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 05/01/2011 and ending 04/30/2012

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
ABC AUTO PARTS, LTD. 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/01/1972

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

ABC AUTO PARTS, LTD.

920 W. MARSHALL AVENUE
LONGVIEW, TX 75604

920 W. MARSHALL AVENUE
LONGVIEW, TX 75604

2b Employer Identification Number (EIN)
75-1306065

2c Sponsor's telephone number
903-232-3060

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.	02/12/2013	KAREN CLOUD
	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")
ABC AUTO PARTS, LTD.

920 W. MARSHALL AVENUE
LONGVIEW, TX 75604

3b Administrator's EIN
75-1306065

3c Administrator's telephone number
903-232-3060

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**	282
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**	276
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	14
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	290
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	291
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	114
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	2
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 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 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 05/01/2011 and ending 04/30/2012

A Name of plan
ABC AUTO PARTS, LTD. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ABC AUTO PARTS, LTD.

D Employer Identification Number (EIN)
75-1306065

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)

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 37 60	RECORDKEEPER	3025	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

FIRST CLEARING LLC

23-2384840

(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?
61	ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

NEW ENGLAND SECURITIES

399 BOYLSTON ST
BOSTON, MA 02116

(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?
61	ADVISOR	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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.
ALLNZ AGIC INC&GR A - BOSTON FINANC 330 W. 9TH STREET KANSAS CITY, MO 66160	0.25%

(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.
BLKRK US OPPS INV A - BNY MELLON IN P.O. BOX 9793 PROVIDENCE, RI 02940	0.25%

(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.
COL MAR 21ST CENT A - COLUMBIA MGT 04-2838628	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
COL VALUE & RSTRG R - COLUMBIA MGT 04-2838628	0.25%

(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.
IVY MID CAP GROWTH A - WADDELL & RE 43-1244426	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.
MAINSTAY MAP A - NYLIM SERVICE COMP 52-2206685	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
NB LG CAP VAL ADV - STATE STREET BA 04-0025081	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.
OPPHMR DEV MKTS A - OPPENHEIMERFUND 13-2527171	0.25%

(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.
PIM REAL RETURN A - BOSTON FINANCIA P.O. BOX 8480 BOSTON, MA 02266	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
PIM TOTAL RETURN A - BOSTON FINANCI P.O. BOX 8480 BOSTON, MA 02266	0.25%

(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.
PIONEER O R SMCPGR A - PIONEER INVE 04-2890696	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.
PRU/J EQUITY INC A - PNC GLOBAL INV 4400 COMPUTER DRIVE WESTBOROUGH, MA 01581	0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (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.
WFA GROWTH A - BOSTON FINANCIAL DAT 330 W. 9TH STREET KANSAS CITY, MO 66160	0.30%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIRST CLEARING LLC	61	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.
COL MAR 21ST CENT A - COLUMBIA MGT 04-3156901	$0-<$3M=1.00% $3M-<$50M=0.50% $50M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIRST CLEARING LLC	61	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.
COL VALUE & RSTRG R - COLUMBIA MGT 04-3156901	$0-<$3M=1.00% $3M-<$50M=0.50% $50M+=0.25%

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW ENGLAND SECURITIES	61	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.
COL MAR 21ST CENT A - COLUMBIA MGT 04-3156901	$0-<$3M=1.00% $3M-<$50M=0.50% $50M+=0.25%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NEW ENGLAND SECURITIES	61	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.
COL VALUE & RSTRG R - COLUMBIA MGT 04-3156901	$0-<$3M=1.00% $3M-<$50M=0.50% $50M+=0.25%

(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 05/01/2011 and ending 04/30/2012

A Name of plan
ABC AUTO PARTS, LTD. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ABC AUTO PARTS, LTD.

D Employer Identification Number (EIN)
75-1306065

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)	122830	127771
(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)	150616	188650
(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)	2902957	2988429
(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	3176403	3304850
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	3176403	3304850

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)	77992	
(B) Participants	2a(1)(B)	213213	
(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)		291205
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	13	
(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)	9604	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9617
(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)	95349	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		95349
(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)		-148191
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		247980
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	108704	
(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)		108704
f Corrective distributions (see instructions)	2f		7799
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)	3030	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3030
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		119533
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		128447
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: CURTIS BLAKELY & CO., PC **(2)** EIN: 75-1546734

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		1000000
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 05/01/2011 and ending 04/30/2012

A Name of plan
ABC AUTO PARTS, LTD. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
ABC AUTO PARTS, LTD.

D Employer Identification Number (EIN)
75-1306065

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):

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
LONGVIEW, TEXAS

FINANCIAL STATEMENTS

As of April 30, 2012 and 2011
With Independent Auditor's Report

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
LONGVIEW, TEXAS

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All other schedules required by Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, are omitted as they are not applicable or the required information is shown in the financial statements or notes thereto.

Curtis Blakely & Co., PC
Certified Public Accountants & Consultants

Independent Auditor's Report

To the Trustees
ABC Auto Parts, Ltd. 401(k) Savings Plan
Longview, Texas

We were engaged to audit the financial statements of ABC Auto Parts, Ltd. 401(k) Savings Plan as of April 30, 2012 and 2011, and for the years ended April 30, 2012 and 2011, and the supplemental schedule as of April 30, 2012, as listed in the accompanying index. 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 Fidelity Management Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and 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 and for the years ended April 30, 2012 and 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Curtis Blakely & Co, P.C.
Longview, Texas

February 11, 2013

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
April 30

Assets

	2012	2011
ASSETS		
Investment at Fair Value:		
Interest-bearing cash	$ **127,771**	$ 122,830
Mutual funds	**2,988,429**	2,902,957
Total Investments at Fair Value	**3,116,200**	3,025,787
Receivables:		
Employer's contribution	**6,406**	6,162
Participants' contribution	**16,981**	16,263
Notes receivable from participants	**188,650**	150,616
Total Receivables	**212,037**	173,041
Total Assets	**3,328,237**	3,198,828
LIABILITIES	**-0-**	-0-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ **3,328,237**	$ 3,198,828

(The accompanying notes are an integral part of these financial statements.)

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended April 30

ADDITIONS TO NET ASSETS	2012	2011
Investment Income:		
Interest and dividends	$ 104,965	$ 70,452
Net (depreciation) appreciation in Fair Value of Investments	(148,190)	338,506
Total Investment Income	(43,225)	408,958
Contributions:		
Employer	78,236	79,991
Participants	213,931	202,690
Rollovers	-0-	95,639
Total Contributions	292,167	378,320
Total Additions	248,942	787,278
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	116,503	221,651
Administration expense	3,030	2,629
Total Deductions	119,533	224,280
Increase in Net Assets	129,409	562,998
Net Assets Available for Plan Benefits		
Beginning of Year	3,198,828	2,635,830
End of Year	$ 3,328,237	$ 3,198,828

(The accompanying notes are an integral part of these financial statements.)

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2012

Note 1 – Description of Plan:

The following description of ABC Auto Parts, Ltd. 401(k) Savings Plan provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General – The Plan, amended and restated effective May 1, 2008, is a defined contribution plan covering substantially all of the full-time employees of ABC Auto Parts, Ltd. ("Company" or "we") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Fidelity Management Trust Company (Fidelity) serves as the Plan asset custodian and record keeper (the Custodian).

Eligibility – Employees are eligible for participation in the Plan after completing one year of service and reaching age twenty and one-half or older. Plan entry dates are May 1 and November 1.

Contributions – Each year, participants may contribute up to the lessor of 25 percent of pretax annual compensation, as defined in the Plan, or the IRS annual exclusion for elective deferrals ($17,000 in 2012). Participants who have attained age 50 are permitted to make additional "catch up" contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. We contribute a discretionary matching contribution which for the years ending April 30, 2012 and 2011 was equal to the first two percent of base compensation that a participant contributes to the Plan. Additional amounts may be contributed at the option of our board of directors. Contributions are subject to certain limitations.

Participant Accounts – Each participant's account is credited with the participant's contribution and allocations of (a) our contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. 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.

Participant Notes Receivable – Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. Loan transactions are treated as general investments of the Plan. Loan terms range from one to five years. The loans are secured by the balance in the participant's account and bear interest based on commercial lending rates for similar loans at the time of the loan. Interest rates range from 6.25 percent to 7.25 percent. Principal and interest is paid ratably through monthly payroll deductions.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in company contributions, and all earnings on these amounts are based on years of continuous service. These vest at a rate of 20 percent per year beginning with the second year of service and are 100 percent vested after six years of credited service. A participant's entire account balance becomes 100 percent vested upon the death or disability of the participant.

Investment Options – Upon enrollment in the Plan, a participant may direct employee and Company contributions in any of numerous investment options. These options include a money market fund, bond mutual funds, and numerous equity mutual funds with various investment objectives. Participants may change their investment options daily through Fidelity.

Payment of Benefits – On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of his or her account in either a lump-sum amount, or in annual installments over a fixed time period or over the life expectancy of the participant or his beneficiary. For termination of service due to other reasons, a participant may receive the value of his or her account as a lump-sum distribution, installment payments or a deferred annuity.

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2012

Note 1 – Description of Plan: (continued)

Forfeitures – Forfeited nonvested accounts of former plan participants are used to reduce expenses related to Plan administration or to reduce Company matching contributions. For the years ended April 30, 2012 and 2011, forfeitures of participant accounts totaling $2,948 and $-0-, respectively, were used to reduce company matching contributions. At April 30, 2012 and 2011, there are $651 and $1,538, respectively, of forfeitures that have not yet been applied to reduce employer contributions.

Expenses of the Plan

All reasonable expenses of administering the Plan will be paid out of the Plan assets, unless paid for by the Company. The Company paid or reimbursed the Plan for Plan expenses which amounted to $16,250 and $15,300 for 2012 and 2011, respectively.

Note 2 – Summary of Significant Accounting Policies:

Basis of Accounting – The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles and practices as permitted by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and accounting principles generally accepted in the United States of America.

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from those estimates. Accordingly, actual results may differ from those estimates.

Fair Value Measurement

In accordance with FASC Topic 820 – Fair Value Measurements and Disclosures, we measure fair value at the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants in the market in which the reporting entity transacts. We apply a hierarchy that prioritizes the information used to develop assumptions used in determining fair value. The hierarchy contains three levels of inputs: Level 1 – quoted prices in active markets for identical assets or liabilities; Level 2 – observable inputs, such as, quoted market prices of similar assets or liabilities in active markets or for identical assets or liabilities in markets that are not active; and Level 3 – unobservable inputs obtained from our own data. FASC Topic 820 applies whenever other standards require or permit assets or liabilities to be measured at fair value; however, it does not expand the use of fair value in any new circumstances. FASC Topic 820 does not apply to lower of cost or market determinations for inventory and does not eliminate the practicability exceptions to fair value measurements.

Our significant fair value measurements are those required by FASC Topic 825 – Financial Instruments. We have not chosen to use fair value measurements unless required to do so by applicable accounting standards.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value. Mutual funds are valued at fair value as certified by the Plan Custodian.

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.

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2012

Note 2 – Summary of Significant Accounting Policies: (continued)

These investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the risks associated with certain investment securities, it is at least reasonably possible that changes in the market values of these investments may occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

Payment of Benefits – Benefits are recorded when paid.

Benefit Distributions – Benefit distributions for the plan years ended April 30, 2012 and 2011 include payments of $7,799 and $11,160, respectively, made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan for the prior year.

Notes Receivable from Participants – Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Note 3 – Administration of Plan Assets:

The Plan assets are held by the custodian of the Plan. Employer and employee contributions are invested by the custodian as directed by our board of directors, Plan trustees, and Plan participants. Administrative and other operating expenses for the Plan are paid from Plan assets except for certain administrative expenses paid by the Company.

Note 4 – Information Prepared and Certified by Plan Custodian:

The Plan Trustees have elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and disclosure under ERISA. The assets of the Plan are held by the custodian.

The Plan Trustees have received certification from the custodian of the market value of all of the Plan's investments as of April 30, 2012 and 2011, and of interest income and net appreciation (depreciation) in fair value of investments for the years ended April 30, 2012 and 2011. The Plan's financial statements and supplemental schedule H, line 4j – schedule of assets (held at end of year) as of April 30, 2012, have been prepared based upon this certified information and reflect the amounts certified by the custodian.

The Plan's independent public accountants did not perform auditing procedures with respect to this information certified as complete and accurate by the custodian, except for comparing such information to the related information included in the financial statements and supplemental schedule.

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2012

Note 5 – Investments:

The following table presents investments at April 30, 2012 and 2011. Investments that represent five percent or more of the Plan's net assets are separately identified. All investments are participant directed.

	2012	2011
Investments at Estimated Fair Value:		
Mutual Funds		
Fidelity Freedom 2010	**$ 192,206**	$ 183,694
Fidelity Freedom 2020	**427,665**	415,766
Fidelity Freedom 2030	**445,019**	420,429
Fidelity Strategic Income	**213,409**	180,891
Fidelity Freedom 2015	**438,725**	460,221
Fidelity Freedom 2040	**293,823**	290,228
Fidelity Freedom 2025	**169,728**	154,526
Fidelity Freedom 2035	**143,425**	219,953
Others	**792,200**	700,079
Total Investments	**$ 3,116,200**	$ 3,025,787

During the years ended April 30, 2012 and 2011, the Plan's investments (including investments bought, sold, and held during the year) (depreciated) appreciated in value as follows:

	2012	2011
Investments at Estimated Fair Value:		
Mutual Funds	**$ (148,190)**	$ 338,506

Note 6 – Fair Value Measurements:

The following are the Plan's investments measured at fair value on a recurring basis during the years ended April 30, 2012 and 2011.

April 30, 2012 Description	Level 1: Quoted Prices in Active Markets for Identical Assets	Level 2: Significant Other Observable Inputs	Level 3: Significant Unobservable Inputs	Total at April 30, 2012
Interest-bearing cash	**$ 127,771**	**$ -0-**	**$ -0-**	**$ 127,771**
Mutual funds	**2,988,429**	**-0-**	**-0-**	**2,988,429**
	$ 3,116,200	**$ -0-**	**$ -0-**	**$ 3,116,200**

April 30, 2011 Description	Level 1: Quoted Prices in Active Markets for Identical Assets	Level 2: Significant Other Observable Inputs	Level 3: Significant Unobservable Inputs	Total at April 30, 2011
Interest-bearing cash	**$ 122,830**	**$ -0-**	**$ -0-**	**$ 122,830**
Mutual funds	**2,902,957**	**-0-**	**-0-**	**2,902,957**
	$ 3,025,787	**$ -0-**	**$ -0-**	**$ 3,025,787**

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

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2012

Note 7 – Tax Status:

The Internal Revenue Service has determined, in its letter dated March 31, 2008, that the Fidelity prototype plan as adopted by the Company November 30, 2009 was a qualified plan under Section 401(a) of the Internal Revenue Code and the trust, under which the Plan operates, was exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 8 – Plan Termination:

Although we have not expressed any intent to do so, we have the right under the Plan to discontinue our contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will receive 100 percent of their account balances.

Note 9 – Reconciliation of Financial Statements to Schedule H of Form 5500:

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

	April 30, 2012	2011
Net assets available for benefits per the financial statements	$ 3,328,237	$ 3,198,828
Less: Contributions receivable	(23,387)	(22,425)
Net assets available for benefits per Schedule H to the Form 5500	$ 3,304,850	$ 3,176,403

The following is a reconciliation of contributions received per the financial statements for the year ended April 30, 2012 to Schedule H of Form 5500:

	Employer	Participants
Contributions received per the financial statements	$ 78,236	$ 213,931
Add: Contributions receivable at April 30, 2011	6,162	16,263
Less: Contributions receivable at April 30, 2012	(6,406)	(16,981)
Contributions received per Schedule H of the Form 5500	$ 77,992	$ 213,213

Note 10 – Subsequent Events:

We have evaluated subsequent events through February 11, 2013, the date which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
April 30, 2012

Plan Sponsor: ABC Auto Parts, Ltd.
Employer Identification Number: 75-1306065
Plan Number: 001

(a)	(b) Issuer	(c) Description	(d) Cost	(e) Current Value
*	Interest-Bearing Cash	Fidelity Prime Fund		$ 127,771
	Mutual Funds			
		WFA Growth A		1,226
		NB Lg Cap Val Adv		21,582
		Col Mar 21st Cent A		23,979
		Blkrk US Opps Inv A		128,135
		Col Value & Rstrg R		9,389
		Pim Total Return A		12,460
		Invs Eql Wt S&P500 A		9,290
		Pru/J Equity Inc A		9,006
		Pim Real Return A		13,696
		Mainstay Map A		30,974
		Allnz Agic Inc&Gr A		4,373
*		Fidelity Lev Co Stock A		34,035
*		Fidelity High Inc Adv A		25,309
*		Fidelity Strat Income A		213,409
*		Fidelity Small Cap A		65,763
*		Fidelity Stk Sel All Cap A		61,923
*		Fidelity Divers Intl A		33,034
*		Fidelity Invst Grd Bond A		71,339
*		Fidelity Freedom 2010 A		192,206
*		Fidelity Freedom 2020 A		427,665
*		Fidelity Freedom 2030 A		445,019
*		Fidelity Freedom 2040 A		293,823
*		Fidelity Freedom Inc A		1,963
*		Fidelity Freedom 2005 A		1,159
*		Fidelity Freedom 2015 A		438,725
*		Fidelity Freedom 2025 A		169,728
*		Fidelity Freedom 2035 A		143,426
*		Fidelity Intl Discovery A		31,207
*		Fidelity Freedom 2045		55,939
*		Fidelity Freedom 2050 A		18,497
*		Fidelity Large Cap Value A		150
				2,988,429
	Loan to Participants			
*	Participant Loans	6.25% to 7.25% Interest Rate	$ -0-	188,650
			$ -0-	$ 3,304,850

Note: Investment cost has been omitted for participant directed assets.

* Denotes assets held for investment purposes with a party-in-interest.

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
LONGVIEW, TEXAS

FINANCIAL STATEMENTS

As of April 30, 2012 and 2011
With Independent Auditor's Report

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
LONGVIEW, TEXAS

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All other schedules required by Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended, are omitted as they are not applicable or the required information is shown in the financial statements or notes thereto.

Curtis Blakely & Co., PC
Certified Public Accountants & Consultants

Independent Auditor's Report

To the Trustees
ABC Auto Parts, Ltd. 401(k) Savings Plan
Longview, Texas

We were engaged to audit the financial statements of ABC Auto Parts, Ltd. 401(k) Savings Plan as of April 30, 2012 and 2011, and for the years ended April 30, 2012 and 2011, and the supplemental schedule as of April 30, 2012, as listed in the accompanying index. 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 Fidelity Management Trust Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and 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 and for the years ended April 30, 2012 and 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

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

Curtis Blakely & Co, P.C.
Longview, Texas

February 11, 2013

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
April 30

Assets

	2012	2011
ASSETS		
Investment at Fair Value:		
Interest-bearing cash	$ **127,771**	$ 122,830
Mutual funds	**2,988,429**	2,902,957
Total Investments at Fair Value	**3,116,200**	3,025,787
Receivables:		
Employer's contribution	**6,406**	6,162
Participants' contribution	**16,981**	16,263
Notes receivable from participants	**188,650**	150,616
Total Receivables	**212,037**	173,041
Total Assets	**3,328,237**	3,198,828
LIABILITIES	**-0-**	-0-
NET ASSETS AVAILABLE FOR PLAN BENEFITS	$ **3,328,237**	$ 3,198,828

(The accompanying notes are an integral part of these financial statements.)

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the Years Ended April 30

ADDITIONS TO NET ASSETS	2012	2011
Investment Income:		
Interest and dividends	$ 104,965	$ 70,452
Net (depreciation) appreciation in Fair Value of Investments	(148,190)	338,506
Total Investment Income	(43,225)	408,958
Contributions:		
Employer	78,236	79,991
Participants	213,931	202,690
Rollovers	-0-	95,639
Total Contributions	292,167	378,320
Total Additions	248,942	787,278
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	116,503	221,651
Administration expense	3,030	2,629
Total Deductions	119,533	224,280
Increase in Net Assets	129,409	562,998
Net Assets Available for Plan Benefits		
Beginning of Year	3,198,828	2,635,830
End of Year	$ 3,328,237	$ 3,198,828

(The accompanying notes are an integral part of these financial statements.)

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2012

Note 1 – Description of Plan:

The following description of ABC Auto Parts, Ltd. 401(k) Savings Plan provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General – The Plan, amended and restated effective May 1, 2008, is a defined contribution plan covering substantially all of the full-time employees of ABC Auto Parts, Ltd. ("Company" or "we") and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. Fidelity Management Trust Company (Fidelity) serves as the Plan asset custodian and record keeper (the Custodian).

Eligibility – Employees are eligible for participation in the Plan after completing one year of service and reaching age twenty and one-half or older. Plan entry dates are May 1 and November 1.

Contributions – Each year, participants may contribute up to the lessor of 25 percent of pretax annual compensation, as defined in the Plan, or the IRS annual exclusion for elective deferrals ($17,000 in 2012). Participants who have attained age 50 are permitted to make additional "catch up" contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. We contribute a discretionary matching contribution which for the years ending April 30, 2012 and 2011 was equal to the first two percent of base compensation that a participant contributes to the Plan. Additional amounts may be contributed at the option of our board of directors. Contributions are subject to certain limitations.

Participant Accounts – Each participant's account is credited with the participant's contribution and allocations of (a) our contribution, (b) Plan earnings, and (c) forfeitures of terminated participants' nonvested accounts. 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.

Participant Notes Receivable – Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balance. Loan transactions are treated as general investments of the Plan. Loan terms range from one to five years. The loans are secured by the balance in the participant's account and bear interest based on commercial lending rates for similar loans at the time of the loan. Interest rates range from 6.25 percent to 7.25 percent. Principal and interest is paid ratably through monthly payroll deductions.

Vesting – Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in company contributions, and all earnings on these amounts are based on years of continuous service. These vest at a rate of 20 percent per year beginning with the second year of service and are 100 percent vested after six years of credited service. A participant's entire account balance becomes 100 percent vested upon the death or disability of the participant.

Investment Options – Upon enrollment in the Plan, a participant may direct employee and Company contributions in any of numerous investment options. These options include a money market fund, bond mutual funds, and numerous equity mutual funds with various investment objectives. Participants may change their investment options daily through Fidelity.

Payment of Benefits – On termination of service due to death, disability or retirement, a participant may elect to receive an amount equal to the value of his or her account in either a lump-sum amount, or in annual installments over a fixed time period or over the life expectancy of the participant or his beneficiary. For termination of service due to other reasons, a participant may receive the value of his or her account as a lump-sum distribution, installment payments or a deferred annuity.

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2012

Note 1 – Description of Plan: (continued)

Forfeitures – Forfeited nonvested accounts of former plan participants are used to reduce expenses related to Plan administration or to reduce Company matching contributions. For the years ended April 30, 2012 and 2011, forfeitures of participant accounts totaling $2,948 and $-0-, respectively, were used to reduce company matching contributions. At April 30, 2012 and 2011, there are $651 and $1,538, respectively, of forfeitures that have not yet been applied to reduce employer contributions.

Expenses of the Plan

All reasonable expenses of administering the Plan will be paid out of the Plan assets, unless paid for by the Company. The Company paid or reimbursed the Plan for Plan expenses which amounted to $16,250 and $15,300 for 2012 and 2011, respectively.

Note 2 – Summary of Significant Accounting Policies:

Basis of Accounting – The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in conformity with accounting principles and practices as permitted by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), as amended, and accounting principles generally accepted in the United States of America.

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from those estimates. Accordingly, actual results may differ from those estimates.

Fair Value Measurement

In accordance with FASC Topic 820 – Fair Value Measurements and Disclosures, we measure fair value at the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants in the market in which the reporting entity transacts. We apply a hierarchy that prioritizes the information used to develop assumptions used in determining fair value. The hierarchy contains three levels of inputs: Level 1 – quoted prices in active markets for identical assets or liabilities; Level 2 – observable inputs, such as, quoted market prices of similar assets or liabilities in active markets or for identical assets or liabilities in markets that are not active; and Level 3 – unobservable inputs obtained from our own data. FASC Topic 820 applies whenever other standards require or permit assets or liabilities to be measured at fair value; however, it does not expand the use of fair value in any new circumstances. FASC Topic 820 does not apply to lower of cost or market determinations for inventory and does not eliminate the practicability exceptions to fair value measurements.

Our significant fair value measurements are those required by FASC Topic 825 – Financial Instruments. We have not chosen to use fair value measurements unless required to do so by applicable accounting standards.

Investment Valuation and Income Recognition – The Plan's investments are stated at fair value. Mutual funds are valued at fair value as certified by the Plan Custodian.

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.

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2012

Note 2 – Summary of Significant Accounting Policies: (continued)

These investments are exposed to various risks, such as interest rate, market, and credit risks. Due to the risks associated with certain investment securities, it is at least reasonably possible that changes in the market values of these investments may occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for plan benefits.

Payment of Benefits – Benefits are recorded when paid.

Benefit Distributions – Benefit distributions for the plan years ended April 30, 2012 and 2011 include payments of $7,799 and $11,160, respectively, made to certain active participants to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan for the prior year.

Notes Receivable from Participants – Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Note 3 – Administration of Plan Assets:

The Plan assets are held by the custodian of the Plan. Employer and employee contributions are invested by the custodian as directed by our board of directors, Plan trustees, and Plan participants. Administrative and other operating expenses for the Plan are paid from Plan assets except for certain administrative expenses paid by the Company.

Note 4 – Information Prepared and Certified by Plan Custodian:

The Plan Trustees have elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and disclosure under ERISA. The assets of the Plan are held by the custodian.

The Plan Trustees have received certification from the custodian of the market value of all of the Plan's investments as of April 30, 2012 and 2011, and of interest income and net appreciation (depreciation) in fair value of investments for the years ended April 30, 2012 and 2011. The Plan's financial statements and supplemental schedule H, line 4j – schedule of assets (held at end of year) as of April 30, 2012, have been prepared based upon this certified information and reflect the amounts certified by the custodian.

The Plan's independent public accountants did not perform auditing procedures with respect to this information certified as complete and accurate by the custodian, except for comparing such information to the related information included in the financial statements and supplemental schedule.

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2012

Note 5 – Investments:

The following table presents investments at April 30, 2012 and 2011. Investments that represent five percent or more of the Plan's net assets are separately identified. All investments are participant directed.

	2012	2011
Investments at Estimated Fair Value:		
Mutual Funds		
Fidelity Freedom 2010	**$ 192,206**	$ 183,694
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Total Investments	**$ 3,116,200**	$ 3,025,787

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	2012	2011
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Mutual Funds	**$ (148,190)**	$ 338,506

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Mutual funds	**2,988,429**	**-0-**	**-0-**	**2,988,429**
	$ 3,116,200	**$ -0-**	**$ -0-**	**$ 3,116,200**

April 30, 2011 Description	Level 1: Quoted Prices in Active Markets for Identical Assets	Level 2: Significant Other Observable Inputs	Level 3: Significant Unobservable Inputs	Total at April 30, 2011
Interest-bearing cash	**$ 122,830**	**$ -0-**	**$ -0-**	**$ 122,830**
Mutual funds	**2,902,957**	**-0-**	**-0-**	**2,902,957**
	$ 3,025,787	**$ -0-**	**$ -0-**	**$ 3,025,787**

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ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
April 30, 2012

Note 7 – Tax Status:

The Internal Revenue Service has determined, in its letter dated March 31, 2008, that the Fidelity prototype plan as adopted by the Company November 30, 2009 was a qualified plan under Section 401(a) of the Internal Revenue Code and the trust, under which the Plan operates, was exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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Although we have not expressed any intent to do so, we have the right under the Plan to discontinue our contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will receive 100 percent of their account balances.

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	April 30, 2012	2011
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Less: Contributions receivable	(23,387)	(22,425)
Net assets available for benefits per Schedule H to the Form 5500	$ 3,304,850	$ 3,176,403

The following is a reconciliation of contributions received per the financial statements for the year ended April 30, 2012 to Schedule H of Form 5500:

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Contributions received per the financial statements	$ 78,236	$ 213,931
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Less: Contributions receivable at April 30, 2012	(6,406)	(16,981)
Contributions received per Schedule H of the Form 5500	$ 77,992	$ 213,213

Note 10 – Subsequent Events:

We have evaluated subsequent events through February 11, 2013, the date which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

ABC AUTO PARTS, LTD. 401(k) SAVINGS PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
April 30, 2012

Plan Sponsor: ABC Auto Parts, Ltd.
Employer Identification Number: 75-1306065
Plan Number: 001

(a)	(b) Issuer	(c) Description	(d) Cost	(e) Current Value
*	Interest-Bearing Cash	Fidelity Prime Fund		$ 127,771
	Mutual Funds			
		WFA Growth A		1,226
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		Blkrk US Opps Inv A		128,135
		Col Value & Rstrg R		9,389
		Pim Total Return A		12,460
		Invs Eql Wt S&P500 A		9,290
		Pru/J Equity Inc A		9,006
		Pim Real Return A		13,696
		Mainstay Map A		30,974
		Allnz Agic Inc&Gr A		4,373
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*		Fidelity Freedom 2005 A		1,159
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*		Fidelity Intl Discovery A		31,207
*		Fidelity Freedom 2045		55,939
*		Fidelity Freedom 2050 A		18,497
*		Fidelity Large Cap Value A		150
				2,988,429
	Loan to Participants			
*	Participant Loans	6.25% to 7.25% Interest Rate	$ -0-	188,650
			$ -0-	$ 3,304,850

Note: Investment cost has been omitted for participant directed assets.

* Denotes assets held for investment purposes with a party-in-interest.