Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	n the instructions to the Form 550	0-SF.				
	Part I Annual Report Identification Information								
For	calendar plan year 2009 or fis	scal plan year beginning 01/01/200)9	and ending 1	2/31/2	2009			
Α.	This return/report is for:	one-participant plan							
В	This return/report is for:	first return/report							
		an amended return/report	short plan	year return/report (less than 12 mor	nths)				
C	Check box if filing under: Form 5558 automatic extension					DFVC program			
	special extension (enter description)					_			
Pa	rt II Basic Plan Info	rmation—enter all requested inform							
	Name of plan	That of the an requested mon	idilon		1b	Three-digit			
	ERRY CHAMBERS CHEVROLET, INC. PROFIT SHARING & 401(K) PLAN					plan number			
						(PN) • 001			
					1c	Effective date of plan 01/01/1983			
2a	Plan enoneor's name and add	dress (employer, if for single-employer	r nlan)		2h	Employer Identification Number			
	RY CHAMBERS CHEVROLET	,	piaii)		(EIN) 91-0895435				
					2c Plan sponsor's telephone numb				
	NORTHWEST AVENUE INGHAM, WA 98226-9046				0.1	360-733-7997			
DELL	.INGTAW, WA 30220-3040				∠a	Business code (see instructions) 441110			
3a	Plan administrator's name an	nd address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
JERF	RY CHAMBERS CHEVROLET	Γ, INC. 3891 NORTI BELLINGHA				91-0895435			
			, **** ***	20 00 10	3C	Administrator's telephone number 360-733-7997			
4 1	f the name and/or EIN of the p	plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN			
I	name, EIN, and the plan numb	per from the last return/report. Sponso	or's name		4c PN				
52	Total number of participants	at the beginning of the plan year							
					5a	89			
b	·	at the end of the plan yearwith account balances as of the end o			5b	63			
С		with account balances as of the end o			5c	46			
6a	Were all of the plan's assets	s during the plan year invested in eligib	ole assets?	(See instructions.)		Yes No			
b		the annual examination and report of				X Yes ☐ No			
		? (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F				X Yes No			
Pa	rt III Financial Inform		01111 5500-	SF and must mistead use Form 55	υυ.				
		nation		()5		40 = 1 4V			
7	Plan Assets and Liabilities		_	(a) Beginning of Year	ı	(b) End of Year			
	Total plan assets		. 7a			1847422			
b	•	7h from line 7a)		1609404		1847422			
<u>C</u>		e 7b from line 7a)	. 7с	1698491					
8 a	Income, Expenses, and Tran Contributions received or rec			(a) Amount		(b) Total			
a			. 8a(1)						
	(2) Participants		. 8a(2)	95333	3				
	(3) Others (including rollove	rs)	. 8a(3)						
b	Other income (loss)		8b	378458	3				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			473791			
d	, , ,	ct rollovers and insurance premiums	8d	316305	5				
е	Certain deemed and/or corre	ective distributions (see instructions)							
f	Administrative service provide	lers (salaries, fees, commissions)	8f	8555	5				
g	Other expenses		8g						
h	•	d, 8e, 8f, and 8g)				324860			
i		ine 8h from line 8c)				148931			
		(see instructions)							

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	reristics

SIGN HERE

Signature of employer/plan sponsor

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D

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

Part	٧	Compliance Questions									
10	Duri	During the plan year:						,	Amount		
а		as there a failure to transmit to the plan any participant contributions within the time period described					X				
h		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
b		Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			10b		X				
С		Was the plan covered by a fidelity bond?								30	0000
d					10c					301	0000
u		id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?					X				
е	Wer	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier,									
	insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)						X				
f		as the plan failed to provide any benefit when due under the plan?					X				
							X				
g		Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					^				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)					X				
i		h was answered "Yes," check the box if you either provided the re			10h						
	exceptions to providing the notice applied under 29 CFR 2520.101-3				10i						
Part	VI	Pension Funding Compliance									
11		s a defined benefit plan subject to minimum funding requirements							Пу		NI-
40)))							Ye		No
12		is a defined contribution plan subject to the minimum funding requ		n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	s ^	No
а	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable vaiver of the minimum funding standard for a prior year is being ar	,	vear see instruc	tions	and e	nter th	e date of th	a lattar r	ulina	
_		ting the waiver.									
lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule ME	3 (Form 5500), and	I skip to line 13.		_		ı			
b	Ente	r the minimum required contribution for this plan year					12b				
		r the amount contributed by the employer to the plan for this plan	•				12c				
d		Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of					12d				
^	negative amount)							Yes	No	П	N/A
Part	Will the Himming amount reported on line 12d be met by the fanding academic.								14//		
		Plan Terminations and Transfers of Assets		_					Пу	✓	
13a		a resolution to terminate the plan been adopted during the plan ye						1	Ye	s X	No
		es," enter the amount of any plan assets that reverted to the emplo					13a				
b		Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							No		
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to											
	whic	h assets or liabilities were transferred. (See instructions.)							1		
13c(1) Name of plan(s):						13c(2) EIN(s)			13c(3) PN	V (s)
Cauti	on: A	penalty for the late or incomplete filing of this return/report	will be assessed ι	ınless reasonabl	e cau	ise is	establ	ished.	-		
		alties of perjury and other penalties set forth in the instructions, I d							ole, a Sc	hedu	ıle
SB or	Sche	edule MB completed and signed by an enrolled actuary, as well as									
pellet		true, correct, and complete.									
SIGN	· -	Filed with authorized/valid electronic signature. 06/23/2010 CHERI REYNOLD			os .	1					
HERI	Ε ξ	Signature of plan administrator	Date	Enter name of in	dividu	ıal sig	ning as	s plan admir	istrator		

Date

Enter name of individual signing as employer or plan sponsor