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).

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

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

	art I Annual Report Identification Information								
For	calendar plan year 2009 or fiscal plan year beginning 01/01/20	009	and ending	12/31/2	2009				
Α .	This return/report is for: X single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for: first return/report	final retu	n/report		_				
	an amended return/report	short plar	year return/report (less than 12 mo	onths)					
C	Check box if filing under:	╡ :	extension	,	DFVC program				
	special extension (enter descrip		o exteriorer						
Do									
	Name of plan	mation		1h	Three-digit				
	LISH CHEVROLET 401(K) PLAN			15	plan number				
	2011-0112-11-01(1.) 1-2-11-0				(PN) • 001				
				1c	Effective date of plan				
					01/01/2004				
	Plan sponsor's name and address (employer, if for single-employer	er plan)		2b	Employer Identification Number				
ENG	LISH CHEVROLET COMPANY, INC.			20	(EIN) 59-1944260 Plan sponsor's telephone number				
1405	US HWY 17 SOUTH			20	863-773-4744				
	CHULA, FL 33873			2d	Business code (see instructions)				
				1	441110				
	Plan administrator's name and address (if same as Plan sponsor, LISH CHEVROLET COMPANY, INC. 1405 US H	enter "Same WY 17 SOU	,	3b	Administrator's EIN 59-1944260				
LING		A, FL 33873		30	Administrator's telephone number				
					863-773-4744				
	f the name and/or EIN of the plan sponsor has changed since the		eport filed for this plan, enter the	4b	EIN				
I	name, EIN, and the plan number from the last return/report. Spons	sor's name		40	4c PN				
52	Total number of participants at the beginning of the plan year								
					28				
b	Total number of participants at the end of the plan year			5b	19				
C Total number of participants with account balances as of the end of the plan year (define complete this item)				5c	9				
6a	Were all of the plan's assets during the plan year invested in elig				X Yes □ No				
b	Are you claiming a waiver of the annual examination and report of		'						
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	y and condit	ions.)		X Yes No				
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
	rt III Financial Information		T						
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
	Total plan assets		59505	3	385537				
b	Total plan liabilities								
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7с	59505	3	385537				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from: (1) Employers	8a(1)	742	0					
	(2) Participants	1	263	 					
	(3) Others (including rollovers)		200	0					
h	Other income (loss)		5000	_					
b	` '		5002	.0	60071				
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			00071				
u	to provide benefits)	8d	26830	9					
е	Certain deemed and/or corrective distributions (see instructions).			0					
f	Administrative service providers (salaries, fees, commissions)		127	'8					
g	Other expenses			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				269587				
i	Net income (loss) (subtract line 8h from line 8c)				-209516				
i	Transfers to (from) the plan (see instructions)			_					

Part IV	Plan Characteristics	

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

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

Part	V Compliance Questions									
10	During the plan year:	g the plan year: Yes No								
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducians)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c X					75000	
d	d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?									
е	Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all of instructions.)	the benefits under the	ne plan? (See	10e	X				1501	
f	Has the plan failed to provide any benefit when due under the plan?	·		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year end.)		10g	X				0	
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)			10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-			10i						
Part	/I Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements 5500))							Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding re	equirements of section	on 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applical	ble.)								
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule			ın		Day		ear		
	Enter the minimum required contribution for this plan year				Г	12b				
	Enter the amount contributed by the employer to the plan for this pla					12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the amount)	ne result (enter a mi	nus sign to the left of	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?.					Yes	No	N/A	
Part '	/II Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior ye	ar?					Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the em				Г	13a				
	Were all the plan assets distributed to participants or beneficiaries, to find the PBGC?	ransferred to anothe				ntrol		Yes	X No	
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to anothe	r plan(s), identify th	ne plar	n(s) to					
1:	13c(1) Name of plan(s):						N(s)	13c(3)	PN(s)	
Cauti	on: A penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonabl	e cau	se is	establ	ished.	.1		
Under SB or	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have	examined this retu	ırn/rep	ort, in	cludin	g, if applicab			
SIGN	Filed with authorized/valid electronic signature.	10/01/2010	KRISSI MARIS							
HERI		Date	Enter name of in	divid	اماء ادا	nina as	nlan admin	istrator		

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

	Form 5500-SF	Short Form Annual Re			mploye	e	OM8 N	s. 1210-0110 1210-0089
	Department of the Treasury	Benefit Plan 2009						
	Internal Revenue Service Department of Labor bloyee Benefits Security Administration	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the						
	nsion Benefit Guaranty Corporation							
Pa	Annual Report Id	entification Information					[2/31/2009	
Forc	alendar plan year 2009 or fisca	ai plan year beginning 0	1/01/20					
Αт	his return/report is for:	Single-employer plan	multiple-em	ployer plan (not multiem¢	loyer)	Ц	one-participant plai	
	his return/report is for:	first return/report	final return/					
	[an amended return/report	short plan y	rear return/report (less the	an 12 month	ns) ┌┐		
c c	thack box If filing under:	Form 5558	automatic e	extension		L	DFVC program	
		special extension (enter description	n) ·					
Pa	til Basic Plan Inform	nation—enter all requested informa	ation		· · · · · · · · · · · · · · · · · · ·	1 h T	hree-digit	
1a ,	Name of plan	, ለስጎ /ውነ ይተልእ፤					lan number	
i	ENGLISH CHEVROLET	AOI(V) FIWN					PN) 🕨	001
			,	4		C	ffective date of plan 1/01/2004	
2a	Plan sponsor's name and addr	ess (employer, if for single-employer COMPANY, INC.	plan)			2b ⊨	mployer Identificatio	Number
	ENGLISH CHEVROLET	COMPANY, INC.			-	2c =	EIN) 59-1944261	ne number
					j		(863) 773-4744	
	1405 US HWY 17 SOU	ГН		FL 33873		2d E	Jusiness code (see ir 141110	structions)
25	WAUCHULA	address (if same as Plan sponsor, e	nter "Same"			3b A	dministrator's EIN	
Ja	SAME			•	ļ	3- 4	dministrator's teleph	and number
						4C A	(863) 773-47 <u>4</u> 4	THE DOUBLE
A 1:	the name and/or FIN of the pl	an sponsor has changed since the la	st return/rep	ort filed for this plan, en e	r the	4b 6	EIN	
(name, EIN, and the plan numb	er from the last return/report. Sponso	or's name			4c		•
-		it the beginning of the plan year				5a		28
5a		it the end of the plan year				5b		19
		vith account balances as of the end c			ļ			
¢	complete this item)			LLLEELEEPPPPPPPPPPPPPPPPPPPPPPP	****************	5c	X	yes ∏ No
6a	Were all of the plan's assets	during the plan year invested in eligit	ole assets? ((See instructions.)				т ы П .м.
þ	Are you claiming a walver of	the annual examination and report of (See instructions on waiver eligibility	f an indepen and conditio	ident qualified public acco	murani (iee	,,,	X	Yes No
	If you answered "No" to eit	her 6a or 6b, the plan cannot use F	orm 5500-9	F and must instead use	Form 550	Q.		
Pe	rt III Financial Inform	nation				·		
7	Plan Assets and Liabilities			(a) Beginning of		-	(b) End of Yo	385,537
a	Total plan assets	***************************************	7a		595,05	1-		- 000/00.
b	Total plan liabilities		7b		595,05			385,537
<u>c</u>		7b from line 7a)		(-) 1		-	(b) Total	
8_	Income, Expenses, and Tran Contributions received or rec			(a) Amount				
a	(1) Employers	=	8a(1)		7,42	- PSS3282 1		
				Marie	2,63	4		
		's)				예		
b	Other income (loss)		8ь	ACCOUNTS AND ACCOU	50,02			60 071
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				35 22003	Raspinisippe Kill Massacra	60,071
d	Benefits paid (including direct to provide benefits)	t rollovers and insurance premiums	8d		268,30	9		
e		ctive distributions (see instructions)						
f	Administrative service provid	ers (salaries, fees, commissions)	8f		1,27	비		
g				nio secrecios secolos de la como d		の機構製	AND STREET, ST	269,587
'n		l, 8e, 8f, and 8g)				30 50		$\frac{269,587}{(209,516)}$
ĺ		ine 8h from line 8c)				0.00		THE REPORT OF
j		(see instructions)		2200.8G		マ際際	(949) (1945) (1945) Fon	5500-SF (2009)
For	Paperwork Reduction Act Notice a	nd OMB Control Numbers, see the Instruc	uona tor Forti	1 5500-56.			. 2.,	v.092308.1

	Form 5500-SF 2009	P:	age 2					
	IV Plan Characteristics	******	· Prince	'		**************************************		
9a	If the plan provides pension benefits, enter the applicable pension fea	ture codes from the	List of Plan Cha	racteri	stic Cc	ides in	the instruction	\$
ь	if the plan provides welfare benefits, enter the applicable welfare feat			acteris	tic Co	des in 1	the instructions	3 :
Part	V Compliance Questions	West Assessed						
10	During the plan year:	· ·			Yes	No	Am	c unt
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	s within the time pe ry Correction Progra	riod described in am)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (I on line 10a.)			105	<u> </u>	х		
C	Was the plan covered by a fidelity bond?			10€	х			75,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			18d		х		£
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of thinstructions.)	ne benefits under the	e plan? (See	10e	х			1,501
f	Has the plan failed to provide any benefit when due under the plan?		***************************************	10f	1	х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of	f year end.)		100	х			0
ĥ	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			10h		×		er (9:15:40-401015)
ĺ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or or	ne of the	10i				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	s7 (If "Yes," see ins	tructions and cor	nplete	Sched	jule SE	(Form	Yes X No
12 a	Is this a defined contribution plan subject to the minimum funding red (If "Yes." complete 12a or 12b, 12c, 12d, and 12e below, as applicable If a waiver of the minimum funding standard for a prior year is being a	le.) amortized in this pla	n year, see instri	ictions	, and e	enter th	ne date of the l	Yes X No
	granting the waiver.		Mo	nth		Day	Ye	a
_	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M				Г	12b	T	
Ð	Enter the minimum required contribution for this plan year					12¢		
c d	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign to thu lef	ofa		12d		
۵	regative amount)						Yes	to N/A
Part	0.1.01.00	turioning deadline i				111111	والمارسية والمراسية	
	A STATE OF THE STA							Yes X No
138	Has a resolution to terminate the plan been adopted during the plan y				r	13a	<u> </u>	1 700 13 114
	If "Yes," enter the amount of any plan assets that reverted to the emp Were all the plan assets distributed to participants or beneficiaries, to						1	
C	of the PBGC?			4141241414	********	******		Yes X No
	which assets or liabilities were transferred. (See instructions.)	tito piati to attend						
	3c(1) Name of plan(s):				13	c(2) E	IN(s)	3c(3) PN(s)
				_				
	ion: A penalty for the late or Incomplete filing of this return/repor							-
58 o	r penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well s if it is true, gorrect, and complete.	declare that I have as the electronic ver	examined this re sion of this return	turn/re 1/repor	port, i t, and	ncludin to the	g, if applicable best of my kno	, 1 Schedule wedge and
FROM LUIS	101 1-11	10/1/10	Lorraine :	Smit	h			
SIG		Date	Enter name of			inina s	s plan adminis	tr itor
\$UBLC/\$LL	100 m	mr 4450r	- contraction of		VIE	, <u>.</u>		-
SIG		Date	Enter name of	individ	ual sir	mina a	s employer or o	ol an agonaer
Colonia de la	Risk Andreway or ambiological shatton.	J619	L PRINCE HARBER OF	.,	E1		_ = = = = = = = = = = = = = = = = = = =	