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
EL DORADO MOTORS, INC. 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/1998

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

EL DORADO MOTORS, INC.

2300 NORTH CENTRAL EXPRESSWAY
MCKINNEY, TX 75070-3746

2b Employer Identification Number (EIN) 75-2410079

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

2d Business code (see instructions) 441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	MARK WELCH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

2300 NORTH CENTRAL EXPRESSWAY
MCKINNEY, TX 75070-3746

3b Administrator's EIN
75-2410079

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

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	118
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**	101
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	6
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	107
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	107
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	55
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:
2E 2G 2J 2K 2T 3D 3H

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
EL DORADO MOTORS, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
75-2410079

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

UBS FINANCIAL SERVICES INC.
1000 HARBOR BLVD 8TH FLOOR
WEEHAUKEN, NE 07087

(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)

NATIONWIDE TRUST

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

31-1592130

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64	ASSET CUSTODIAN	15784	Yes [X] No [ ]	Yes [X] No [ ]	6399	Yes [ ] No [X]

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

UBS FINANCIAL SERVICES

1000 HARBOR BLVD
8TH FLOOR
WEEHAUKEN, NJ 07087

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	3623	Yes [ ] No [X]

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

TRINITY PENSION GROUP, LLC

4194 MENDENHALL OAKS PWY
SUITE 180
HIGH POINT, NC 27265

20-0235252

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	THIRD PARTY ADMINISTRATO	1119	Yes [X] No [ ]	Yes [X] No [ ]	1965	Yes [ ] No [X]

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
EL DORADO MOTORS, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
75-2410079

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	3664	5187
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		256549
(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)	98561	104710
(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)	1534674	1251218
(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	1636899	1617664
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	1636899	1617664

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)		
(B) Participants	2a(1)(B)	114535	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		114535
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	7289	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		7289
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-42266
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		79558
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	98398	
(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)		98398
f Corrective distributions (see instructions)	2f		
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)	395	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		395
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		98793
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-19235
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		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			

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
EL DORADO MOTORS, INC. 401K PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
75-2410079

Part I Distributions

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

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

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

EIN(s): 31-1592130 31-4156830

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):

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

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

DECEMBER 31, 2011 AND 2010

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

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

INDEPENDENT AUDITORS' REPORT

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

We were engaged to audit the financial statements of The El Dorado Motors, Inc. 401(k) Plan (the Plan) as of December 31, 2011 and 2010 and for the years then ended, and the supplemental schedule as of December 31, 2011, as listed in the accompanying table of contents. These financial statements and schedule are the responsibility of the Plan's management.

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

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

Turner, Vedrenne & Howard, P.C.

Dallas, Texas
October 8, 2012

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Dallas, Texas 75243

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MEMBERS
Texas Society of CPAs
American Institute of CPAs

THE EL DORADO MOTORS, INC. 401(K) PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments, at fair value (Notes 2, 3 and 4)	$ 1,507,767	$ 1,534,674
Due from participants	5,187	3,664
Notes receivable from participants	104,710	98,561
Total assets	1,617,664	1,636,899
LIABILITIES	--	--
Net assets available for benefits	$ 1,617,664	$ 1,636,899

See accompanying notes to financial statements.

THE EL DORADO MOTORS, INC. 401(K) PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
Additions:		
Investment income:		
Net appreciation (depreciation) in fair value of investments (Notes 3 and 4)	$ (42,266)	$ 137,578
Interest income on notes receivable from participants	7,289	6,622
Participants' contributions	114,535	92,755
Employer contributions	--	2,154
Total additions	79,558	239,109
Deductions:		
Benefits paid to participants	98,398	36,371
Administrative expenses	395	2,825
Total deductions	98,793	39,196
Increase (decrease) in net assets available for plan benefits	(19,235)	199,913
Net assets available for benefits:		
Beginning of period	1,636,899	1,436,986
End of period	$ 1,617,664	$ 1,636,899

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN

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

General

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

Contributions

Participants may make voluntary contributions up to the maximum as adjusted by Internal Revenue Service (IRS) regulations ($16,500 for 2011 and 2010, and $22,000 for those age 50 and over for 2011 and 2010), to provide an additional source of income for retirement. The Plan allows for pre-tax and after-tax contributions by participants. The Plan permits Employer contributions to participant accounts at amounts determined by the Employer. There were no Employer contributions for 2011. For the year ended December 31, 2010, the Employer made a contribution of $2,154 to offset certain Plan expenses.

Participant Accounts

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

Vesting

Participants are immediately vested in their voluntary contributions plus actual earnings thereon. Vesting in the remainder of their accounts is based on years of continuous service. A participant is 100% vested after six years of credited service. Any participant accrued benefits forfeited are used to offset administrative expenses of the Plan and to reduce future employer contributions. There were no forfeitures for 2011 or 2010.

Payment of Benefits

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

1. DESCRIPTION OF THE PLAN (Continued)

Administrative Expenses
The Employer pays administrative expenses not paid by the Plan. The Plan paid administrative expenses of $395 and $2,825 for the years ended December 31, 2011 and 2010, respectively

Notes Receivable from Participants
Participants may borrow from their fund accounts up to a maximum equal to the lesser of $50,000 or 50% of their account balance. Loan terms range from 1 to 5 years or up to 15 years for the purchase of a primary residence. The loans are secured by the balance in the participant's account and bear interest at a reasonable rate of interest determined at the time of the loan. Interest rates range from 4.25% to 8.0% at December 31, 2011. Principal and interest are paid ratably through monthly payroll deductions.

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

2. SIGNIFICANT ACCOUNTING POLICIES

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

Notes Receivable from Participants
Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

Investment Income
Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits
Benefits are recorded when paid.

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

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Date of Management's Review

Management evaluated subsequent events through October 8, 2012, which is the date the financial statements were available for issue, and determined that no events have occurred subsequent to December 31, 2011 that would require adjustment to, or disclosure in, the financial statements.

3. FAIR VALUE MEASUREMENTS

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

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

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements

The interest-bearing bank account is not actively traded and significant other observable inputs are not available. Thus, the fair value of the interest-bearing bank account is determined by discounting estimated cash flows based on current yields of similar instruments.

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

3. FAIR VALUE MEASUREMENTS (Continued)

	Fair Value	Fair Value Measurements Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2011			
Mutual funds	$ 1,251,218	$ 1,251,218	$ --
Interest-bearing bank account	256,549	--	256,549
	$ 1,507,767	$ 1,251,218	$ 256,549
December 31, 2010			
Mutual funds	$ 1,534,674	$ 1,534,674	$ --

The following table reconciles the beginning and ending balances of fair value measurements using significant unobservable inputs (Level 3) of the guaranteed interest account for the year ended December 31, 2011:

	Interest-Bearing Bank Account
Balance at December 31, 2010	$ --
Total gains (losses) included in changes in net assets available for benefits	--
Purchases, issues, sales and settlements:	
Purchases	258,520
Sales	(1,971)
Issuances	--
Settlements	--
Balance at December 31, 2011	$ 256,549

4. INVESTMENTS

Nationwide holds the Plan's investments in a trust fund. The following table presents the fair values of investments at December 31, 2011 and 2010. Investments that represent 5% or more of the Plan's net assets are separately identified. Nationwide has certified that the information summarized in the following schedules is complete and accurate.

4. INVESTMENTS (Continued)

	2011	2010
Investments at fair value as determined by quoted market price:		
Mutual funds:		
Nationwide Money Market	$ 27,708	$ 274,172
Nationwide Investor Destinations Moderately Aggressive	117,941	117,085
JP Morgan Mid Cap Value	69,672	87,161
Oppenheimer Value	106,733	142,328
Others	929,164	913,928
Nationwide FDIC Insured Deposit Account	256,549	--
	$ 1,507,767	$ 1,534,674

During the year ended December 31, 2011 and 2010, the Plan's investments (including investments bought, sold, and held during the year) appreciated (depreciated) as follows:

	2011	2010
Investments at fair value as determined by quoted market price:		
Mutual funds	$ (42,266)	$ 137,578

5. PLAN TERMINATION

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

6. INCOME TAX STATUS

The Plan received a favorable determination letter from the IRS dated March 31, 2011. The determination letter stated that the trust established under the Plan to hold the Plan's assets is qualified pursuant to the appropriate section of the Code; and, accordingly, the trust's net investment income is exempt from income taxes.

7. RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL SCHEDULE

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

(a)	(b) Identity of Party	(c) Description	(d) Cost	(e) Current Value
*	American Century Inflation-Adjusted Bond	Mutual Fund		$ 43,840
*	American Century Inflation-Protected Bond	Mutual Fund		22,128
*	American Century Small Company	Mutual Fund		15,638
*	American Century Growth	Mutual Fund		20,759
*	AllianceBernstein International Value (K)	Mutual Fund		24,865
*	AllianceBernstein International Value (A)	Mutual Fund		566
*	American Funds Growth Fund of America (R3)	Mutual Fund		35,444
*	American Funds Growth Fund of America (R5)	Mutual Fund		14,051
*	American Funds Capital World Bond (R6)	Mutual Fund		5,907
*	Aberdeen International Equity	Mutual Fund		23,330
*	Baron Small Cap	Mutual Fund		21,812
*	Delaware Extended Duration Bond	Mutual Fund		25,113
*	Dodge & Cox Stock	Mutual Fund		20,702
*	DWS RREEF Global Real Estate Securities	Mutual Fund		12,079
*	Eaton Vance Floating-Rate	Mutual Fund		8,326
*	MainStay Epoch Global	Mutual Fund		9,574
*	Munder Mid-Cap Core Growth	Mutual Fund		1,979
*	Nationwide Money Market	Mutual Fund		27,708
*	Nationwide Investor Destinations Aggressive	Mutual Fund		19,273
*	Nationwide Investor Destinations Moderately Aggressive	Mutual Fund		117,941
*	Nationwide Investor Destinations Moderate	Mutual Fund		287
*	Fidelity Advisor Freedom 2010	Mutual Fund		33,912
*	Fidelity Advisor Freedom 2015	Mutual Fund		14,684
*	Fidelity Advisor Freedom 2020	Mutual Fund		51,060
*	Fidelity Advisor Freedom 2025	Mutual Fund		19,681
*	Fidelity Advisor Freedom 2030	Mutual Fund		23,937
*	Fidelity Advisor Freedom 2035	Mutual Fund		8,114
*	Fidelity Advisor Freedom 2040	Mutual Fund		861
*	INVESCO Van Kampen Comstock	Mutual Fund		57,970
*	INVESCO Van Kampen Equity Income	Mutual Fund		13,913
*	JP Morgan Mid Cap Value	Mutual Fund		69,672
*	JP Morgan Small Cap Value	Mutual Fund		15,624
*	Jensen Fund	Mutual Fund		6,457
*	Oakmark Global	Mutual Fund		26,135
*	Legg Mason Western Asset Core Plus Bond	Mutual Fund		16,232
*	Legg Mason Western Asset Inflation Indexed Bond	Mutual Fund		16,260
*	Lord Abbett Short Duration Income	Mutual Fund		2,492
*	MFS Value	Mutual Fund		22,500
*	MFS Research Bond	Mutual Fund		5,551
*	Oppenheimer Value	Mutual Fund		106,733
*	Oppenheimer Small & Medium Cap Value	Mutual Fund		2,557
*	Oppenheimer International Bond	Mutual Fund		9,730
*	Oppenheimer International Growth	Mutual Fund		16,674

See accompanying independent auditors' report.

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

(a)	(b) Identity of Party	(c) Description	(d) Cost	(e) Current Value
*	PIMCO Commodity Real Return Strategy	Mutual Fund		2,947
*	PIMCO Real Return (A)	Mutual Fund		969
*	PIMCO Real Return (Institutional)	Mutual Fund		9,163
*	PIMCO Total Return	Mutual Fund		14,708
*	Pioneer Oak Ridge Small Cap Growth	Mutual Fund		2,605
*	Pioneer Equity Income	Mutual Fund		18,321
*	Prudential Jennison Growth	Mutual Fund		20,522
*	Prudential National Research	Mutual Fund		240
*	Ridgeworth Small Cap Value Equity	Mutual Fund		30,545
*	Thornburg International Value	Mutual Fund		46,321
*	Turner Small Cap Growth	Mutual Fund		9,855
*	Vanguard European Stock Index	Mutual Fund		10,446
*	Vanguard Global Equity	Mutual Fund		13,840
*	Vanguard High-Yield Corporate	Mutual Fund		10,287
*	Vanguard Inflation-Protected Securities Fund	Mutual Fund		13,664
*	Vanguard REIT Index	Mutual Fund		6,874
*	Vanguard Small Cap Index	Mutual Fund		13,798
*	Victory Diversified Stock	Mutual Fund		4,234
*	Wells Fargo Emerging Market Equity	Mutual Fund		9,808
*	Nationwide FDIC Insured Deposit Account	Bank Account		256,549
*	Notes receivable from participants, $104,710 principal, 4.25% to 8% interest rate			104,710
				$ 1,612,477

See accompanying independent auditors' report.

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

Name of Plan:

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

Employer Identification Number:► 75-2410079

For plan year (beginning/ending):► January 1, 2011 / December 31, 2011 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Nationwide Trust	Abrden Intl Eq A		23330.21
	Nationwide Trust	AllBer Intl Val A		566.26
	Nationwide Trust	AllBer Intl Val K		24864.85
	Nationwide Trust	AmCent Gr A		20759.16
	Nationwide Trust	AmCent Infl Adj Bd A		43840.47
	Nationwide Trust	AmCent Infl Prtct Bd Inst		22127.86
	Nationwide Trust	AmCent Sm Co A		15637.78
	Nationwide Trust	AmFds Cap Wld Bd R3		0.00
	Nationwide Trust	AmFds Cap Wld Bd R6		5907.26
	Nationwide Trust	AmFds Gr Fd Am R3		35443.62
	Nationwide Trust	AmFds Gr Fd Am R5		14051.40
	Nationwide Trust	Baron SmCap		21812.50
	Nationwide Trust	BlkRk LgCap Gr Inv A		0.00
	Nationwide Trust	BlkRk LgCap Val Inv A		0.00
	Nationwide Trust	BlkRk SmMdCap Gr Inv A		0.00
	Nationwide Trust	DE Extnd Dur Bd A		25112.57
	Nationwide Trust	DE Val A		0.00
	Nationwide Trust	DWS RREEF Glbl Real Est Sec A		12078.64
	Nationwide Trust	Dodge Cox Stk		20701.68
	Nationwide Trust	EV Flotng Rt A		8326.07
	Nationwide Trust	FidAdv Free 2010 A		33912.42
	Nationwide Trust	FidAdv Free 2015 A		14683.68
	Nationwide Trust	FidAdv Free 2020 A		51059.71
	Nationwide Trust	FidAdv Free 2025 A		19680.86
	Nationwide Trust	FidAdv Free 2030 A		23937.38
	Nationwide Trust	FidAdv Free 2035 A		8114.42
	Nationwide Trust	FidAdv Free 2040 A		861.33
	Nationwide Trust	GdmnScs LgCap Val A		0.00
	Nationwide Trust	Invsco VK Comstk A		57969.79
	Nationwide Trust	Invsco VK Eq Inc A		13912.81
	Nationwide Trust	Jensn Port J		6456.68
	Nationwide Trust	JPM MidCap Val A		69672.46
	Nationwide Trust	JPM SmCap Val A		15624.35
	Nationwide Trust	LeggMWstrAs CorPlsBd Inst		16232.26
	Nationwide Trust	LeggMWstrAs InfIndPls Bd Inst		16260.10
	Nationwide Trust	Lord Abbett Short Dur Inc A		2492.21
	Nationwide Trust	MFS Rsrch Bd A		5550.54
	Nationwide Trust	MFS Val A		22499.72
	Nationwide Trust	Mndr MdCap Cor Gr A		1978.90
	Nationwide Trust	MnSty Epoch Glbl Eq Yld A		9573.67
	Nationwide Trust	NW Bank FDIC Ins Acct		256548.88
	Nationwide Trust	NW Inv Dest Aggr Svc		19272.77
	Nationwide Trust	NW Inv Dest Mod Aggr Svc		117941.34
	Nationwide Trust	NW Inv Dest Mod Cnsrv Svc		0.00
	Nationwide Trust	NW Inv Dest Mod Svc		287.26
	Nationwide Trust	NW Mny Mkt Inst		27707.88
	Nationwide Trust	Okmrk Glbl II		26134.55
	Nationwide Trust	Opp Intl Bd A		9729.94

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

Name of Plan:

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

Employer Identification Number:► 75-2410079

For plan year (beginning/ending):► January 1, 2011 / December 31, 2011 Plan number:► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Nationwide Trust	Opp Intl Gr A		16674.16
	Nationwide Trust	Opp SmMdCap Val A		2556.63
	Nationwide Trust	Opp Val A		106733.30
	Nationwide Trust	PIMCO ComdtyRealRtnStrat A		2947.45
	Nationwide Trust	PIMCO Real Rtn A		1104.34
	Nationwide Trust	PIMCO Real Rtn Inst		9027.66
	Nationwide Trust	PIMCO Ttl Rtn Inst		14707.89
	Nationwide Trust	Pionr Eq Inc A		18320.70
	Nationwide Trust	Pionr Ok Rdg SmCap Gr A		2604.85
	Nationwide Trust	Prncpl LgCap Gr Inst		0.00
	Nationwide Trust	Prudntl Jnisn Gr A		20521.52
	Nationwide Trust	Prudntl Jnisn Natrl Rsrc A		239.64
	Nationwide Trust	RdgWrth SmCap Val Eq I		30545.08
	Nationwide Trust	Thrnbrg Intl Val I		46321.40
	Nationwide Trust	Turner SmCap Gr Inv		9854.69
	Nationwide Trust	Vic Divrs Stk A		4233.55
	Nationwide Trust	Vngrd Euro Stk Indx Sgnl		10445.91
	Nationwide Trust	Vngd Glbl Eq Inv		13840.44
	Nationwide Trust	Vngd Hi Yld Corp Inv		10286.54
	Nationwide Trust	Vngd Infl Prtct Sec Inv		13664.41
	Nationwide Trust	Vngrd REIT Indx Inv		6874.01
	Nationwide Trust	Vngrd SmCap Val Indx Sgnl		13798.41
	Nationwide Trust	Vngrd SmCap Val Indx Inv		0.00
	Nationwide Trust	WFA Endvr Sel A		0.00
	Nationwide Trust	WFA Emrg Mkt Eq A		9807.69
		Loan fund		104709.60
				1612476.11