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

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information						
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010		
Α .	This return/report is for: X single-employer plan	multiple-e	e-employer plan (not multiemployer) one-participant plan				
В	This return/report is for:	final retur	n/report				
		short plar	year return/report (less than 12 mo	onths)			
C		•	extension	,	DFVC program		
	special extension (enter description		, exteriorer				
Do	<u>`</u>	,					
	Art II Basic Plan Information—enter all requested information Name of plan	ation		1h	Three-digit		
	/OOD CHRYSLER, DODGE, HYUNDAI LL C			10	nlan number		
	COD CHARGETT, BODGE, THOADALEE C				(PN) ▶ 001		
				1c	Effective date of plan		
					02/01/2007		
	Plan sponsor's name and address (employer, if for single-employer property in the property in	plan)		2b	Employer Identification Number 20-4850057		
LINV	/OOD CHRYSLER, DODGE, HYUNDAI LL C			20	(EIN) 20-4850057 Plan sponsor's telephone number		
	PARK AVE			20	270-444-6901		
PADI	UCAH, KY 42001			2d	Business code (see instructions)		
					441110		
3a	Plan administrator's name and address (if same as Plan sponsor, en /OOD CHRYSLER, DODGE, HYUNDAI LL C 3345 PARK A		e")	3b	Administrator's EIN 20-4850057		
	PADUCAH, K			30	Administrator's telephone number		
					270-444-6901		
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
- 1	name, EIN, and the plan number from the last return/report. Sponsor	r's name		4c	DNI		
52	Total number of portionants at the hearinging of the plan year				18		
	Total number of participants at the beginning of the plan year				22		
b	Total number of participants at the end of the plan year			5b	22		
С	Total number of participants with account balances as of the end of complete this item)		•	5c	20		
	Were all of the plan's assets during the plan year invested in eligible				X Yes ☐ No		
b	Are you claiming a waiver of the annual examination and report of a		,				
-	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-	SF and must instead use Form 5	500.			
	rt III Financial Information		T	<u> </u>			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year		
	Total plan assets	7a	30306	12	348215		
b	Total plan liabilities	7b			0.100.15		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	30306	02	348215		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)	1119	4			
	(2) Participants	8a(2)	5061	2			
	(3) Others (including rollovers)	8a(3)	9497				
h	Other income (loss)	8b	29107				
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		23.1		100410		
c d	Benefits paid (including direct rollovers and insurance premiums	8c					
u	to provide benefits)	8d	5297	'4			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g	228	3			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			55257		
i	Net income (loss) (subtract line 8h from line 8c)	8i			45153		
i	Transfers to (from) the plan (see instructions)	Ωi					

Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? E 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.) I 106										
A If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E		F	orm 5500-SF 2010 Page 2-							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: It V Compliance Questions	ar	t IV	Plan Characteristics							
trart V Compliance Questions Very series Very series				aracteri	stic Co	des in	the instru	uctions:		
During the plan year: 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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e 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.) f Has the plan flaide to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) If I the 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. art VI Pension Funding Compliance 1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes SOO)). 2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?. Yes (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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 letter ruling granting the waiver. Month Day Year 12b 12b 12c 12c 12d 12d 12d 12d 12d				racteris	stic Co	des in t	the instru	ctions:		
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29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	•			_	res	NO		Amo	unt	
c Was the plan covered by a fidelity bond?		29 (CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
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b If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has	the plan failed to provide any benefit when due under the plan?	10f						
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granting the waiver		•								
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<u> </u>	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a				12d					
	е	·	,				Yes	N	0	N/A

Part VII Plan Terminations and Transfers of Assets

Yes X

Yes X No

13c(3) PN(s)

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)

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.	08/02/2011	JEFF EICKHOLZ
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