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), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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
PACIFIC DEALERSHIP GROUP EMPLOYEES PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 07/01/1985

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
FINCHEY CORPORATION DBA
PACIFIC BMW

800 S BRAND BLVD
GLENDALE, CA 91204-2106

2b Employer Identification Number (EIN)
95-3667884

2c Sponsor's telephone number
818-246-5600

2d Business code (see instructions)
441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/21/2011	DAVID L. HO, JR.
	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")
FINCHEY CORPORATION DBA PACIFIC BMW

800 S BRAND BLVD
GLENDALE, CA 91204-2106

3b Administrator's EIN
95-3667884

3c Administrator's telephone number
818-246-5600

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**	162
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**	102
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	30
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	132
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	132
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	132
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	18
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:
2A 2E 3H 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)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
PACIFIC DEALERSHIP GROUP EMPLOYEES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FINCHEY CORPORATION DBA

D Employer Identification Number (EIN)
95-3667884

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).. . . . . ☐ 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

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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)

BENEFIT STRATEGIES, INC.

16921 PARTHENIA STREET
SUITE 303
NORTH HILLS, CA 91343

95-4502094

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	CONTRACT ADMINISTRATOR	12470	Yes [ ] No [X]	Yes [ ] No [ ]	0	Yes [ ] No [ ]

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

PARKE-GUPTILL & COMPANY, LLP

3175 SEDONA COURT, #A
ONTARIO, CA 91764-6561

95-3378831

(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?
10	AUDITOR	4000	Yes [ ] No [X]	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 ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
PACIFIC DEALERSHIP GROUP EMPLOYEES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FINCHEY CORPORATION DBA

D Employer Identification Number (EIN)
95-3667884

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	100000	100000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1424443	1412052
(2) U.S. Government securities	1c(2)	1959002	1816760
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	2957047	2731360
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	292238	308895
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	217800	257192
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	6950530	6626259
	Liabilities			
g	Benefit claims payable	1g	0	966
h	Operating payables	1h	0	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	966
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6950530	6625293

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	100000	
	(B) Participants	2a(1)(B)	0	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		100000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9992	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	166101	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		176093
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	15316	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		15316
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	809858	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	775086	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		34772

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	457391	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		457391
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		783572
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1092127	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1092127
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	16470	
(3) Investment advisory and management fees	2i(3)	150	
(4) Other	2i(4)	62	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		16682
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1108809
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-325237
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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: PARKE-GUPTILL & COMPANY, LLP **(2)** EIN: 95-3378831

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
PACIFIC DEALERSHIP GROUP EMPLOYEES PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
FINCHEY CORPORATION DBA

D Employer Identification Number (EIN)
95-3667884

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): 77-0109120

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 **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 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(es). 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):

---

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):

PACIFIC DEALERSHIP GROUP
EMPLOYEES' PROFIT SHARING PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

June 30, 2010

PACIFIC DEALERSHIP GROUP EMPLOYEES' PROFIT SHARING PLAN

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11	SUPPLEMENTARY INFORMATION - SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF WITHIN YEAR--JUNE 30, 2010

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INDEPENDENT AUDITORS' REPORT

To the Board of Trustees
Pacific Dealership Group Employees' Profit Sharing Plan
800 South Brand Blvd.
Glendale, CA 91204

We were engaged to audit the financial statements and supplemental schedule of the Pacific Dealership Group Employees' Profit Sharing Plan (the Plan) as of June 30, 2010 and for the year ended June 30, 2010, and the supplemental schedule as of and for the year ended June 30, 2010 as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the management of Pacific Dealership Group Employees' Profit Sharing Plan.

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 the supplemental schedule, which was confirmed by Merrill Lynch, the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. We have obtained a confirmation from the custodian as of and for the years ended June 30, 2010 and 2009, 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 supplemental schedule as of or for the year ended June 30, 2010. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information confirmed 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 Security Act of 1974.

Parke Guptill & Co. LLP

December 9, 2010
Ontario, California

PACIFIC DEALERSHIP GROUP EMPLOYEES' PROFIT SHARING PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
JUNE 30, 2010 AND 2009

	2010	2009
ASSETS		
Investments	$ 6,526,259	$ 6,850,530
Receivables		
Employer's contribution	100,000	100,000
TOTAL ASSETS	6,626,259	6,950,530
LIABILITIES		
Benefit claims payable	966	-
TOTAL LIABILITIES	966	-
NET ASSETS AVAILABLE FOR BENEFITS	$ 6,625,293	$ 6,950,530

See notes to financial statements and Form 5500, Schedule H, Part I.

PACIFIC DEALERSHIP GROUP EMPLOYEES' PROFIT SHARING PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED JUNE 30, 2010

ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Net increase in fair value of investments	$ 492,163
Interest	176,093
Dividends	15,316
Total investment income	683,572
Contributions:	
Employer's	100,000
TOTAL ADDITIONS	783,572
DEDUCTIONS	
Deductions from net assets attributed to:	
Investment loss	
Net decrease in fair value of investments	-
Benefits paid to participants	1,092,127
Administrative expenses	16,682
TOTAL DEDUCTIONS	1,108,809
NET DECREASE IN ASSETS	(325,237)
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	6,950,530
END OF YEAR	$ 6,625,293

See notes to financial statements and Form 5500, Schedule H, Part II.

A. Description of Plan

The following description of Pacific Dealership Group Employees' Profit Sharing Plan provides only general information. The Plan was established July 1, 1985 and amended July 1, 2009. The following descriptions reflect the provisions of the plan and amendments. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General.

The Plan is a defined contribution plan covering all employees of the company who have one year of service and have attained the age of twenty-one. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions.

The company may provide a discretionary profit sharing contribution determined on an annual basis. The discretionary profit sharing contribution for the year ended June 30, 2010 was $100,000. All contributions under the Plan are deposited and held in an account at Merrill Lynch.

Participant Accounts.

Each participant's account is credited with allocations of the company's contribution, participant forfeitures and Plan investment earnings or losses of the trust fund. Allocations are based on participant earnings or account balances, as defined. Forfeited balances of terminated participants' nonvested accounts are allocated among participants. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting.

Participants are partially vested in the company's profit sharing contribution plus actual earnings thereon after two years of continuous service. A participant becomes 100% vested after six years of service.

Investment Options.

The company maintains a trustee directed investment account with Merrill Lynch.

Payment of Benefits.

On termination of service due to disability or retirement, a participant will receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account balance or a life annuity with monthly payments payable during the lifetime of the participant. On termination of service due to death, the beneficiary will receive a lump-sum distribution of the participant's vested interest in his or her account balance.

Plan Administrator Fees.

All routine plan administrative expenses including, but not limited to, fees of accountants, counsel, and other specialists and their agents, and other costs of administering the plan may be paid out of the trust fund unless paid by the employer. For the plan year ended June 30, 2010, administrative fees totaled $16,682.

A. Description of Plan (Concluded)

Forfeited Accounts.

Forfeited nonvested accounts totaled $93,895 for the fiscal year ended June 30, 2010. These accounts were reallocated back to the remaining participants.

B. Summary of Accounting Policies

Basis of Accounting.

The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition.

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end.

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.

Payment of Benefits.

Benefits are recorded when the participant has submitted a request for distribution and the request is approved by the plan sponsor.

Estimates.

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

Date of Management's Review.

Subsequent events were evaluated through December 9, 2010, which is the date the financial statements were available to be issued.

C. Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

		Fair Value Measurements Using	
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Inputs Other Than Quoted Prices Included in Level 1 (Level 2)
June 30, 2010			
Cash	$ 292,875	$ 292,875	
Certificates of Deposits	1,119,178	1,119,178	
Mutual Funds	257,192	257,192	
Corporate Equities	308,894	308,894	
Corporate Debts	2,731,360		$ 2,731,360
Government Securities	1,816,760		1,816,760
Total	$ 6,526,259	$ 1,978,139	$ 4,548,120
June 30, 2009			
Cash	$ 1,286,784	$ 1,286,784	
Certificates of Deposits	137,660	137,660	
Mutual Funds	217,800	217,800	
Corporate Equities	292,238	292,238	
Corporate Debts	2,957,047		$ 2,957,047
Government Securities	1,959,001		1,959,001
Total	$ 6,850,530	$ 1,934,482	$ 4,916,048

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stocks, corporate bonds, and U.S. Government securities are based on the closing price reported on the active market where the individual securities are traded.

C. Fair Value Measurements (Concluded)

Level 2 Fair Value Measurements

The fair value of Level 2 assets is based on quoted net asset values of similar assets in active markets, quoted prices of markets considered not active, or inputs other than quoted prices (e.g. interest rates).

Level 3 Fair Value Measurements

Level 3 fair value measurements are used for assets that are not actively traded and significant other observable inputs are not available.

D. Investments

The following presents investments at June 30, 2010 and 2009 that represent 5 percent or more of the Plan's net assets:

	2010		2009	
	shares	values	shares	values
Money Market		$ 292,874		$ 1,286,777
Resolution Funding Corp	500,000	343,465	500,000	297,610
Federal Natl Mtg Assoc-1/20	500,000	348,225	500,000	299,570

During the plan year, ended June 30, 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $683,572 as follows:

Corporate Equities	$ 149
Corporate Debts	29,696
Government Securities	4,927
Unrealized gain (loss) on market value	457,391
Interest	176,093
Dividends	15,316
	$ 683,572

E. Information Prepared and Confirmed by Trustee

The following information for June 30, 2010 and 2009, included in the accompanying financial statements and supplemental schedule, was obtained from data that has been prepared and confirmed to us as complete and accurate by the trustee:

	2010	2009
Investments, at fair value	$ 6,526,259	$ 6,850,530
Interest	176,093	-
Dividends	15,316	-
Net change in fair value of investments	492,163	-

F. Plan Termination

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

G. Tax Status

The Plan obtained its latest determination letter on July 22, 2010, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

H. Distributions

Benefit distributions of $1,092,127 were made for the plan year ended June 30, 2010.

I. Risks and Uncertainties

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

J. Party in Interest

Merrill Lynch is a party in interest that holds the funds.

PACIFIC DEALERSHIP GROUP EMPLOYEES' PROFIT SHARING PLAN
EIN 95-3667884; PLAN 002
SUPPLEMENTARY INFORMATION
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
JUNE 30, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	Cash	Cash	$ 1	$ 1
*	MoneyMarket	Cash	292,874	292,874
*	Accrued Interest	Certificates of Deposits	33,423	33,423
*	Capital One Bank 11/10	Certificates of Deposits	102,313	101,328
*	Mid First Bk 10/12	Certificates of Deposits	247,000	245,915
*	CD Amer Express Cent Bk 10/12	Certificates of Deposits	247,000	246,184
*	CD Firstbank of Pr	Certificates of Deposits	247,000	245,183
*	CD Banco Pop Pureto Rico 9/11	Certificates of Deposits	247,000	247,147
*	Blackrock Fundamental	Mutual Funds	219,058	248,621
*	Broadbank Holdrs Dep Rcp	Mutual Funds	8,071	6,987
*	Internet Infrastructure Holders	Mutual Funds	1,015	1,585
*	Altria Group, Inc.	Corporate Equities	3,278	4,008
*	A T & T Corp	Corporate Equities	7,725	7,523
*	Citigroup, Inc (Assoc 1st)	Corporate Equities	1,140	1,444
*	Citigroup, Inc.	Corporate Equities	1,830	2,316
*	Coca Cola Com	Corporate Equities	9,598	10,024
*	Comverse Technology	Corporate Equities	120	109
*	Conagra Foods, Inc.	Corporate Equities	19,060	23,320
*	General Electric	Corporate Equities	11,720	14,420
*	HSBC Hldg Plc	Corporate Equities	41,770	45,590
*	HSBC Hldg Plc	Corporate Equities	1,086	1,185
*	Kraft Foods, Inc.	Corporate Equities	3,497	3,864
*	Lithia Motors, Inc.	Corporate Equities	924	618
*	Mirant Corp (WT01 11)	Corporate Equities	151	6
*	Nstar	Corporate Equities	47,459	51,730
*	Nortel Networks Corp	Corporate Equities	1	1
*	Penske Auto Group (United)	Corporate Equities	3,328	2,272
*	Philip Morris Intl Inc. (Altria)	Corporate Equities	8,724	9,168
*	SWK Holdings	Corporate Equities	1	1
*	Southern Company	Corporate Equities	93,480	99,840
*	Washington Mutual Inc.	Corporate Equities	101	165
*	Waste Management	Corporate Equities	28,160	31,290
*	AID-Israel 11/21	Corporate Debts	133,098	158,203
*	Allstate Corp 5/18	Corporate Debts	25,555	28,641
*	Anheuser-Busch 3/19	Corporate Debts	136,856	156,081
*	Avon Products 7/18	Corporate Debts	92,053	103,093
*	Bank of America 9/12	Corporate Debts	173,073	182,142
*	Bank of America 8/15	Corporate Debts	94,675	100,171
*	Caterpillar Fncl 11/13	Corporate Debts	146,775	157,073
*	Citigroup, Inc. (New)	Corporate Debts	349	10,293
*	CIT Group 5/13	Corporate Debts	4,054	3,383



PACIFIC DEALERSHIP GROUP EMPLOYEES' PROFIT SHARING PLAN
EIN 95-3667884; PLAN 002
SUPPLEMENTARY INFORMATION
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
JUNE 30, 2010

(a)	(b) Identity of Issue	(c) Description of Investment	(d) Cost	(e) Current Value
*	CIT Group 5/15	Corporate Debts	6,082	4,889
*	CIT Group 5/14	Corporate Debts	6,082	4,995
*	CIT Group 5/16	Corporate Debts	10,137	8,061
*	CIT Group 5/17	Corporate Debts	14,192	11,131
*	Citigroup 1/11	Corporate Debts	50,773	51,209
*	Ctrywd Alt Ln CMO 2006 11/36	Corporate Debts	37,309	48,180
*	Emerson Electric 11/13	Corporate Debts	106,806	112,908
*	Gen Elec Cap Corp 8/11	Corporate Debts	99,291	101,848
*	Gen Elec Cap Corp 11/13	Corporate Debts	95,344	104,359
*	Gen Elec Cap Corp 6/12	Corporate Debts	78,839	80,709
*	General Elec Cap Corp 12/18	Corporate Debts	90,682	97,748
*	Goldman Sacks 1/11	Corporate Debts	105,721	102,528
*	Household Finance 11/10	Corporate Debts	98,948	100,643
*	HSBC Finance Corp 5/11	Corporate Debts	51,410	52,050
*	IBM Corp 11/12	Corporate Debts	160,839	162,377
*	IBRD 8.25% 16-Prin Str 9/16	Corporate Debts	113,564	125,856
*	LaSalle Funding LLC	Corporate Debts	92,303	100,801
*	Lehman Bros 1/12	Corporate Debts	7,375	9,875
*	Merrill Lynch 11/18	Corporate Debts	92,295	106,351
*	Merrill Lynch 9/18	Corporate Debts	24,215	32,702
*	National Rural Utilities 11/11	Corporate Debts	150,686	155,253
*	Pitney Bowes, Inc. 5/18	Corporate Debts	139,494	157,713
*	Toyota Motor Cr Corp 1/16	Corporate Debts	92,401	100,096
*	Fed Farm Credit Bank 6/16	Government Securities	162,657	172,079
*	Fed Home Loan Mtg 7/15	Government Securities	160,079	166,359
*	Fed Natl Mtg Assoc 10/19	Government Securities	50,910	61,822
*	FICO Strips Series 15-3/19	Government Securities	125,146	146,712
*	Tenn Valley Authority 7/17	Government Securities	175,490	198,465
*	US Treasury Strips 2/16	Government Securities	120,440	132,845
*	US Treasury Strips 11/17	Government Securities	217,788	246,789
*	Resolution Funding Corp	Government Securities	297,610	343,465
*	Federal Natl Mtg Assoc-1/20	Government Securities	299,570	348,225

* Represents a party-in-interest to the Plan

See notes to financial statements.

PACIFIC DEALERSHIP GROUP EMPLOYEES' PROFIT SHARING PLAN
EIN 95-3667884; PLAN 002
SUPPLEMENTARY INFORMATION
SCHEDULE OF ASSETS ACQUIRED AND DISPOSED OF WITHIN YEAR
JUNE 30, 2010

(a) Identity of Issue	(b) Description of Investment	(c) Costs of Acquisitions	(d) Proceeds of Dispositions
Exchange on Mirant	Corporate Equities	-	149
MI Litigation Settlement	Corporate Debts	-	5,470
Natl Rural Utilities 8/09	Corporate Debts	100,235	100,000
NM American Genl 11/09	Corporate Debts	91,358	100,000
Principle Life	Corporate Debts	144,618	150,000
Prudential Financial 11/19	Corporate Debts	89,563	100,000
Fed Farm Credit Bk 6/21	Government Securities	244,688	254,239
Fed Home Loan 3/10	Government Securities	104,625	100,000

See notes to financial statements.

PACIFIC DEALERSHIP GROUP
PROFIT SHARING PLAN
TRUST RECONCILATION
for the period 71/09 to 6/30/10

"Schedule H, line 4i - Schedule of Assets (Acquired and Disposed of Within Year)."

Shares	Discription	6/30/09 value of assets sold	Purchase Price of Assets aquired in 2009-10, and disposed of during year.	Total
100000	Natl Rural Utilities 8/09	100,235.00		100,235.00
100000	NM American Genl 11/09	91,358.00		91,358.00
150000	Principle Life	144,618.00		144,618.00
250000	Fed Farm Credit Bk 6/21	244,687.50		244,687.50
100000	Fed Home Loan 3/10	104,624.00		104,624.00
100000	Prudential Financial 11/19	89,563.00		89,563.00
		775,085.50	0.00	**775,085.50**

PACIFIC DEALERSHIP GROUP
PROFIT SHARING PLAN
TRUST RECONCILATION
for the period 71/09 to 6/30/10

Schedule H, line 4i - Schedule of Assets (Held At End of Year)."

Description	Shares	Value @ 6/30/10 Cost	Market
Cash			
Cash		0.56	0.56
MoneyMarket		292,874.00	292,874.00
Certificates of Deposits			
Accrued Interest		33,422.50	33,422.50
Capital One Bank 11/10	100000	102,313.30	101,327.60
Mid First Bk 10/12	247000	247,000.00	245,914.68
CD Amer Express Cent Bk 10/12	247000	247,000.00	246,183.67
CD Firstbank of Pr	247000	247,000.00	245,182.82
CD Banco Pop Pureto Rico 9/11	247000	247,000.00	247,146.72
Mutual Funds			
Blackrock Fundamental	14046.379	219,058.04	248,620.91
Broadbank Holdrs Dep Rcp	700	8,071.00	6,986.70
Internet Infrastructure Holders	500	1,015.00	1,585.00
Corporate Equities			
Altria Group, Inc.	200	3,278.00	4,008.00
A T & T Corp	311	7,725.24	7,523.09
Citigroup, Inc (Assoc 1st)	384	1,140.48	1,443.84
Citigroup, Inc.	616	1,829.52	2,316.16
Coca Cola Com	200	9,598.00	10,024.00
Comverse Technology	14	119.70	109.20
Conagra Foods, Inc.	1000	19,060.00	23,320.00
General Electric	1000	11,720.00	14,420.00
HSBC Hldg Plc	1000	41,770.00	45,590.00
HSBC Hldg Plc	26	1,086.02	1,185.34
Kana Software, Inc.		0.00	0.00
Kraft Foods, Inc.	138	3,496.92	3,864.00
Lithia Motors, Inc.	100	924.00	618.00
Mirant Corp Com tk Escrow	1192	0.00	0.00
Mirant Corp (WT01 11)	103	151.41	6.39
Nstar	1478	47,458.58	51,730.00
Nortel Networks Corp	19	0.82	0.59
Penske Auto Group (United)	200	3,328.00	2,272.00
Philip Morris Intl Inc. (Altria)	200	8,724.00	9,168.00
SWK Holdings	1	1.38	0.89
Southern Company	3000	93,480.00	99,840.00
Washington Mutual Inc.	1000	101.00	165.00
Waste Management	1000	28,160.00	31,290.00
Corporate Bonds			
AID-Israel 11/21	50000	133,097.50	158,202.50
Allstate Corp 5/18	25000	25,555.00	28,641.00
Amer Gnl Fin. Corp 11/09		0.00	0.00
Anheuser-Busch 3/19	150000	136,855.50	156,081.00
Avon Products 7/18	100000	92,053.00	103,093.00

Description	Shares	Value @ 6/30/10 Cost	Market
Bank of America 9/12	175000	173,073.25	182,141.75
Bank of America 8/15	100000	94,675.00	100,171.00
Caterpillar Fncl 11/13	150000	146,775.00	157,072.50
CIT Group 8/10		0.00	0.00
Citigroup, Inc. (New)	304	348.83	10,293.44
CIT Group 5/13	3533	4,054.04	3,382.85
CIT Group 5/15	5300	6,081.64	4,889.25
CIT Group 5/14	5300	6,081.64	4,995.25
CIT Group 5/16	8834	10,136.83	8,061.03
CIT Group 5/17	12368	14,192.02	11,131.20
Citigroup 1/11	50000	50,773.00	51,208.50
Ctrywd Alt Ln CMO 2006 11/36	100000	37,309.20	48,179.90
Emerson Electric 11/13	100000	106,806.00	112,908.00
Gen Elec Cap Corp 8/11	100000	99,291.00	101,848.00
Gen Elec Cap Corp 11/13	100000	95,344.00	104,359.00
Gen Elec Cap Corp 6/12	75000	78,839.25	80,709.00
General Elec Cap Corp 12/18	100000	90,682.00	97,748.00
Goldman Sacks 1/11	100000	105,721.00	102,528.00
Household Finance 11/10	100000	98,948.00	100,643.00
HSBC Finance Corp 5/11	50000	51,409.50	52,049.50
IBM Corp 11/12	150000	160,839.00	162,376.50
IBRD 8.25% 16-Prin Str 9/16	150000	113,563.50	125,856.00
LaSalle Funding LLC	100000	92,303.00	100,801.00
Lehman Bros 1/12	50000	7,375.00	9,875.00
Merrill Lynch 11/18	100000	92,295.00	106,351.00
Merrill Lynch 9/18	50000	24,215.00	32,702.00
National Rural Utilities 8/09		0.00	0.00
National Rural Utilities 11/11	150000	150,685.50	155,253.00
Pitney Bowes, Inc. 5/18	150000	139,494.00	157,713.00
Principal Life Inc Fndg 11/14		0.00	0.00
Prudential Financial 11/19		0.00	0.00
Toyota Motor Cr Corp 1/16	100000	92,401.00	100,096.00
Government Securities			
Fed Farm Credit Bank 6/21		0.00	0.00
Fed Farm Credit Bank 6/16	150000	162,657.00	172,078.50
Fed Home Loan Mtg 3/10		0.00	0.00
Fed Home Loan Mtg 7/15	150000	160,078.50	166,359.00
Fed Natl Mtg Assoc 10/19	100000	50,910.00	61,822.00
FICO Strips Series 15-3/19	200000	125,146.00	146,712.00
Tenn Valley Authority 7/17	250000	175,490.00	198,465.00
US Treasury Strips 2/16	150000	120,439.50	132,844.50
US Treasury Strips 11/17	300000	217,788.00	246,789.00
Resolution Funding Corp	500000	297,610.00	343,465.00
Federal Natl Mtg Assoc-1/20	500000	299,570.00	348,225.00
Total		6,068,869.67	6,526,259.83