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

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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 AUTOMOTIVE GROUP 401(K) PLAN FOR OTHER THAN SERVICE TECHNICIANS

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2001

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
PACIFIC AUTOMOTIVE GROUP, LLC C/O CITY TOYOTA

255 SAN PEDRO ROAD
DALY CITY, CA 94014

2b Employer Identification Number (EIN)
94-3354874

2c Sponsor's telephone number
650-755-5500

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.	10/13/2011	DAVID J.MOELLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2011	DAVID J.MOELLER
	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")
PACIFIC AUTOMOTIVE GROUP, LLC C/O CITY TOYOTA

255 SAN PEDRO ROAD
DALY CITY, CA 94014

3b Administrator's EIN
94-3354874

3c Administrator's telephone number
650-755-5500

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**	132
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**	96
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	10
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	106
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	106
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	46
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:
2E 2F 2G 2J 2K 3D

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

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)		**A** (Insurance Information)
(4)		**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
PACIFIC AUTOMOTIVE GROUP 401(K) PLAN FOR OTHER THAN SERVICE TECHNICIANS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC AUTOMOTIVE GROUP, LLC C/O CITY TOYOTA

D Employer Identification Number (EIN)
94-3354874

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	7885
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	11186	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6845	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(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)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	763192	974407
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	781223	982292
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	420	0
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	420	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	780803	982292

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)	0	
	(B) Participants	2a(1)(B)	139388	
	(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)		139388
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(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)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	17129	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		17129
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
(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)		91941
c Other income	2c		420
d Total income. Add all **income** amounts in column (b) and enter total	2d		248878
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	47389	
(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)		47389
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)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	0	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		47389
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		201489
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) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: JOHNSTON, GREMAUX & ROSSI, LLP **(2)** EIN: 94-2234450

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		70949
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		175000
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

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
PACIFIC AUTOMOTIVE GROUP 401(K) PLAN FOR OTHER THAN SERVICE TECHNICIANS

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
PACIFIC AUTOMOTIVE GROUP, LLC C/O CITY TOYOTA

D Employer Identification Number (EIN)
94-3354874

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): 71-0868620

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 AUTOMOTIVE GROUP 401(K) PLAN FOR OTHER THAN SERVICE TECHNICIANS

FINANCIAL STATEMENTS

DECEMBER 31, 2010 AND 2009

JGR

PACIFIC AUTOMOTIVE GROUP 401(K) PLAN
FOR OTHER THAN SERVICE TECHNICIANS

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Johnston, Gremaux & Rossi, LLP

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITORS' REPORT

October 7, 2011

To the Plan Administrator
Pacific Automotive Group, LLC

We were engaged to audit the accompanying statements of net assets available for benefits of PACIFIC AUTOMOTIVE GROUP 401(K) PLAN FOR OTHER THAN SERVICE TECHNICIANS as of December 31, 2010 and 2009, the related statement of changes in net assets available for benefits for the year ended December 31, 2010, the supplementary schedule of assets (held at end of year) as of December 31, 2010, and the schedule of delinquent participant contributions for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the plan administrator. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control over financial reporting. Accordingly, we express no such opinion. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the PACIFIC AUTOMOTIVE GROUP 401(K) PLAN FOR OTHER THAN SERVICE TECHNICIANS as of December 31, 2010 and 2009, and the changes in the net assets available for benefits for the year ended December 31, 2010, in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets (held at end of year) and delinquent participant contributions are presented for the purpose of additional analysis, and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules are the responsibility of the Plan's management. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements, and in our opinion, are fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Johnston Gremaux & Rossi LLP

JOHNSTON/GREMAUX & ROSSI, LLP
Pleasant Hill, California

PACIFIC AUTOMOTIVE GROUP 401(K) PLAN
FOR OTHER THAN SERVICE TECHNICIANS
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	2010	2009
Assets:		
Investments, at fair value:		
Registered investment companies	$ 974,407	$ 763,192
Receivables:		
Participant contributions	-	11,186
Cash:		
Interest-bearing cash	-	6,845
Non-interest-bearing cash	7,885	-
Total assets	982,292	781,223
Liabilities:		
Other liabilities	-	420
Net assets available for benefits	$ 982,292	$ 780,803

See Independent Auditors' Report and notes to financial statements.

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PACIFIC AUTOMOTIVE GROUP 401(K) PLAN
FOR OTHER THAN SERVICE TECHNICIANS
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

	2010
Additions:	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 91,941
Dividends	17,129
Total investment income	109,070
Contributions:	
Participant	139,388
Other income	420
Total additions	248,878
Deductions:	
Deductions from net assets attributed to:	
Benefits paid to participants	47,389
Net increase	201,489
Net assets available for benefits:	
Beginning of year	780,803
End of year	$ 982,292

See Independent Auditors' Report and notes to financial statements.

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NOTE 1 - DESCRIPTION OF THE PLAN

The following description of the Pacific Automotive Group 401(k) Plan for Other Than Service Technicians provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

a) General

The Plan is a defined contribution plan covering all full time employees of the Company who have completed at least six months of service and are age 21 or older. Employees may enter the Plan the following January 1 or July 1 after they become eligible to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

b) Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Company may make additional discretionary matching contributions at the option of the Company's management. Participants are eligible for the matching contributions upon satisfaction of eligibility requirements to enter the Plan, one hour of service during the plan year, and the participant must be employed as of the last day of the plan year. Contributions are subject to certain limitations.

c) Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of: (a) the Company's contributions, (b) Plan earnings, and (c) charged with an allocation of administrative expenses. Allocations are based on participant's account balance as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

NOTE 1 - PLAN DESCRIPTION (Continued)

d) Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's discretionary matching contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. A participant is 100% vested after six continuous years of credited service. The Company's vesting schedule for plan participants is as follows:

End of year 1	0%
End of year 2	20%
End of year 3	40%
End of year 4	60%
End of year 5	80%
End of year 6	100%

e) Notes Receivable from Participants

The plan does not allow participants to borrow from their fund accounts.

f) Payment of Benefits

On termination of service due to death, disability, or retirement, a participant will be fully vested in their account and may elect to receive their distribution as a lump-sum amount equal to the value of the participant's interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

g) Forfeited Accounts

At December 31, 2010 and 2009, forfeited non-vested accounts totaled $7,885 and $6,845 respectively. These amounts will be used to reduce future discretionary employer contributions.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING

a) Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

See Independent Auditors' Report.

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NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING (Continued)

b) Use of Estimates

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

c) Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion on fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the plan's gains and losses on investments bought and sold as well as held during the year.

d) Benefit payments

Benefits to participants are recorded when paid.

e) Operating Expenses

All significant investment management and other professional fees related to the Plan, including audit fees, may be paid by the Plan to the extent they are not paid by the plan sponsor.

f) Subsequent events

The Plan has evaluated subsequent events through October 7, 2011, the date the financial statements were available to be issued.

NOTE 3 - INVESTMENTS

The following presents investments that represent 5% or more of the Plan's net assets.

	December 31,	
	2010	2009
American Balanced Fund	$ 119,910	$ 82,264
EuroPacific Growth Fund	133,933	109,011
New Perspective Fund	62,401	46,832
World Fund	126,596	89,240
The Growth Fund of America	214,032	168,170
The Investment Company of America	71,767	55,461
U.S. Government Securities Funds*	41,893	45,016
Washington Mutual Investors Fund	91,041	72,946
Totals	$ 861,573	$ 668,940

* Denotes 5% or more of the Plan's net assets in 2009 only.

During 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 $91,941 as follows:

Mutual funds	$ 91,941

NOTE 4 - FAIR VALUE MEASUREMENTS

Generally accepted accounting principles (GAAP), establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under GAAP are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Registered Investment Companies: Investments in the Mutual Funds are valued at the net asset value per share at the close of each business day as reported by each Fund, which value their securities at fair value

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

See Independent Auditors' Report.

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NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

Assets at Fair Value as of December 31, 2010

	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Balanced	$ 157,388	$ -	$ -	$ 157,388
Bond	64,877	-	-	64,877
Growth	536,962	-	-	536,962
Growth and Income	198,051	-	-	198,051
Money Market	15,753	-	-	15,753
Target Date	1,376	-	-	1,376
Total assets at fair value	$ 974,407	$ -	$ -	$ 974,407

Assets at Fair Value as of December 31, 2009

	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Balanced	$ 109,162	$ -	$ -	$ 109,162
Bond	71,758	-	-	71,758
Growth	413,253	-	-	413,253
Growth and Income	154,686	-	-	154,686
Money Market	14,333	-	-	14,333
Total assets at fair value	$ 763,192	$	$	$ 763,192

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

See Independent Auditors' Report.

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NOTE 6 - TAX STATUS

The Plan adopted American Funds standardized basic prototype 401(k) plan, effective March 31, 2008. The Internal Revenue Service (IRS) issued a clean opinion letter that stated this prototype plan qualified under the applicable provision of the Internal Revenue Code (IRC). Although the Plan has not received a determination letter from the IRS, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken, and has concluded that as of December 31, 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

NOTE 7 - 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.

NOTE 8 - PARTY IN INTEREST

Certain plan investments are shares of mutual funds managed by American Funds. American Funds is the custodian as defined by the plan for the years ended December 31, 2010 and 2009, and, therefore, these transactions qualify as party-in-interest transactions.

See Independent Auditors' Report.

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NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The December 31, 2010, Form 5500 was prepared under the accrual method of accounting and, thus, the asset and liability amounts reported on the Form 5500, as well as the net changes in plan assets, are in agreement in total with the amounts included in the accompanying financial statements. There are classification differences between the December 31, 2010 financial statements and Form 5500, but due to the fact that the totals agree, a reconciliation to Form 5500 has not been prepared.

The December 31, 2009 Form 5500 was prepared under the accrual method of accounting and, thus, the asset and liability amounts reported on the Form 5500, are in agreement in total with the amounts included in the accompanying financial statements. There are classification differences between the December 31, 2009 financial statements and Form 5500, but due to the fact that the totals agree, a reconciliation to Form 5500 has not been prepared.

NOTE 10 - CORRECTIVE DISTRIBUTIONS

Participants may contribute 100% of their compensation not to exceed $16,500 for 2010. When contributions exceed these limits or the Plan does not meet certain compliance testing, the amounts are refunded to the participants as corrective distributions. Total corrective distributions were $3,390 for the year ended December 31, 2010, and were refunded to participants in 2011.

Participants may contribute 100% of their compensation not to exceed $16,500 for 2009. When contributions exceed these limits or the Plan does not meet certain compliance testing, the amounts are refunded to the participants as corrective distributions. Total corrective distributions were $3,258 for the year ended December 31, 2009, and were refunded to participants in 2010.

NOTE 11 - DELINQUENT PARTICIPANT CONTRIBUTIONS

During 2010, it was noted that there were unintentional delays by the Company in submitting 2010 employee deferrals to the custodian in the amount of $70,949. The Company has decided to enter the Voluntary Fiduciary Correction Program in 2011.

During 2009, it was noted that there were unintentional delays by the Company in submitting 2009 employee deferrals to the custodian in the amount of $93,891. The Company has decided to enter the Voluntary Fiduciary Correction Program in 2010.

See Independent Auditors' Report.

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NOTE 11 - DELINQUENT PARTICIPANT CONTRIBUTIONS (Continued)

Effective January 1, 2011, the Company corrected the way it remitted participant contributions. Instead of remitting contributions monthly, the Company now remits participant contributions after each payroll, once the dollar amount of participant contributions is known.

NOTE 12 - CHANGES TO FUND OPTIONS

During the plan year ending December 31, 2010, the Plan added the American Funds Target Date 2015, the American Funds Target Date 2020 and the American Funds Target Date 2035. The American Funds Target Date 2010 Fund expired during the plan year ending December 31, 2010.

NOTE 13 - PLAN AMENDMENTS

Effective January 1, 2009, the Plan was amended and restated to bring the Plan into compliance with the Pension Protection Act of 2006, the Heroes Earnings Assistance and Relief Tax Act of 2008, the Emergency Economic Stabilization Act of 2008 and the Workers, Retiree, and Employer Recovery Act of 2008.

Effective for all plan years beginning on or after July 1, 2009, the Plan adopted all applicable items in the Final 415 Regulation Amendment.

Effective January 1, 2010, the Plan was amended and restated to conform with all of the provisions of EGTRRA, JCWAA and SOA.

Effective January 1, 2010, the vesting schedule for the Plan was amended from five continuous years of service to six continuous years of service.

NOTE 14 - SUBSEQUENT EVENTS

Effective January 1, 2011, the plan administrator elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. This will allow the plan administrator, for the Plan year ended December 31, 2011, to obtain certifications from American Funds that all information provided by them is complete and accurate.

See Independent Auditors' Report.

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NOTE 14 - SUBSEQUENT EVENTS (Continued)

Effective January 1, 2011, hour of service was amended from the elapsed time method to a semi-monthly or a two-week payroll period.

Effective January 1, 2011, the minimum service requirement was amended from six months of service to one year of service.

Effective January 1, 2011, the plan service requirement was amended for all employees employed on or after June 30, 2010.

Effective January 1, 2011, the plan was amended to define a break in service if an employee fails to complete more than 500 hours of service.

Effective January 1, 2011, the requirement to share in matching contributions was amended from one hour of service to 1,000 hours of service.

Effective January 1, 2011, years of vesting service was amended from the 12-month period ending on the Participant's employment anniversary date to the Plan year. In addition, the hours of service was amended from 12 months of service to 1,000 hours of service.

Effective January 1, 2011, the application of forfeitures of matching contributions was amended from reducing employer contributions to reducing administrative expenses of the plan, then reducing employer contributions.

Effective January 1, 2011, the mandatory cash-out provisions were amended from $1,000 to $5,000 with account balances in excess of $1,000 subject to automatic rollover.

SUPPLEMENTARY INFORMATION

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PACIFIC AUTOMOTIVE GROUP 401(K) PLAN
FOR OTHER THAN SERVICE TECHNICIANS
SUPPLEMENTARY INFORMATION
DECEMBER 31, 2010

SCHEDULE I - Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
For the Plan Year Beginning January 1, 2010 and ending December 31, 2010
EIN: 94-3354874
PN: 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current Value
	Registered Investment Companies:		
*	American Balanced Fund		$ 119,910
*	American Funds Money Market Fund		15,753
*	American Funds Target Date 2015		115
*	American Funds Target Date 2020		116
*	American Funds Target Date 2035		1,145
*	EuroPacific Growth Fund		133,933
*	Fundamental Investors		35,243
*	New Perspective Fund		62,401
*	Small Cap World Fund		126,596
*	The Bond Fund of America		22,984
*	The Growth Fund of America		214,032
*	The Income Fund of America		37,478
*	The Investment Company of America		71,767
*	U.S. Government Securities Funds		41,893
*	Washington Mutual Investors Fund		91,041
			974,407
	Non-interest-bearing cash		7,885
			$ 982,292

* Denotes a party-in-interest

See Independent Auditors' Report.

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PACIFIC AUTOMOTIVE GROUP 401(K) PLAN
FOR OTHER THAN SERVICE TECHNICIANS
SUPPLEMENTARY INFORMATION
DECEMBER 31, 2010

SCHEDULE II - Schedule H Line 4a - Schedule of Delinquent Participant Contributions
For the Plan Year Beginning January 1, 2010 and ending December 31, 2010
EIN: 94-3354874
PN: 001

Participant Contributions Transferred late to the Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
$ 70,949	$ -	$ -	$ 70,949	$ -

Check here ___ if Late Participant Loan Repayments are included.

See Independent Auditors' Report.

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

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan

Pacific Automotive Group 401(k) Plan For Other Than Service Technicians

Employer Identification Number

94-3354874

Three-digit plan number ► 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	WMIF-A	Mutual Fund		91,041
*	ICA-A	Mutual Fund		71,767
*	GFA-A	Mutual Fund		214,032
*	IFA-A	Mutual Fund		37,478
*	NPF-A	Mutual Fund		62,401
*	BFA-A	Mutual Fund		22,984
*	CMT-A	Mutual Fund		0
*	FI-A	Mutual Fund		35,243
*	AMBAL-A	Mutual Fund		119,910
*	EUPAC-A	Mutual Fund		133,933
*	GVT-A	Mutual Fund		41,893
*	SCWF-A	Mutual Fund		126,596
*	MMF-A	Mutual Fund		15,753
*	AFT015-A	Mutual Fund		115
*	AFT020=A	Mutual Fund		116
*	AFT035-A	Mutual Fund		1,145

Schedule H, Line 4

Schedule of Delinquent Participant Contributions

For the Plan Year Beginning 01/01/2010 and Ending 12/31/2010
Name of Plan: Pacific Automotive Group 401(k) Plan For Other Than Service Technicians
Employer Identification Number: 94-3354874 Three-digit plan number: 001

Participant Contributions Transferred Late to Plan	Total that Constitute Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
Check here if Late Participant Loan Repayments are included: ____	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
	$0	$0	$70,949	