# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
TRANSAMERICAN AUTO PARTS 401K PLAN

**1b** Three-digit plan number (PN) ▶ 004

**1c** Effective date of plan 01/01/1995

**2a** Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

TAP WORLDWIDE LLC

400 W. ARTESIA BLVD.
COMPTON, CA 90220-5103

400 W. ARTESIA BLVD.
COMPTON, CA 90220-5103

**2b** Employer Identification Number (EIN) 27-1087170

**2c** Sponsor's telephone number 310-900-5512

**2d** Business code (see instructions) 441300

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/03/2012 | RANDY KRZESINSKI |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

400 W. ARTESIA BLVD.
COMPTON, CA 90220-5103

**3b** Administrator's EIN
27-1087170

**3c** Administrator's telephone number
310-900-5512

**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** | 1110 |
| **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** | 1185 |
| **b** | Retired or separated participants receiving benefits | **6b** | 1 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 65 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 1251 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 1251 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 459 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 1 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2F 2G 2J 2K 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)** | X | Trust |
| **(4)** | | General assets of the sponsor |

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2011**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
TRANSAMERICAN AUTO PARTS 401K PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
TAP WORLDWIDE LLC

**D** Employer Identification Number (EIN)
27-1087170

## Part I Service Provider Information (see instructions)

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

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

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

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

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

FID.INV.INST.OPS.CO.

04-2647786

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

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

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

M ADVISORY GROUP

91-1802259

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 16 27 | INVESTMENT ADVISOR | 20000 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 64 65 60 | RECORDKEEPER | 12671 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [X] No [ ] |

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

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

**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)

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| ARTISAN MID CAP VAL - STATE STREET<br><br>04-0025081 | 0.40% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| DWS CAPITAL GROWTH S - DWS INVESTME<br><br>02-0432775 | 0.35% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| INVS DIVRS DIVD INV - INVESCO AIM I<br><br>98-0557567 | 0.50% |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| INVS MDCP CORE EQ A - INVESCO CANAD P.O. BOX 219078 KANSAS CITY, MO 64121-9078 | 0.50% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| JANUS ENTERPRISE S - JANUS SERVICES<br><br>43-1804048 | 0.50% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| MSIF INTL EQUITY P - MORGAN STANLEY<br><br>13-3799749 | 0.35% |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| NORTHERN SM CAP VAL - THE NORTHERN<br><br>36-2723087 | 0.40% |

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

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

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
TRANSAMERICAN AUTO PARTS 401K PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
TAP WORLDWIDE LLC

**D** Employer Identification Number (EIN)
27-1087170

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 54238 | 82421 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 7073701 | 7374924 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 7127939 | 7457345 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 7127939 | 7457345 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| Income | | (a) Amount | (b) Total |
|---|---|---|---|
| **a Contributions:** | | | |
| **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 100000 | |
| **(B)** Participants | 2a(1)(B) | 1117093 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 28044 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1245137 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 7 | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 7 |
| **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| **(B)** Common stock | 2b(2)(B) | | |
| **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 262765 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 262765 |
| **(3)** Rents | 2b(3) | | |
| **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | -504672 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1003237 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 583217 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 583217 |
| **f** Corrective distributions (see instructions) | 2f | | 59987 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 32681 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 32681 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 675885 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 327352 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 2054 |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MARTINI, IOSUE AND AKPOVI (2) EIN: 95-4508585

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | **4a** | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** | Was this plan covered by a fidelity bond? | **4e** | X | | 500000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | **4j** | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | **4n** | | X | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

**A** Name of plan
TRANSAMERICAN AUTO PARTS 401K PLAN

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
TAP WORLDWIDE LLC

**D** Employer Identification Number (EIN)
27-1087170

## Part I Distributions

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

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

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

EIN(s): 04-6568107

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

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

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

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

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

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

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

**6 a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Transamerican Auto Parts 401(k) Plan
# Financial Statements and Independent Auditors' Report
# December 31, 2011

MARTINI
IOSUE
& AKPOVI

CERTIFIED
PUBLIC
ACCOUNTANTS

*A Partnership of Professional Corporations*

# Transamerican Auto Parts 401(k) Plan
# Financial Statements
# December 31, 2011

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| Form 5500, Schedule H, Line 4i: Schedule of Assets (Held at End of Year) | 11 |


Note: All other schedules required by Section 2520.103-10 of The Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

**Independent Auditors' Report**

Members of the Board of Trustees and Participants
Transamerican Auto Parts 401(k) Plan
Compton, California

We were engaged to audit the accompanying statement of net assets available for benefits of the Transamerican Auto Parts 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedule of assets (held at end of year) as of December 31, 2011. The financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3, 4 and 8, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the Plan administrator by the custodian is complete and accurate.

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

Martini, Rosner & Akgovic

Encino, California
September 24, 2012

# Transamerican Auto Parts 401(k) Plan
# Statements of Net Assets Available for Benefits
# December 31, 2011 and 2010

| | 2011 | 2010 |
|---|---|---|
| **Investments, at Fair Value** | $ 7,457,345 | $ 7,127,939 |
| **Receivables** | | |
| Participant contributions receivable | 51,571 | 34,850 |
| Employer contributions receivable | 125,000 | 100,000 |
| **Total Receivables** | 176,571 | 134,850 |
| **Total Assets** | 7,633,916 | 7,262,789 |
| **Liabilities, Excess Contributions Payable** | - | (59,987) |
| **Net Assets Available For Benefits** | $ 7,633,916 | $ 7,202,802 |

The Accompanying Notes are an Integral Part of These Financial Statements

# Transamerican Auto Parts 401(k) Plan
# Statement of Changes in Net Assets Available for Benefits
# For the Year Ended December 31, 2011

| | | |
|---|---|---|
| **Additions** | | |
| **Contributions** | | |
| Participant contributions | $ | 1,133,815 |
| Participant roll-over contributions | | 30,097 |
| Employer contributions | | 125,000 |
| **Total Contributions** | | 1,288,912 |
| **Investment Income (Loss)** | | |
| Net decrease in the fair value of investments | | (504,672) |
| Dividend income | | 262,772 |
| **Net Investment Loss** | | (241,900) |
| **Total Additions, Net of Investment Loss** | | 1,047,012 |
| **Deductions** | | |
| Benefits paid to participants | | (583,217) |
| Administrative expenses | | (32,681) |
| **Total Deductions** | | (615,898) |
| **Increase in Net Assets** | | 431,114 |
| **Net Assets Available for Benefits, Beginning of Year** | | 7,202,802 |
| **Net Assets Available for Benefits, End of Year** | $ | 7,633,916 |

The Accompanying Notes are an Integral Part of These Financial Statements

# Transamerican Auto Parts 401(k) Plan
# Notes to Financial Statements
# December 31, 2011

## Note 1 - Description of Plan

The following description of the Transamerican Auto Parts 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan with a 401(k) arrangement covering substantially all employees of Transamerican Auto Parts Company, Inc. and other related subscribing employers (collectively, the "Company" or the "Plan Administrator/Sponsor") who have completed a minimum of three months of service and attained the age of 21 years. Eligible participants may enter the Plan on the first day of each month. Fidelity Management Trust Company serves as the trustee and custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year the Plan Sponsor may contribute to the Plan an amount, if any, which the Plan Sponsor's Board of Directors determines at its discretion. The determination is not subject to any limitation. Participants may contribute from 1% to 75% of their eligible compensation for the year, not to exceed Internal Revenue Code limitations, which may be proportionately matched by the Plan Sponsor. Generally, participants who meet the eligibility requirements and are employed on the last day of the Plan year are eligible to receive an allocation of the matching contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's contributions and allocations of the Plan's earnings, and charged with the participant's withdrawals and allocations of the Plan's losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their voluntary contributions plus actual earnings thereon. Participants become 100% vested in the Company's matching contribution and Company profit sharing contributions after three (3) years of service. Employees will also become fully vested in Company contributions at normal retirement, if they become disabled or upon death.

Investment Options

Participants direct both employee deferrals and employer contributions to be invested in various investment options as made available and determined by the Plan Administrator, which are more fully described in the Plan literature. If participants do not select an investment, deferrals will be invested in their appropriate target-date fund.

**Description of Plan (continued)**

Benefit Payments

Participants may withdraw the vested interest in their account only in the event of termination of employment, retirement, death, disability, financial hardship or when they reach an age of 59 1/2. On termination of employment, a participant may either receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or a portion of the total vested balance at the participant's discretion. If a participant makes no distribution election upon termination of employment, and the value of their account is less than $5,000, the vested balance of their account may be automatically rolled over into an Individual Retirement Account.

Notes Receivable from Participants

Participants are not permitted to obtain notes against their vested account through the Plan.

Forfeited Accounts

Forfeitures of non-vested employer matching contributions are generally used to supplement matching contributions for that Plan year. In order to share in the allocation of forfeitures, an employee must be eligible to receive employer-matching contributions. The amount of unallocated forfeitures at December 31, 2011 and 2010, available to pay certain Plan fees and offset future employer contributions, were $6,427 and $1,653, respectively.

**Note 2 - Significant Accounting Policies**

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan utilizes various investment instruments, including mutual funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

**Note 2 - Significant Accounting Policies (continued)**

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for a discussion of fair value measurements.

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

Administrative Expenses

Administrative expenses of the Plan may be paid by the Plan as provided in the Plan document. However, the Company and its participants may also pay the Plan expenses directly. Transaction charges for benefit payment transactions, if any, are paid by the Plan by reducing the balances of those participants initiating the transaction.

Payment of Benefits

Benefit payments to participants are recorded when paid.

**Note 3 - Investments**

The following table presents the fair value of the participant-directed investments in this Plan that was certified by Fidelity Management Trust Company. Single investments representing more than 5% of the Plan's net assets as of December 31, are as follows:

| | 2011 | 2010 |
|---|---|---|
| FID Freedom 2035 | $ 1,364,637 | $ 1,274,471 |
| FID Freedom 2025 | $ 1,248,364 | $ 1,258,891 |
| FID Freedom 2040 | $ 1,077,990 | $ 991,728 |
| FID Freedom 2030 | $ 870,578 | $ 1,012,199 |
| FID Freedom 2045 | $ 759,546 | $ 701,156 |
| FID Freedom 2020 | $ 644,665 | $ 606,980 |
| FID Freedom 2015 | $ 598,256 | $ 603,356 |
| FID Freedom 2010 | $ 391,837 | $ 356,561 |

Fidelity Management Trust Company also certified the completeness and accuracy of $504,672 of net decrease in fair value of investments and $262,772 of dividend income related to the aforementioned investments for the year ended December 31, 2011.

### Note 4 - Information Certified by the Custodian

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule, which was prepared by Fidelity Management Trust Company, the custodian of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from Fidelity Management Trust Company that such information is complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

a. Investments as of December 31, 2011 and 2010, as indicated in the Statements of Net Assets Available for Benefits and Note 3;

b. Investment income information, as indicated on the Statement of Changes in Net Assets Available for Benefits and all investment balances in Note 3 for the year ended December 31, 2011; and

c. Supplemental schedule of assets (held at end of year) as of December 31, 2011.

### Note 5 - Related Party Transactions

Certain plan investments are managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Fidelity Management Trust Company for investment management services were $32,681 for the year ended December 31, 2011.

### Note 6 - Plan Termination

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

### Note 7 - Federal Income Tax Status

The Internal Revenue Service has determined and informed the Company, by a letter dated March 11, 1996, that the Plan is qualified and the trust established under the Plan is tax-exempt, under the appropriate sections of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

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 December 31, 2011 and 2010, there were no uncertain 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 taxing and other jurisdictions. However, there are currently no audits in progress for any prior tax periods. The Plan administrator believes it is no longer subject to income tax examinations prior to 2008.

### Note 8 - Fair Value Measurements

Financial Accounting Standards Board Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The 3 levels of the fair value hierarchy under ASC Topic 820 are described below:

Level 1: These inputs into the valuation methodology consist of unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Examples of these inputs into the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets or liabilities;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: These inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The assets' or liabilities' fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

- *Interest-bearing cash*: Valued at cost plus accrued interest, which approximates fair value.
- *Mutual funds*: Valued at the net asset value of shares held by the plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at December 31, 2011 and December 31, 2010.

**Note 8 - Fair Value Measurements (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

| December 31, 2011 | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Interest-bearing cash | $ 82,421 | $ - | $ - | $ 82,421 |
| Mutual funds: | | | | |
| Freedom | 7,206,847 | - | - | 7,206,847 |
| Domestic Stock Fund | 38,976 | - | - | 38,976 |
| Growth Equity | 33,529 | - | - | 33,529 |
| Government | 27,038 | - | - | 27,038 |
| Small U.S. Equity | 24,471 | - | - | 24,471 |
| Mid U.S. Equity | 22,607 | - | - | 22,607 |
| International | 21,456 | - | - | 21,456 |
| | $ 7,457,345 | $ - | $ - | $ 7,457,345 |

| December 31, 2010 | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Interest-bearing cash | $ 54,238 | $ - | $ - | $ 54,238 |
| Mutual funds: | | | | |
| Freedom | 6,999,713 | - | - | 6,999,713 |
| Government | 31,016 | - | - | 31,016 |
| International | 11,558 | - | - | 11,558 |
| Growth Equity | 11,359 | - | - | 11,359 |
| Domestic Stock Fund | 9,408 | - | - | 9,408 |
| Mid U.S. Equity | 6,410 | - | - | 6,410 |
| Small U.S. Equity | 4,237 | - | - | 4,237 |
| | $ 7,127,939 | $ - | $ - | $ 7,127,939 |

Changes in economic conditions or valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2011 and 2010, there were no transfers in or out of levels 1, 2 or 3.

**Note 9 - Reconciliation of Plan Financial Statements to the Form 5500**

The Annual Return / Report of Employee Benefit Plan (the "Form 5500") is prepared on the modified cash basis. Accordingly, certain balances included on Schedule H (Part I and II) of the Form 5500 differ from those included in these financial statements. The ending net asset balances are reconciled as follows:

| | 2011 | 2010 |
|---|---|---|
| Net assets as presented in these financial statements | $ 7,633,916 | $ 7,202,802 |
| Employer contributions receivable | (125,000) | (100,000) |
| Employee contributions receivable | (51,571) | (34,850) |
| Excess contributions payable | - | 59,987 |
| Net assets as presented in Form 5500 | $ 7,457,345 | $ 7,127,939 |

### Note 9 - Reconciliation of Plan Financial Statements to the Form 5500 (continued)

The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements for the year ended December 31, 2011 to Form 5500:

| | | |
|---|---|---|
| Increase in net assets per these financial statements | $ | 431,114 |
| Employer contributions receivable at December 31, 2010, included in Form 5500 | | 100,000 |
| Employee contributions receivable at December 31, 2010, included in Form 5500 | | 34,850 |
| Excess contributions payable at December 31, 2010, not included in Form 5500 | | (59,987) |
| Employer contributions receivable at December 31, 2011, not included in Form 5500 | | (125,000) |
| Participant contributions receivable at December 31, 2011, not included in Form 5500 | | (51,571) |
| Net income per 2011 Form 5500 | $ | 329,406 |

### Note 10 - Subsequent Events

We have evaluated subsequent events and transactions for potential recognition or disclosure in the financial statements through September 24, 2012, the date the financial statements were available to be issued.

# Supplementary Information

**Transamerican Auto Parts 401(k) Plan**
**Form 5500, Schedule H, Line 4i: Schedule of Assets (Held at End of Year)**
**December 31, 2011**

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | (d) Current value |
|---|---|---|---|
| * | FIDELITY FUNDS | FID FREEDOM 2035 | $ 1,364,637 |
| * | FIDELITY FUNDS | FID FREEDOM 2025 | 1,248,364 |
| * | FIDELITY FUNDS | FID FREEDOM 2040 | 1,077,990 |
| * | FIDELITY FUNDS | FID FREEDOM 2030 | 870,578 |
| * | FIDELITY FUNDS | FID FREEDOM 2045 | 759,546 |
| * | FIDELITY FUNDS | FID FREEDOM 2020 | 644,665 |
| * | FIDELITY FUNDS | FID FREEDOM 2015 | 598,256 |
| * | FIDELITY FUNDS | FID FREEDOM 2010 | 391,837 |
| * | FIDELITY FUNDS | FID FREEDOM 2050 | 163,153 |
| * | FIDELITY FUNDS | FIDELITY RETIRE MMKT | 82,421 |
| * | FIDELITY FUNDS | FID FREEDOM 2005 | 44,457 |
| * | FIDELITY FUNDS | SPARTAN 500 INDEX | 32,628 |
| * | FIDELITY FUNDS | FID FREEDOM 2000 | 28,886 |
| * | FIDELITY FUNDS | FIDELITY GOVT INCOME | 27,038 |
| * | FIDELITY FUNDS | FID SEL CONS STAPLES | 21,914 |
| * | FIDELITY FUNDS | BROWN SMALL CO INST | 17,120 |
| * | FIDELITY FUNDS | MSIF INTL EQUITY P | 14,764 |
| * | FIDELITY FUNDS | FID FREEDOM INCOME | 14,480 |
| * | FIDELITY FUNDS | ARTISAN MID CAP VAL | 12,387 |
| * | FIDELITY FUNDS | AIM MIDCAP CORE EQ A | 10,220 |
| * | FIDELITY FUNDS | AIM DIVSF DIVD INV | 8,742 |
| * | FIDELITY FUNDS | FID INST SH INT GOVT | 6,692 |
| * | FIDELITY FUNDS | FID SMALL CAP DISCOVERY | 6,354 |
| * | FIDELITY FUNDS | JANUS ENTERPRISE S | 6,347 |
| * | FIDELITY FUNDS | DWS CAPITAL GROWTH S | 2,872 |
| * | FIDELITY FUNDS | NORTHERN SMALL CAP VAL | 997 |
| | | | $ 7,457,345 |

* Party-in-interest

# Transamerican Auto Parts 401(k) Plan
# Financial Statements and Independent Auditors' Report
# December 31, 2011

MARTINI
IOSUE
& AKPOVI

CERTIFIED
PUBLIC
ACCOUNTANTS

*A Partnership of Professional Corporations*

# Transamerican Auto Parts 401(k) Plan
# Financial Statements
# December 31, 2011

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| Statements of Net Assets Available for Benefits | 2 |
| Statement of Changes in Net Assets Available for Benefits | 3 |
| Notes to Financial Statements | 4-10 |
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| Form 5500, Schedule H, Line 4i: Schedule of Assets (Held at End of Year) | 11 |


Note: All other schedules required by Section 2520.103-10 of The Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

**Independent Auditors' Report**

Members of the Board of Trustees and Participants
Transamerican Auto Parts 401(k) Plan
Compton, California

We were engaged to audit the accompanying statement of net assets available for benefits of the Transamerican Auto Parts 401(k) Plan (the "Plan") as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedule of assets (held at end of year) as of December 31, 2011. The financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 3, 4 and 8, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the Plan administrator by the custodian is complete and accurate.

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

Martini, Rosner & Akgovic

Encino, California
September 24, 2012

# Transamerican Auto Parts 401(k) Plan
# Statements of Net Assets Available for Benefits
# December 31, 2011 and 2010

| | 2011 | 2010 |
|---|---|---|
| **Investments, at Fair Value** | $ 7,457,345 | $ 7,127,939 |
| **Receivables** | | |
| Participant contributions receivable | 51,571 | 34,850 |
| Employer contributions receivable | 125,000 | 100,000 |
| **Total Receivables** | 176,571 | 134,850 |
| **Total Assets** | 7,633,916 | 7,262,789 |
| **Liabilities, Excess Contributions Payable** | - | (59,987) |
| **Net Assets Available For Benefits** | $ 7,633,916 | $ 7,202,802 |

The Accompanying Notes are an Integral Part of These Financial Statements

# Transamerican Auto Parts 401(k) Plan
# Statement of Changes in Net Assets Available for Benefits
# For the Year Ended December 31, 2011

| | | |
|---|---|---|
| **Additions** | | |
| **Contributions** | | |
| Participant contributions | $ | 1,133,815 |
| Participant roll-over contributions | | 30,097 |
| Employer contributions | | 125,000 |
| **Total Contributions** | | 1,288,912 |
| **Investment Income (Loss)** | | |
| Net decrease in the fair value of investments | | (504,672) |
| Dividend income | | 262,772 |
| **Net Investment Loss** | | (241,900) |
| **Total Additions, Net of Investment Loss** | | 1,047,012 |
| **Deductions** | | |
| Benefits paid to participants | | (583,217) |
| Administrative expenses | | (32,681) |
| **Total Deductions** | | (615,898) |
| **Increase in Net Assets** | | 431,114 |
| **Net Assets Available for Benefits, Beginning of Year** | | 7,202,802 |
| **Net Assets Available for Benefits, End of Year** | $ | 7,633,916 |

The Accompanying Notes are an Integral Part of These Financial Statements

# Transamerican Auto Parts 401(k) Plan
# Notes to Financial Statements
# December 31, 2011

## Note 1 - Description of Plan

The following description of the Transamerican Auto Parts 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan with a 401(k) arrangement covering substantially all employees of Transamerican Auto Parts Company, Inc. and other related subscribing employers (collectively, the "Company" or the "Plan Administrator/Sponsor") who have completed a minimum of three months of service and attained the age of 21 years. Eligible participants may enter the Plan on the first day of each month. Fidelity Management Trust Company serves as the trustee and custodian of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Contributions

Each year the Plan Sponsor may contribute to the Plan an amount, if any, which the Plan Sponsor's Board of Directors determines at its discretion. The determination is not subject to any limitation. Participants may contribute from 1% to 75% of their eligible compensation for the year, not to exceed Internal Revenue Code limitations, which may be proportionately matched by the Plan Sponsor. Generally, participants who meet the eligibility requirements and are employed on the last day of the Plan year are eligible to receive an allocation of the matching contributions.

Participant Accounts

Each participant's account is credited with the participant's contributions, allocations of the Company's contributions and allocations of the Plan's earnings, and charged with the participant's withdrawals and allocations of the Plan's losses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their voluntary contributions plus actual earnings thereon. Participants become 100% vested in the Company's matching contribution and Company profit sharing contributions after three (3) years of service. Employees will also become fully vested in Company contributions at normal retirement, if they become disabled or upon death.

Investment Options

Participants direct both employee deferrals and employer contributions to be invested in various investment options as made available and determined by the Plan Administrator, which are more fully described in the Plan literature. If participants do not select an investment, deferrals will be invested in their appropriate target-date fund.

**Description of Plan (continued)**

Benefit Payments

Participants may withdraw the vested interest in their account only in the event of termination of employment, retirement, death, disability, financial hardship or when they reach an age of 59 1/2. On termination of employment, a participant may either receive a lump-sum amount equal to the value of the participant's vested interest in his or her account or a portion of the total vested balance at the participant's discretion. If a participant makes no distribution election upon termination of employment, and the value of their account is less than $5,000, the vested balance of their account may be automatically rolled over into an Individual Retirement Account.

Notes Receivable from Participants

Participants are not permitted to obtain notes against their vested account through the Plan.

Forfeited Accounts

Forfeitures of non-vested employer matching contributions are generally used to supplement matching contributions for that Plan year. In order to share in the allocation of forfeitures, an employee must be eligible to receive employer-matching contributions. The amount of unallocated forfeitures at December 31, 2011 and 2010, available to pay certain Plan fees and offset future employer contributions, were $6,427 and $1,653, respectively.

**Note 2 - Significant Accounting Policies**

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan utilizes various investment instruments, including mutual funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

**Note 2 - Significant Accounting Policies (continued)**

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for a discussion of fair value measurements.

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

Administrative Expenses

Administrative expenses of the Plan may be paid by the Plan as provided in the Plan document. However, the Company and its participants may also pay the Plan expenses directly. Transaction charges for benefit payment transactions, if any, are paid by the Plan by reducing the balances of those participants initiating the transaction.

Payment of Benefits

Benefit payments to participants are recorded when paid.

**Note 3 - Investments**

The following table presents the fair value of the participant-directed investments in this Plan that was certified by Fidelity Management Trust Company. Single investments representing more than 5% of the Plan's net assets as of December 31, are as follows:

| | 2011 | 2010 |
|---|---|---|
| FID Freedom 2035 | $ 1,364,637 | $ 1,274,471 |
| FID Freedom 2025 | $ 1,248,364 | $ 1,258,891 |
| FID Freedom 2040 | $ 1,077,990 | $ 991,728 |
| FID Freedom 2030 | $ 870,578 | $ 1,012,199 |
| FID Freedom 2045 | $ 759,546 | $ 701,156 |
| FID Freedom 2020 | $ 644,665 | $ 606,980 |
| FID Freedom 2015 | $ 598,256 | $ 603,356 |
| FID Freedom 2010 | $ 391,837 | $ 356,561 |

Fidelity Management Trust Company also certified the completeness and accuracy of $504,672 of net decrease in fair value of investments and $262,772 of dividend income related to the aforementioned investments for the year ended December 31, 2011.

### Note 4 - Information Certified by the Custodian

The following is a summary of the unaudited information regarding the Plan, included in the Plan's financial statements and supplemental schedule, which was prepared by Fidelity Management Trust Company, the custodian of the Plan, and furnished to the plan administrator. The plan administrator has obtained certifications from Fidelity Management Trust Company that such information is complete and accurate in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA:

a. Investments as of December 31, 2011 and 2010, as indicated in the Statements of Net Assets Available for Benefits and Note 3;

b. Investment income information, as indicated on the Statement of Changes in Net Assets Available for Benefits and all investment balances in Note 3 for the year ended December 31, 2011; and

c. Supplemental schedule of assets (held at end of year) as of December 31, 2011.

### Note 5 - Related Party Transactions

Certain plan investments are managed by Fidelity Management Trust Company. Fidelity Management Trust Company is the trustee as defined by the plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Fidelity Management Trust Company for investment management services were $32,681 for the year ended December 31, 2011.

### Note 6 - Plan Termination

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

### Note 7 - Federal Income Tax Status

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Financial Accounting Standards Board Accounting Standards Codification ("ASC") Topic 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The 3 levels of the fair value hierarchy under ASC Topic 820 are described below:

Level 1: These inputs into the valuation methodology consist of unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Examples of these inputs into the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets or liabilities;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: These inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The assets' or liabilities' fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

- *Interest-bearing cash*: Valued at cost plus accrued interest, which approximates fair value.
- *Mutual funds*: Valued at the net asset value of shares held by the plan at year end.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at December 31, 2011 and December 31, 2010.

**Note 8 - Fair Value Measurements (continued)**

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011 and 2010:

| December 31, 2011 | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Interest-bearing cash | $ 82,421 | $ - | $ - | $ 82,421 |
| Mutual funds: | | | | |
| Freedom | 7,206,847 | - | - | 7,206,847 |
| Domestic Stock Fund | 38,976 | - | - | 38,976 |
| Growth Equity | 33,529 | - | - | 33,529 |
| Government | 27,038 | - | - | 27,038 |
| Small U.S. Equity | 24,471 | - | - | 24,471 |
| Mid U.S. Equity | 22,607 | - | - | 22,607 |
| International | 21,456 | - | - | 21,456 |
| | $ 7,457,345 | $ - | $ - | $ 7,457,345 |

| December 31, 2010 | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Interest-bearing cash | $ 54,238 | $ - | $ - | $ 54,238 |
| Mutual funds: | | | | |
| Freedom | 6,999,713 | - | - | 6,999,713 |
| Government | 31,016 | - | - | 31,016 |
| International | 11,558 | - | - | 11,558 |
| Growth Equity | 11,359 | - | - | 11,359 |
| Domestic Stock Fund | 9,408 | - | - | 9,408 |
| Mid U.S. Equity | 6,410 | - | - | 6,410 |
| Small U.S. Equity | 4,237 | - | - | 4,237 |
| | $ 7,127,939 | $ - | $ - | $ 7,127,939 |

Changes in economic conditions or valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the years ended December 31, 2011 and 2010, there were no transfers in or out of levels 1, 2 or 3.

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| Employer contributions receivable | (125,000) | (100,000) |
| Employee contributions receivable | (51,571) | (34,850) |
| Excess contributions payable | - | 59,987 |
| Net assets as presented in Form 5500 | $ 7,457,345 | $ 7,127,939 |

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The following is a reconciliation of the net decrease in net assets available for benefits per the financial statements for the year ended December 31, 2011 to Form 5500:

| | | |
|---|---|---|
| Increase in net assets per these financial statements | $ | 431,114 |
| Employer contributions receivable at December 31, 2010, included in Form 5500 | | 100,000 |
| Employee contributions receivable at December 31, 2010, included in Form 5500 | | 34,850 |
| Excess contributions payable at December 31, 2010, not included in Form 5500 | | (59,987) |
| Employer contributions receivable at December 31, 2011, not included in Form 5500 | | (125,000) |
| Participant contributions receivable at December 31, 2011, not included in Form 5500 | | (51,571) |
| Net income per 2011 Form 5500 | $ | 329,406 |

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# Supplementary Information

**Transamerican Auto Parts 401(k) Plan**
**Form 5500, Schedule H, Line 4i: Schedule of Assets (Held at End of Year)**
**December 31, 2011**

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value | (d) Current value |
|---|---|---|---|
| * | FIDELITY FUNDS | FID FREEDOM 2035 | $ 1,364,637 |
| * | FIDELITY FUNDS | FID FREEDOM 2025 | 1,248,364 |
| * | FIDELITY FUNDS | FID FREEDOM 2040 | 1,077,990 |
| * | FIDELITY FUNDS | FID FREEDOM 2030 | 870,578 |
| * | FIDELITY FUNDS | FID FREEDOM 2045 | 759,546 |
| * | FIDELITY FUNDS | FID FREEDOM 2020 | 644,665 |
| * | FIDELITY FUNDS | FID FREEDOM 2015 | 598,256 |
| * | FIDELITY FUNDS | FID FREEDOM 2010 | 391,837 |
| * | FIDELITY FUNDS | FID FREEDOM 2050 | 163,153 |
| * | FIDELITY FUNDS | FIDELITY RETIRE MMKT | 82,421 |
| * | FIDELITY FUNDS | FID FREEDOM 2005 | 44,457 |
| * | FIDELITY FUNDS | SPARTAN 500 INDEX | 32,628 |
| * | FIDELITY FUNDS | FID FREEDOM 2000 | 28,886 |
| * | FIDELITY FUNDS | FIDELITY GOVT INCOME | 27,038 |
| * | FIDELITY FUNDS | FID SEL CONS STAPLES | 21,914 |
| * | FIDELITY FUNDS | BROWN SMALL CO INST | 17,120 |
| * | FIDELITY FUNDS | MSIF INTL EQUITY P | 14,764 |
| * | FIDELITY FUNDS | FID FREEDOM INCOME | 14,480 |
| * | FIDELITY FUNDS | ARTISAN MID CAP VAL | 12,387 |
| * | FIDELITY FUNDS | AIM MIDCAP CORE EQ A | 10,220 |
| * | FIDELITY FUNDS | AIM DIVSF DIVD INV | 8,742 |
| * | FIDELITY FUNDS | FID INST SH INT GOVT | 6,692 |
| * | FIDELITY FUNDS | FID SMALL CAP DISCOVERY | 6,354 |
| * | FIDELITY FUNDS | JANUS ENTERPRISE S | 6,347 |
| * | FIDELITY FUNDS | DWS CAPITAL GROWTH S | 2,872 |
| * | FIDELITY FUNDS | NORTHERN SMALL CAP VAL | 997 |
| | | | $ 7,457,345 |

* Party-in-interest