## 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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation Co	mplete all entries in acco	ordance wit	h the instructions to the Form 550	0-SF.			
	art I Annual Report Identific							
For	calendar plan year 2010 or fiscal plan y	ear beginning 01/01/20	)10	and ending 1	1/15/2	2010		
Α.	This return/report is for:	e-employer plan	multiple-	employer plan (not multiemployer)		one-participa	nt plan	
В	This return/report is for:	eturn/report	Kinal retui	n/report		_		
		nended return/report	   Short plar	n year return/report (less than 12 mo	nths)			
<b>C</b>	Check box if filing under:	, F	_	extension	,	DFVC progra	m	
C	The state of the s	L		Cexterision		☐ Di vo piogra		
_		al extension (enter descript	,					
	rt II Basic Plan Information	enter all requested infor	mation					
	Name of plan				16	Three-digit plan number		
ENG	LISH CHEVROLET 401(K) PLAN					(PN)	001	
					1c	Effective date of	f plan	
						01/01/2		
	Plan sponsor's name and address (emp	ployer, if for single-employe	er plan)		2b	Employer Identif	ication Nur	mber
ENG	LISH CHEVROLET COMPANY, INC.					(EIN) 59-194		
1405	US HWY 17 SOUTH				2c	Plan sponsor's t	elephone n	umber
	CHULA, FL 33873				24			tions\
					Zu	Business code ( 441110		uons)
3a	Plan administrator's name and address	(if same as Plan sponsor,	enter "Same	e")	3b	Administrator's I	ΞΙΝ	
ENG	LISH CHEVROLET COMPANY, INC.	1405 US H	WY 17 SOU A, FL 33873	ITH		59-194		
		WAOOIIOL	.A, I L 3307 C		3с	Administrator's t		number
4 .	the common description of the color of the c		l 1 1 <i>l</i>	and Clad Courth's plant and and ha	41.	863-77	5-4744	
	the name and/or EIN of the plan spons name, EIN, and the plan number from th			eport filed for this plan, enter the	40	EIN		
•	iamo, zm, ana mo piamiambor nom a	io last rotali in oporti. Oporti	oor o marrio		4c	PN		
5a	Total number of participants at the beg	inning of the plan year			5a			20
b	Total number of participants at the end	of the plan year			5b			0
С	Total number of participants with account				0.0			
	complete this item)			•	5c			0
6a	Were all of the plan's assets during the	e plan year invested in elig	ible assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annua							
	under 29 CFR 2520.104-46? (See inst	•		•			^ Yes	No
Do	If you answered "No" to either 6a or rt III Financial Information	6b, the plan cannot use	Form 5500-	SF and must instead use Form 55	00.			
				T				
7	Plan Assets and Liabilities			(a) Beginning of Year	7	(b) End	of Year	0
	Total plan assets		7a	303331	'			-
b	Total plan liabilities			385537	7			0
<u>C</u>	Net plan assets (subtract line 7b from I		7с	363337	_			0
8	Income, Expenses, and Transfers for the			(a) Amount		(b) 1	otal	
а	Contributions received or receivable fro (1) Employers		8a(1)		)			
	(2) Participants		` `	(	5			
	, ,		` '					
h	(3) Others (including rollovers)		· , ,	8602	<u>_</u>			
b	Other income (loss)			0002				8602
C	Total income (add lines 8a(1), 8a(2), 8a	, ,	8c					0002
d	Benefits paid (including direct rollovers to provide benefits)		8d	394019	9			
е	Certain deemed and/or corrective distr							
f	Administrative service providers (salari			120	)			
		•			-			
g	Other expenses (add lines 8d, 8e, 8f, a)							394139
h ;	Total expenses (add lines 8d, 8e, 8f, and Net income (leas) (subtract line 8h from							385537
:	Net income (loss) (subtract line 8h from							
J	Transfers to (from) the plan (see instru	GUOI 13)	8i	İ				

	Form 5500-SF 2010 Page <b>2-</b>							
ar	t IV Plan Characteristics							
a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instruc	ction	s:	
	2E 2F 2G 2J 2K 2T 3D 3H							
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	ecterisi	iic Coc	des in t	ne instruc	tions	3:	
art	V Compliance Questions							
)	During the plan year:		Yes	No		Am	nount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
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?	10c	X					75000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X				
е	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.)	10e	X					805
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		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
ırt	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver							
lf '	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	u		Day _		16	aı	
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			[	Yes		No	N/A

## **Part VII Plan Terminations and Transfers of Assets** 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? .....

If "Yes," enter the amount of any plan assets that reverted to the employer this year.....

X Yes No

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

of the PBGC?.....

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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

## 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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	04/11/2011	KRISSI MARIS
HERE	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

	<del></del>						WAR N	ıs, 1210-0110	
j	Form 5500-SF	eport of Small <sup>a</sup> Plan	-		1210-0089				
	Department of the Treasury Internal Revenue Service	This form is required to be filed	under sec	tions 104 and 4065 of the	<u> </u>	<u>010</u>			
	Department of Labor sloves Benefits Security Administration	Retirement Income Security A Internal R	oecti	չ to Public «Ո					
Employee Benefits Security Administration Internal Revenue Code (title Code). Inspection  Pension Benefit Guaranty Corporation    Complete all entries in accordance with the instructions to the Form 5500-SF.									
Pa	Annual Report lo	lentification Information		<u> </u>		11/15/201	<u> </u>		
For c	alendar pian year 2010 of⁴fisc	<del></del>	1/01/20	······································	•				
<b>A</b> T	his return/report is for:	x single-employer plan	multiple-er	nployer plan (not multier	iployer)	one-participa	tit his		
Вт	his return/report is for:	first return/report X final return/report							
an amended return/report short plan year return/report (less than 12 months)									
C Check box if filing under: Form 5558 automatic extension DFVC program									
	·	special extension (enter descriptio					· · · · · · · · · · · · · · · · · · ·		
Pa	HII Basic Plan Infor	mation—enter all requested informs	gtion		- 4	<b>b</b> Three-digit	-		
1a	Name of plan ENGLISH CHEVROLET	ADI (K) PIŽN			"	blau unmper		1	
i	NGT12H CEPAROTES.	ACT (V) ETUW				(PN) <u></u>	L	001	
		•			1	C Effective date o 01/01/200			
7-1	Dien ennoent's name and addr	ess (emolover if for single-employer	plan)	· · · · · · · · · · · · · · · · · · ·	2	<b>b</b> Employer Identi	Ticatic	Number	
]	ENGLISH CHEVROLET	ess (employer if for single-employer COMPANY, INC.		-	<u> </u>	(EIN) 59-194			
					4	C Plan sponsor's: (863) 773-	474	THE OUTCOM	
;	1405 US HWY 17 SOU	TH			2	d Business code	(see il	structions)	
	WAUCHULA			FL 33873		441110	E45.1		
За ,	Plan administrator's name and	l address (if same as Plan sponsor, e	nter "Same	ı")	ا	<b>b</b> Administrator's	E 18M		
	•				3	C Administrator's	telepi	one number	
			=(=(	· · · · · · · · · · · · · · · · · · ·		(863)773-	4/4		
4 11	the name and/or EIN of the pl	an sponsor has changed since the la er from the last return/report. Sponso	st retum/re;	port filed for this plan, er	ter the 4	ID EIN		***	
r	ame, EIN, and the plan numb	er from the test returninghost, sponer	e illini	•	4	C PN			
5a	Total number of participants a	it the beginning of the plan year		***************************************		ia		. 20	
b	Total number of participants a	it the end of the plan year		***************************************		ib		`	
¢	Total number of participants v	vith account balances as of the end o	f the plan y	ear (defined benefit plan	s do not	ic			
6a	Were all of the plan's assets	during the plan year invested in eligib	de assets?	(See instructions.)	,	****************	X	Yes   No	
þ.	Are you deiming a walver of	the annual examination and report of	an indeper	sdent qualified public ac	:ountant (IQPA	4)	X	Yes   No	
	under 29 CFR 2520.104-467	(See instructions on waiver eligibility her 6a or 6b, the plan cannot use F	ana conom orm 5500.:	SF and must instead w	e Form 5500.		<u> </u>		
級声音	High Financial Inform	nation	Dim Coqu		· · · · · · · · · · · · · · · · · · ·				
7	Plan Assets and Liabilities			(a) Beginning d	f Year	(b) End	ofY	ar	
a	Total plan assets		78		385,537				
b	•	\	. 7b						
c	Net plan assets (subtract line	76 from line 7a)	. 7c		385,537				
8	Income, Expenses, and Trans	sfers for this Plan Year		(a) Amoun	t	(d)	Total	A STATE OF THE STA	
a	Contributions received or rec	eivable from:	71		O	100			
	(1) Employers		8a(1)	<del></del>	<u></u>				
	• •		1	<u> </u>					
	• •	5)	1		8,602				
	, ,	. 6_/5\ 6_/5\ .c.J.6\\		marinana sa ka		2010 Sept. 10 10 10 10 10 10 10 10 10 10 10 10 10		8,60	
С Н	•	), 8a(2), 8a(3), and 8b)trollovers and insurance premiums	. 8c		4944411641 <u>01255</u>				
đ		t rollovers and insurance premiums	. 8d		394,019				
e	•	ctive distributions (see instructions)	<u> </u>						
f	Administrative service provid	ers (salaries, fees, commissions)	- 8f		120				
g			1 .						
ħ	Total expenses (add lines 8d	, 8e, 8f, and 8g)	. 8h					394,13	
i	Net income (loss) (subtract li	ne 8h from line 8c)	. 8i			ļ		(385,537	

Transfers to (from) the plan (see instructions).....

and the style of t

	Form 5600-SF 2010			Page 2-					1.13
	V Plan Characteristics	ę.		<del></del>					
9a	If the plan provides pension benefit 2E 2F 2G	ts, enter the applicable pe 2J 2K 2T	3D 3H	•					
b	If the plan provides welfare benefits	s, enter the applicable we	lfare feature codes	from the List of Plan Cha	racteris	tic Coo	jes in ti	ne instructions:	
	V Compliance Question	8							
10	During the plan year:			~.	• "	Yes	No	Ame	unt
a	Was there a failure to transmit to t 29 CFR 2510.3-102? (See instruc	ctions and DOL's Volunta	ry Fiduciary Correct	ion Program)	10e		Х	_	
b	Were there any nonexempt transa on line 10a.)	actions with any party-in-in	terest? (Do not inc	lude transactions reporte	10b		х	·	
C	Was the plan covered by a fidelity	y bond?			10c	Х			75,000
d	Old the plan have a loss, whether or dishonesty?	or not reimbursed by the	pian's fidelity bond	that was caused by frau-	1 10d		х		ļ.
e	Were any fees or commissions pa insurance service or other organiz- instructions.)	aid to any brokers, agents zalion that provides some	or other persons to or all of the benefit	y an insurance carrier, s under the plan? (See	10s	х			805
f	Has the plan failed to provide any	benefit when due under t	he plan?		10f		х		
a	Did the plan have any participent	loans? (if "Yes," enter am	ount as of year end	.)	10g		х		
h	If this is an individual account plan 2520,101-3.)	n, was there a blackout pa	iriod? (See instruct	ons and 29 CFR	10h		х		
i	If 10h was answered "Yes," check exceptions to providing the notice	k the box if you either pro	ided the required i	otice or one of the	101				
Par	VI. Pension Funding Cor	mpliance	•		***				
11	Is this a defined benefit plan subje	act to minimum funding re	quirements? (if "Ye	s," see instructions and c	omplete	Schee	dule SE	(Form	Yes X No
12	is this a defined contribution plan								Yes X No
a	(If "Yes," complete 12a or 12b, 12 If a waiver of the minimum funding granting the waiver.	a standard for a prior vee	is being amortized	in this plan year, see ins M	cuctions Ionth	s, and	enter th Dav	na date of the le	ter ruling
If	you completed line 12a, complete	e lines 3, 9, and 10 of So	hadule MB (Form	5500), and skip to line	13.				
b							12b		
c	Enter the amount contributed by t						12c		
d		om the amount in line 12t	. Enter the result (	enter a minus sign to the t	eft of a		12d		
e	Will the minimum funding emount	reported on line 12d be r	net by the funding	leadline?				Yes	lo N/A
Par	VII Plan Terminations a	ind Transfers of As	sets						18
13a	Has a resolution to terminate the	plan been adopted during	the plan year or a	ny prior year?		*******			Yes No
•	If "Yes," enter the amount of any i	plan assets that reverted	to the employer this	уеаг		102:11	13a		0
b	Were all the plan assets distribute of the PBGC?	ed to participants or benef	iciaries, transferred	to another plan, or ອການດູ	ht unde	r the c	ontrol	[2	Yes No
	If during this plan year, any asset which assets or liabilities were tre			to another plan(s), identi-	ly the pl			<del></del>	
	13c(1) Name of plan(a):					1:	3c(2) E	IN(a)	13c(3) PN(s)
				<u> </u>					
Cau	tion: A panalty for the late or inc	omplete filing of this ret	urn/report will be	assessed unless real or	able cr	tuse iz	estab	lished.	
SB	er penalties of perjury and other pe or Schedule MB completed and sign of, it is true, gorrect, and complete.	ned by an enrolled actuar	ructions, I declare y, as well as the ele	that I have examined this ctronic version of this reti	return/r urn/repo	eport, i irt, and	Includin I to the	g, if applicable best of my kno	a Schedule Jedge and
000 M.70 449 M.70	I main A	<i>iH</i>	21/	P/// Lorraine	Smit	:h			
	6,407,4047	rator	Date	<u> </u>			gning a	s plan adminis	ator
Carrest in	56.1976 36.196						×		
510					ما المعالمة	eluat ai	onide d	e amplemer or l	loo sponsor"