATURITY VALUE</u> | <u>MARKET VALUE</u> |
|---|---|---------------------|
| Participant directed investments held with Fidelity Management Trust Company: |   |                     |
| Cash  |   | \$ 3,243            |
| Morgan Stanley Liquid Assets (money market)                                   |   | 1,573,959           |
| Fidelity Managed Income Portfolio   |   | 151,726             |
| Invesco Midcap Core Equity Fund Class A                                       |   | 387,221             |
| Invesco Small Cap Growth Fund Class A   |   | 333,627             |
| ALL BERN International Growth Fund Class A                                    |   | 193,927             |
| Invesco Equally-Weighted S&P 500 Fund   |   | 928,654             |
| Invesco S&P 500 Index Fund Class A  |   | 838,436             |
| Oppenheimer Main Street Select A  |   | 2,091,765           |
| Thornburg International Value R4  |   | 3,605,559           |
| VanKampen Equity Income Fund Class A  |   | 1,850,961           |
| VanKampen Growth & Income Fund Class A  |   | 1,097,427           |
| VanKampen Small Cap Value Fund Class A  |   | 2,056,093           |
| Fidelity Advisor Dynamic Capital Appreciation Fund Class A                    |   | 305,776             |
| Fidelity Advisor Government Income Fund Class A                               |   | 2,316,652           |
| Fidelity Advisor Large Cap Fund Class A                                       |   | 3,809,633           |
| Fidelity Advisor Midcap Fund Class A  |   | 3,673,904           |
| Fidelity Advisor Strategic Income Class A                                     |   | 1,104,247           |
| Fidelity Advisor Freedom Income Fund Class A                                  |   | 18,273              |
| Fidelity Advisor New Insights Class A   |   | 657,885             |
| Fidelity Advisor Freedom 2005 Class A   |   | 2,497               |
| Fidelity Advisor Freedom 2010 Class A   |   | 97,766              |
| Fidelity Advisor Freedom 2015 Class A   |   | 134,379             |
| Fidelity Advisor Freedom 2020 Class A   |   | 340,695             |
| Fidelity Advisor Freedom 2025 Class A   |   | 148,628             |
| Fidelity Advisor Freedom 2030 Class A   |   | 123,431             |
| Fidelity Advisor Freedom 2035 Class A   |   | 301,239             |
| Fidelity Advisor Freedom 2040 Class A   |   | 271,360             |
| Fidelity Advisor Freedom 2045 Class A   |   | 56,824              |
| Fidelity Advisor Freedom 2050 Class A   |   | 11,462              |
| Common stock  |   | 37,230              |
| Other brokerage account asset   |   | 2,387               |
| Participant loans   |   | 762,258             |
|   |   | <u>\$29,289,124</u> |

See independent auditors' report.

**GM NAMEPLATE, INC.**  
**PROFIT SHARING 401(k) PLAN**

**FINANCIAL STATEMENTS**

**April 30, 2011 AND 2010**

Plan Sponsor: GM Nameplate, Inc.  
Three Digit Plan Number: 002  
Employer Identification Number: 91-0612253

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Certified Public Accountants, P.S.

## INDEPENDENT AUDITORS' REPORT

To the Board of Trustees of  
GM Nameplate, Inc. Profit Sharing 401(k) Plan

We were engaged to audit the accompanying statement of net assets available for plan benefits of GM Nameplate, Inc. Profit Sharing 401(k) Plan as of April 30, 2011 and 2010 and the related statement of changes in net assets available for plan benefits for the years ended April 30, 2011 and 2010, and the additional information included in the schedule of assets held for investment purposes as of April 30, 2011. These financial statements are the responsibility of the plan's administrator.

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 E, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the April 30, 2011 and 2010 financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the plan investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of April 30, 2011 and 2010, and for the years ended April 30, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule for the periods ended April 30, 2011 and 2010. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

*Benson & McLaughlin, P.S.*

November 17, 2011  
Seattle, Washington



GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANSTATEMENT OF NET ASSETS AVAILABLE FOR PLAN BENEFITS  
APRIL 30, 2011 AND 2010

Plan Sponsor: GM Nameplate, Inc.  
 Three Digit Plan Number: 002  
 Employer Identification Number: 91-0612253

|   | <u>2011</u>                | <u>2010</u>                |
|---|----------------------------|----------------------------|
| <b>ASSETS:</b>                                |                            |                            |
| Cash  | \$ 3,243                   | \$ 2,939                   |
| Investments, at fair value:                   |                            |                            |
| Participant directed investments held with    |                            |                            |
| Fidelity Management Trust Company:            |                            |                            |
| Money market funds                            | 1,573,959                  | 179,727                    |
| Mutual funds                                  | 26,760,708                 | 21,143,489                 |
| Common stock                                  | 37,230                     | 32,270                     |
| Common collective trust                       | 151,726                    | 1,850,055                  |
| Total investments                             | <u>28,523,623</u>          | <u>23,205,541</u>          |
| Receivables:                                  |                            |                            |
| Employer contribution                         | 107,368                    | 137,343                    |
| Employee salary deferrals                     | 56,993                     | 30,431                     |
| Participant loans                             | 762,258                    | 628,094                    |
| Total receivables                             | <u>926,619</u>             | <u>795,868</u>             |
| <b>NET ASSETS AVAILABLE FOR PLAN BENEFITS</b> | <u><b>\$29,453,485</b></u> | <u><b>\$24,004,348</b></u> |

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANSTATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS  
FOR THE YEARS ENDED APRIL 30, 2011 AND 2010

Plan Sponsor: GM Nameplate, Inc.  
 Three Digit Plan Number: 002  
 Employer Identification Number: 91-0612253

|  | <u>2011</u>         | <u>2010</u>         |
|--|---------------------|---------------------|
| ADDITIONS TO NET ASSETS ATTRIBUTED TO:                               |                     |                     |
| Investment income:   |                     |                     |
| Interest and dividend income   | \$ 376,266          | \$ 383,072          |
| Net appreciation in fair value of investments                        | 3,117,741           | 5,623,276           |
| Net investment gain from common collective trust                     | 3,722               | 14,332              |
| Contributions:   |                     |                     |
| Participant salary deferrals and rollovers                           | 1,155,393           | 934,463             |
| Employer match   | 189,982             | 137,343             |
| Total additions  | <u>4,843,104</u>    | <u>7,092,486</u>    |
| DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:                            |                     |                     |
| Benefits paid to participants  | 1,270,650           | 3,661,137           |
| Administrative expenses  | 18,752              | 36,899              |
| Deemed distributions (recovery) of participant loans                 | (40)                | 3,957               |
| Total deductions   | <u>1,289,362</u>    | <u>3,701,993</u>    |
| NET INCREASE IN NET ASSETS   | 3,553,742           | 3,390,493           |
| TRANSFER OF ASSETS FROM PARK NAMEPLATE<br>401(k) PROFIT SHARING PLAN | 1,895,395           |                     |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS:                              |                     |                     |
| BEGINNING OF PERIOD  | <u>24,004,348</u>   | <u>20,613,855</u>   |
| END OF PERIOD  | <u>\$29,453,485</u> | <u>\$24,004,348</u> |

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANNOTES TO FINANCIAL STATEMENTS  
APRIL 30, 2011 AND 2010

---

Plan Sponsor: GM Nameplate, Inc.  
Three Digit Plan Number: 002  
Employer Identification Number: 91-0612253

NOTE A: Description of Plan

The following description of the GM Nameplate, Inc. Profit Sharing 401(k) Plan (the Plan) provides only general information about the provisions of the Plan for the periods ended April 30, 2011 and 2010.

Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

## 1. General

The Plan is a defined contribution profit sharing 401(k) plan covering all full-time employees of the company who are age eighteen or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

## 2. Contributions

Participant elected 401(k) contributions: A participant may elect to defer up to 100% of his or her compensation, not to exceed an amount determined under Section 415(d) of the Internal Revenue Code each year.

Employer discretionary matching contributions: The employer may, at its election, make a matching contribution equal to the percentage or dollar amount declared for the contribution period.

Employer discretionary profit sharing contribution: Each year, the company determines the amount of contribution which is made from current or accumulated net profits.

The employer made a matching contribution of \$189,982 and \$137,343 for the years ended April 30, 2011 and 2010, respectively.

The employer made no discretionary profit sharing contributions for the plan periods ended April 30, 2011 and 2010.

The Plan allows rollover contributions from another qualified plan.

Participant elected 401(k) contributions are remitted to the Plan within an administratively reasonable time after withholding from the participants' compensation.

Employer matching and profit sharing contributions, if any, are remitted to the plan no later than the time prescribed by law, including extensions thereof, for the filing of the employers' tax return for the taxable year in which the plan year ends.

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANNOTES TO FINANCIAL STATEMENTS (continued)  
APRIL 30, 2011 AND 2010

---

Plan Sponsor: GM Nameplate, Inc.  
Three Digit Plan Number: 002  
Employer Identification Number: 91-0612253

**NOTE A: Description of Plan (continued)****3. Participant Accounts**

Employees may elect to make 401(k) deferral contributions beginning on the first of the month immediately following the completion of the first hour of service.

For purposes of 401(k) matching and profit sharing contributions, employees are eligible in the month following the completion of one year of service.

Each participant's account is credited with his or her salary deferral as it is earned.

Each participant's account is credited with the company's discretionary profit sharing contribution, if any, based upon eligibility rules as of April 30 each year. Allocation of company contributions is based upon annual compensation in relation to the annual eligible compensation paid to all participants.

The company's matching contributions are made based upon eligibility rules as of the last day of any declared contribution period.

All contributions can be directed into any combination of participant directed investment fund options available by the plan, each having a different investment objective.

**4. Vesting**

All participants are fully vested in all of their accounts.

**5. Payment of Benefits**

On termination of service, benefits are payable as soon as administratively feasible after the investment information is made available. Benefits may be paid in a lump sum or in optional installment payments according to Plan limitations.

In-service withdrawals before age 55 are permitted in cases of serious financial hardship, as defined in the Plan. "Hardship" withdrawals are available only to the extent that the participant has no other financial resources to meet the financial need, and the amount of withdrawal can not exceed the amount needed.

**6. Participant Loans**

Participants are allowed to borrow from their account the lesser of 50% of the account balance or \$50,000. Loans bear interest at a commercially reasonable rate determined by the Administration Committee (ranging from 4.25% to 9.25% for loans currently outstanding due through May 2016) and must be repaid, by payroll deduction, in level payments of principal and interest over not more than five years.

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS (continued)  
APRIL 30, 2011 AND 2010

---

Plan Sponsor: GM Nameplate, Inc.  
Three Digit Plan Number: 002  
Employer Identification Number: 91-0612253

NOTE B: Summary of Accounting Policies

Basis of accounting:

The Plan uses the accrual basis of accounting for financial accounting purposes.

Investments:

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date.

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

Participant loans receivable:

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

Benefit payments:

Benefits are recorded when paid.

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 the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Accordingly, actual results may differ from those estimates.

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANNOTES TO FINANCIAL STATEMENTS (continued)  
APRIL 30, 2011 AND 2010

Plan Sponsor: GM Nameplate, Inc.  
 Three Digit Plan Number: 002  
 Employer Identification Number: 91-0612253

**NOTE C: Fair Value Measurements**

The Fair Value Measurements and Disclosures Topic of the FASB ASC establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

**Level 1 Fair Value Measurements:**

The fair values of mutual funds and common stock are based on quoted net asset values of the shares held by the Plan at year-end. Money market funds are stated at cost since the funds trade at \$1 per share.

**Level 2 Fair Value Measurements:**

The fair value of the common/collective trust (Fidelity Managed Income Portfolio at April 30, 2011 and Morgan Stanley Stable Value Fund Class A at April 30, 2010) is based on its underlying assets that have either Level 1 or 2 pricing inputs, including quoted prices for similar assets in active or non-active markets.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2011 and 2010:

|                                   | <u>LEVEL 1</u>          | <u>LEVEL 2</u>        | <u>TOTAL</u>            |
|-----------------------------------|-------------------------|-----------------------|-------------------------|
| 2011:                             |                         |                       |                         |
| Money market funds                | <u>\$ 1,573,959</u>     |                       | <u>\$ 1,573,959</u>     |
| Mutual funds:                     |                         |                       |                         |
| Short-term/Bond investments       | 3,420,899               |                       | 3,420,899               |
| Blended funds                     | 1,850,961               |                       | 1,850,961               |
| Large cap stock funds             | 9,729,576               |                       | 9,729,576               |
| Mid cap stock funds               | 4,061,125               |                       | 4,061,125               |
| Small cap stock funds             | 2,389,720               |                       | 2,389,720               |
| International stock funds         | 3,799,486               |                       | 3,799,486               |
| Other funds                       | 2,387                   |                       | 2,387                   |
| Target retirement date funds      | <u>1,506,554</u>        |                       | <u>1,506,554</u>        |
| Total mutual funds                | <u>26,760,708</u>       |                       | <u>26,760,708</u>       |
| Common/Collective trust           |                         | \$ 151,726            | 151,726                 |
| Common stock                      | <u>37,230</u>           |                       | <u>37,230</u>           |
| <br>TOTAL ASSETS AT<br>FAIR VALUE | <br><u>\$28,371,897</u> | <br><u>\$ 151,726</u> | <br><u>\$28,523,623</u> |

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANNOTES TO FINANCIAL STATEMENTS (continued)  
APRIL 30, 2011 AND 2010

Plan Sponsor: GM Nameplate, Inc.  
 Three Digit Plan Number: 002  
 Employer Identification Number: 91-0612253

NOTE C: Fair Value Measurements (continued)

|                                | <u>LEVEL 1</u>          | <u>LEVEL 2</u>         | <u>TOTAL</u>            |
|--------------------------------|-------------------------|------------------------|-------------------------|
| 2010:                          |                         |                        |                         |
| Money market funds             | \$ 179,727              |                        | \$ 179,727              |
| Mutual funds:                  |                         |                        |                         |
| Short-term/Bond investments    | 2,991,906               |                        | 2,991,906               |
| Blended funds                  | 1,613,453               |                        | 1,613,453               |
| Large cap stock funds          | 7,391,263               |                        | 7,391,263               |
| Mid cap stock funds            | 3,290,521               |                        | 3,290,521               |
| Small cap stock funds          | 1,725,989               |                        | 1,725,989               |
| International stock funds      | 3,087,570               |                        | 3,087,570               |
| Other funds                    | 1,774                   |                        | 1,774                   |
| Target retirement date funds   | 1,041,013               |                        | 1,041,013               |
| Total mutual funds             | <u>21,143,489</u>       |                        | <u>21,143,489</u>       |
| Common/Collective trust        |                         | \$1,850,055            | 1,850,055               |
| Common stock                   | <u>32,270</u>           |                        | <u>32,270</u>           |
| <br>TOTAL ASSETS AT FAIR VALUE | <br><u>\$21,355,486</u> | <br><u>\$1,850,055</u> | <br><u>\$23,205,541</u> |

NOTE D: Investments

Investments that represent 5% or more of the fair value of the Plan's net assets at April 30, 2011 and 2010 are as follows:

|   | <u>2011</u> | <u>2010</u> |
|---|-------------|-------------|
| Morgan Stanley Stable Value Fund Class A                |             | \$1,850,055 |
| Morgan Stanley Liquid Assets                            | \$1,573,959 |             |
| Thornburg International Value R4                        | 3,605,559   |             |
| Oppenheimer Main Street Select A                        | 2,091,765   | 1,884,135   |
| VanKampen Equity Income Fund Class A                    | 1,850,961   | 1,613,453   |
| VanKampen Small Cap Value Fund Class A                  | 2,056,093   | 1,543,273   |
| Fidelity Advisor Diversified International Fund Class A |             | 2,944,199   |
| Fidelity Advisor Government Income Fund Class A         | 2,316,652   | 2,355,534   |
| Fidelity Advisor Large Cap Fund Class A                 | 3,809,633   | 3,266,711   |
| Fidelity Advisor Midcap Fund Class A                    | 3,673,904   | 3,048,703   |

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANNOTES TO FINANCIAL STATEMENTS (continued)  
APRIL 30, 2011 AND 2010

Plan Sponsor: GM Nameplate, Inc.  
 Three Digit Plan Number: 002  
 Employer Identification Number: 91-0612253

**NOTE E: Certified Information**

The following information was certified by Fidelity Management Trust Company pursuant to Department of Labor's regulation section 2520.103-5(d) as of April 30, 2011 and 2010, and for the years ended April 30, 2011 and 2010:

|  | <u>2011</u>  | <u>2010</u>  |
|--|--------------|--------------|
| Investment balances:   |              |              |
| Investments  | \$28,526,866 | \$23,208,480 |
| Participant loans receivable   | 762,258      | 628,094      |
| Additions and deductions from net assets:                            |              |              |
| Investment income, net   | 3,497,729    | 6,020,680    |
| Administrative expenses  | (18,752)     | (36,899)     |
| Transfer of assets from Park Nameplate<br>401(k) Profit Sharing Plan | 1,895,395    |              |

**NOTE F: Reconciliation to Form 5500**

A reconciliation of investment income per the statement of changes in net assets available for plan benefits and the amounts reported on the Form 5500 is as follows:

|   | <u>2011</u>        | <u>2010</u>        |
|---|--------------------|--------------------|
| Form 5500:  |                    |                    |
| Interest income   | \$ 55,485          | \$ 57,606          |
| Dividends   | 320,781            | 325,466            |
| Net realized loss on sale of assets                         | (156)              | (4,828)            |
| Net unrealized gain from registered<br>investment companies | 3,117,800          | 5,623,335          |
| Net unrealized appreciation from other<br>investments       | 97                 | 4,769              |
|   | <u>\$3,494,007</u> | <u>\$6,006,348</u> |
| Financial statements:                                       |                    |                    |
| Interest and dividend income                                | \$ 376,266         | \$ 383,072         |
| Net appreciation in fair value of investments               | 3,117,741          | 5,623,276          |
|   | <u>\$3,494,007</u> | <u>\$6,006,348</u> |



GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANNOTES TO FINANCIAL STATEMENTS (continued)  
APRIL 30, 2011 AND 2010

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Plan Sponsor: GM Nameplate, Inc.  
Three Digit Plan Number: 002  
Employer Identification Number: 91-0612253

NOTE G: Plan Termination

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

NOTE H: Tax Status

The Plan utilizes a Volume Submitter Profit Sharing Plan document administered by Fidelity Management Trust Company (Fidelity). The Internal Revenue Service has determined and informed Fidelity by a letter dated March 31, 2008, that the Plan document is acceptable and, therefore, the Plan and trust established under the plan document is tax-exempt, under the appropriate sections of the Internal Revenue Code. The Plan document has been amended since receiving the determination letter. However, the trustees believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, they believe that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the plan and recognize a tax liability (or asset) if the plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the plan, and has concluded that as of April 30, 2011, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by departments of the federal government; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to examinations for years prior to April 30, 2008.

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANNOTES TO FINANCIAL STATEMENTS (continued)  
APRIL 30, 2011 AND 2010

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Plan Sponsor: GM Nameplate, Inc.  
Three Digit Plan Number: 002  
Employer Identification Number: 91-0612253

**NOTE I: Risks and Uncertainties**

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

The Plan invests in mutual funds which may invest in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

**NOTE J: Plan Merger**

During December 2010, Park Nameplate Co., Inc. (Park) was acquired by GM Nameplate, Inc. The Plan was amended to include predecessor employer service for Park employees effective February 1, 2011. Net assets of \$1,895,395 were transferred from Park Nameplate 401(k) Profit Sharing Plan into the Plan during April 2011.

**NOTE K: Subsequent Events**

Management has evaluated subsequent events through November 17, 2011, the date on which the financial statements were available to be issued.

## ADDITIONAL INFORMATION

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GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLAN  
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES  
APRIL 30, 2011

Plan Sponsor: GM Nameplate, Inc.  
 Three Digit Plan Number: 002  
 Employer Identification Number: 91-0612253  
 Form 5500, Part IV, Line 4i:

| IDENTITY OF ISSUER,<br>DESCRIPTION OF<br>INVESTMENT                           | DESCRIPTION, MATURITY<br>DATE, RATE OF INTEREST,<br>MATURITY VALUE | MARKET VALUE        |
|---|--|---------------------|
| Participant directed investments held with Fidelity Management Trust Company: |  |                     |
| Cash  |  | \$ 3,243            |
| Morgan Stanley Liquid Assets (money market)                                   |  | 1,573,959           |
| Fidelity Managed Income Portfolio   |  | 151,726             |
| Invesco Midcap Core Equity Fund Class A                                       |  | 387,221             |
| Invesco Small Cap Growth Fund Class A   |  | 333,627             |
| ALL BERN International Growth Fund Class A                                    |  | 193,927             |
| Invesco Equally-Weighted S&P 500 Fund   |  | 928,654             |
| Invesco S&P 500 Index Fund Class A  |  | 838,436             |
| Oppenheimer Main Street Select A  |  | 2,091,765           |
| Thornburg International Value R4  |  | 3,605,559           |
| VanKampen Equity Income Fund Class A  |  | 1,850,961           |
| VanKampen Growth & Income Fund Class A  |  | 1,097,427           |
| VanKampen Small Cap Value Fund Class A  |  | 2,056,093           |
| Fidelity Advisor Dynamic Capital Appreciation Fund Class A                    |  | 305,776             |
| Fidelity Advisor Government Income Fund Class A                               |  | 2,316,652           |
| Fidelity Advisor Large Cap Fund Class A                                       |  | 3,809,633           |
| Fidelity Advisor Midcap Fund Class A  |  | 3,673,904           |
| Fidelity Advisor Strategic Income Class A                                     |  | 1,104,247           |
| Fidelity Advisor Freedom Income Fund Class A                                  |  | 18,273              |
| Fidelity Advisor New Insights Class A   |  | 657,885             |
| Fidelity Advisor Freedom 2005 Class A   |  | 2,497               |
| Fidelity Advisor Freedom 2010 Class A   |  | 97,766              |
| Fidelity Advisor Freedom 2015 Class A   |  | 134,379             |
| Fidelity Advisor Freedom 2020 Class A   |  | 340,695             |
| Fidelity Advisor Freedom 2025 Class A   |  | 148,628             |
| Fidelity Advisor Freedom 2030 Class A   |  | 123,431             |
| Fidelity Advisor Freedom 2035 Class A   |  | 301,239             |
| Fidelity Advisor Freedom 2040 Class A   |  | 271,360             |
| Fidelity Advisor Freedom 2045 Class A   |  | 56,824              |
| Fidelity Advisor Freedom 2050 Class A   |  | 11,462              |
| Common stock  |  | 37,230              |
| Other brokerage account asset   |  | 2,387               |
| Participant loans   |  | 762,258             |
|   |  | <u>\$29,289,124</u> |

See independent auditors' report.

GM NAMEPLATE, INC. PROFIT SHARING 401(k) PLANSCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES  
APRIL 30, 2011

Plan Sponsor: GM Nameplate, Inc.  
 Three Digit Plan Number: 002  
 Employer Identification Number: 91-0612253  
 Form 5500, Part IV, Line 4i:

| IDENTITY OF ISSUER,<br>DESCRIPTION OF<br>INVESTMENT                           | DESCRIPTION, MATURITY<br>DATE, RATE OF INTEREST,<br>MATURITY VALUE | MARKET VALUE        |
|---|--|---------------------|
| Participant directed investments held with Fidelity Management Trust Company: |  |                     |
| Cash  |  | \$ 3,243            |
| Morgan Stanley Liquid Assets (money market)                                   |  | 1,573,959           |
| Fidelity Managed Income Portfolio   |  | 151,726             |
| Invesco Midcap Core Equity Fund Class A                                       |  | 387,221             |
| Invesco Small Cap Growth Fund Class A   |  | 333,627             |
| ALL BERN International Growth Fund Class A                                    |  | 193,927             |
| Invesco Equally-Weighted S&P 500 Fund   |  | 928,654             |
| Invesco S&P 500 Index Fund Class A  |  | 838,436             |
| Oppenheimer Main Street Select A  |  | 2,091,765           |
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| VanKampen Equity Income Fund Class A  |  | 1,850,961           |
| VanKampen Growth & Income Fund Class A  |  | 1,097,427           |
| VanKampen Small Cap Value Fund Class A  |  | 2,056,093           |
| Fidelity Advisor Dynamic Capital Appreciation Fund Class A                    |  | 305,776             |
| Fidelity Advisor Government Income Fund Class A                               |  | 2,316,652           |
| Fidelity Advisor Large Cap Fund Class A                                       |  | 3,809,633           |
| Fidelity Advisor Midcap Fund Class A  |  | 3,673,904           |
| Fidelity Advisor Strategic Income Class A                                     |  | 1,104,247           |
| Fidelity Advisor Freedom Income Fund Class A                                  |  | 18,273              |
| Fidelity Advisor New Insights Class A   |  | 657,885             |
| Fidelity Advisor Freedom 2005 Class A   |  | 2,497               |
| Fidelity Advisor Freedom 2010 Class A   |  | 97,766              |
| Fidelity Advisor Freedom 2015 Class A   |  | 134,379             |
| Fidelity Advisor Freedom 2020 Class A   |  | 340,695             |
| Fidelity Advisor Freedom 2025 Class A   |  | 148,628             |
| Fidelity Advisor Freedom 2030 Class A   |  | 123,431             |
| Fidelity Advisor Freedom 2035 Class A   |  | 301,239             |
| Fidelity Advisor Freedom 2040 Class A   |  | 271,360             |
| Fidelity Advisor Freedom 2045 Class A   |  | 56,824              |
| Fidelity Advisor Freedom 2050 Class A   |  | 11,462              |
| Common stock  |  | 37,230              |
| Other brokerage account asset   |  | 2,387               |
| Participant loans   |  | 762,258             |
|   |  | <u>\$29,289,124</u> |

See independent auditors' report.