

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), 6057(b), 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 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ 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:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>GOODSON ACURA 401(K) PROFIT SHARING PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>01/01/2001</u>	
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>G.W. IMPORTS, LP</u> <u>GOODSON ACURA</u> <u>1750 E. AIRPORT FREEWAY</u> <u>IRVING, TX 75062</u>	2b Employer Identification Number (EIN) <u>76-0156522</u>	2c Sponsor's telephone number <u>972-554-0505</u>	2d Business code (see instructions) <u>441110</u>

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/10/2012</u>	<u>CHRISTOPHER MORROW</u>
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
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3a Plan administrator's name and address (if same as plan sponsor, enter "Same") G.W. IMPORTS, LP 1750 E. AIRPORT FREEWAY IRVING, TX 75062	3b Administrator's EIN 76-0156522 3c Administrator's telephone number 972-554-0505
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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
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5 Total number of participants at the beginning of the plan year	5	203
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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	192
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	17
d Subtotal. Add lines 6a , 6b , and 6c	6d	210
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	213
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	113
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	14

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 2T 3D 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☒ **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) ☒ **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 C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>GOODSON ACURA 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>G.W. IMPORTS, LP</u>	D Employer Identification Number (EIN) <u>76-0156522</u>

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
BANK OF AMERICA, N.A.

94-1687665

(b) Enter name and EIN or address of person who provided you disclosure 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)

(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 ☐

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)

(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
(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
(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
(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
(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
(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

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information 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.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan GOODSON ACURA 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 G.W. IMPORTS, LP	D Employer Identification Number (EIN) 76-0156522

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT PRESERVATION TRUST

b Name of sponsor of entity listed in (a): BANK OF AMERICA, N.A.

c EIN-PN 22-6484011-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 905962
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan GOODSON ACURA 401(K) PROFIT SHARING PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 G.W. IMPORTS, LP	D Employer Identification Number (EIN) 76-0156522	

Part I	Asset and Liability Statement
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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	50	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		3964
(2) Participant contributions	1b(2)		12647
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	37	37
(2) U.S. Government securities.....	1c(2)		
(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)	117257	150843
(9) Value of interest in common/collective trusts.....	1c(9)	797171	905962
(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)	3587358	3485643
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		-14948

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	4501873	4544148

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4501873	4544148
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	93947	
(B) Participants	2a(1)(B)	478701	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		572648

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6071	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6071

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-169427
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		409292

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	365747	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		365747
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1270	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1270
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		367017

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		42275
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

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) ☒ 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 ☐ No

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

(1) Name: PRICEKUBECKA, PLLC

(2) EIN: 75-2783674

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		X	

- 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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>GOODSON ACURA 401(K) PROFIT SHARING PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>G.W. IMPORTS, LP</u>	D Employer Identification Number (EIN) <u>76-0156522</u>

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	<u>0</u>
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): <u>94-1687665</u>		
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 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 (include any prior year accumulated funding deficiency not waived)	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 or other authority 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
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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. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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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): _____

- 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): _____

Goodson Acura 401(k) Profit Sharing Plan

**Audited Financial Statements
and
Supplementary Data**

December 31, 2011 and 2010

PriceKubecka, PLLC

Certified Public Accountants

& Business Enhancement Advisors

Price
Kubecka

**Goodson Acura 401(k) Profit Sharing Plan
December 31, 2011 and 2010**

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INDEPENDENT AUDITORS' REPORT

Board of Trustees
Goodson Acura 401(k) Profit Sharing Plan
Irving, Texas

We were engaged to audit the accompanying statement of net assets available for benefits of Goodson Acura 401(k) Profit Sharing Plan as of December 31, 2011, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental Schedule H, line 4i - Schedule of Assets Held for Investment Purposes at End of Year as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the plan's management. The financial statements of the plan as of December 31, 2010 were audited by other auditors. 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 (ERISA), the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 10, 2011, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Bank of America, N.A., the trustee and custodian of the plan, except for comparing such information with the related information included in the 2011 financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

16775 Addison Road, Suite 500
Addison, TX 75001

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Because of the significance of the information in the plan's 2011 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2011 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2011 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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 ERISA.

PriceKubecka, PLLC
Addison, Texas

October 5, 2012

Goodson Acura 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Assets		
Cash	\$ -	\$ 50
Investments at Fair Value:		
Registered investment companies	3,485,643	3,587,358
Investment in collective investment trust	<u>905,962</u>	<u>797,171</u>
Total investments at fair value	4,391,605	4,384,529
Receivables:		
Employee contributions receivable	12,647	-
Employer contributions receivable	3,964	-
Accrued interest receivable	37	37
Notes receivable from participants	<u>150,843</u>	<u>117,257</u>
Total receivables	<u>167,491</u>	<u>117,294</u>
Total Assets	4,559,096	4,501,873
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(14,948)</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 4,544,148</u></u>	<u><u>\$ 4,501,873</u></u>

See accompanying independent auditors' report and notes to financial statements.

Goodson Acura 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2011

Additions to Net Assets:

Contributions:	
Employer	\$ 93,947
Participants	<u>478,701</u>
Total Contributions	572,648
Investment Income (Loss):	
Interest on notes receivable from participants	6,071
Net appreciation (depreciation) in fair value of investments, including interest and dividend income	<u>(169,427)</u>
Total Investment Income (Loss)	<u>(163,356)</u>
Total Additions	409,292

Deductions from Net Assets:

Benefits paid to participants	365,747
Administrative expenses	<u>1,270</u>
Total Deductions	<u>367,017</u>
Increase (Decrease) in Net Assets	42,275
Net Assets Available for Benefits - Beginning of Year	<u>4,501,873</u>
Net Assets Available for Benefits - End of Year	<u><u>\$ 4,544,148</u></u>

See accompanying independent auditors' report and notes to financial statements.

Goodson Acura 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2011 and 2010

Note 1 – Description of Plan

The following description of Goodson Acura 401(k) Profit Sharing Plan (the Plan) provides only general information. The Plan is sponsored by GW Imports, LP dba Goodson Acura of Dallas (the Company and the Plan Sponsor). 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, effective January 1, 2001, covering all employees of the Company and Forbes Todd Automotive II, LLC dba Audi Dallas who are not union employees whose employment is governed by a collective bargaining agreement under which retirement benefits are the subject of good faith bargaining or certain nonresident aliens who have no earned income from sources within the United States. Employees are eligible to participate upon attaining age 21 and after completing ¼ of a year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act (ERISA) of 1974, as well as certain provisions of the federal income tax laws.

Contributions

Participants may elect to reduce their compensation by a specific percentage up to 15% of annual compensation and have that amount contributed to the Plan as an elective deferral up to the maximum allowed by law. Participants may choose from two types of elective deferrals: pre-tax deferrals and Roth deferrals. Participants direct the investment of their contributions into various investment options offered by the Plan.

At the discretion of the Plan Administrator, participants may be permitted to deposit or "rollover" into the Plan distributions they have received from other plans and certain IRAs. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions to the maximum limit allowed by law.

The Company may make a discretionary matching contribution up to 25% of the first 6% of a participant's base compensation as an elective deferral each payroll period. Participants are eligible to receive employer matching contributions once they make elective deferral contributions. For the year ended December 31, 2011, the Company made matching contributions of \$93,947.

The Company may also make a contribution to the Plan known as a profit sharing contribution. The maximum amount allocated to a participant will be allocated to their account in different steps, depending on how much is contributed for the plan year. First, an amount equal to 3% of a participant's base compensation will be allocated to their account.

Goodson Acura 401(k) Profit Sharing Plan
Notes to Financial Statements (Continued)
December 31, 2011 and 2010

Note 1 – Description of Plan (Continued)

Contributions (Continued)

If the amount to be allocated for the plan year exceeds the initial allocation, then in the second step, a portion of the remaining amount will be allocated to a participant's account in the same proportion that their base compensation in excess of the integration level, if any, bears to the sum of all eligible participants' base compensation in excess of the integration level. The integration level is the taxable base determined by the Internal Revenue Service (IRS). The maximum percentage allocated to each eligible participant in this second step will be limited to 3% of each eligible participant's base compensation in excess of the integration level.

If, after the first two steps of the allocation process, there still remains an amount for the plan year which has not yet been allocated to all eligible participants, then an amount will be allocated to a participant's account in the same proportion that the sum of their total base compensation plus base compensation in excess of the integration level for the plan year bears to the sum of all eligible participants' base compensation plus base compensation in excess of the integration level, but for each eligible participant, not in excess of 2.7%.

Finally, the portion of any remaining amount to be allocated to a participant's account will be in the ratio that their base compensation for the plan year bears to all eligible participants' base compensation for the plan year. For the year ended December 31, 2011, the Company did not make any profit sharing contributions.

Participant Accounts

Each participant's account is credited with the participant's contribution, allocation of the Company's contribution, and Plan earnings or losses and charged with an allocation of administrative expenses. Allocations may be charged based on either the size of the participant's account balance or equally to each participant. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their elective deferrals including Roth 401(k) deferrals and catch-up contributions, rollover contributions from other plans, and actual earnings thereon. The method for crediting vesting service for Company matching and profit sharing contributions is based on vesting periods of service. Participants are credited with a period of service for each twelve-month period from their hire date until their termination date. A participant is always 100% vested in their Company matching and profit sharing contributions if they are employed on or after their Normal Retirement Age or if they terminate employment on account of their death or disability.

Goodson Acura 401(k) Profit Sharing Plan
Notes to Financial Statements (Continued)
December 31, 2011 and 2010

Note 1 – Description of Plan (Continued)

Vesting (Continued)

Participants are vested in Company matching and profit sharing contributions based on the following schedule:

<u>Periods of Service</u>	<u>Percentage Vested</u>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5	100%

Forfeited Accounts

At December 31, 2011 and 2010, forfeited nonvested accounts totaled \$2,657 and \$8,359, respectively. At any time when accounts are forfeited, these accounts will first be used to pay any administrative expenses and then used to reduce any matching contribution.

Notes Receivable from Participants

Participants who are active employees may borrow against their vested account balances a minimum of \$1,000 up to a maximum amount equal to the lesser of 50% of their vested account balance or \$50,000. The loans in the form of promissory notes, are secured by the balances in the participant's account, and bear interest at reasonable rates, which are commensurate with local prevailing rates as determined by the Plan Administrator. Principal and interest on notes receivable from participants are repaid through payroll deductions and generally repaid within five years.

Benefits Paid to Participants

Participants are entitled to receive an in-service distribution as either a lump-sum equal to the value of the participant's vested interest in their account balance or a payment in the form of a joint account and survivor annuity commencing upon the participant's attainment of the Normal Retirement Age; however, this distribution is not in addition to the participant's other benefits and will therefore reduce the value of the benefits received at retirement.

Participants may elect to receive a distribution from certain accounts prior to termination of employment provided they have attained the age of 59 ½, incurred a financial hardship, or incurred a disability. In the event of death before retirement while working for the Company, the participant's account balance is paid to the selected beneficiary.

Goodson Acura 401(k) Profit Sharing Plan
Notes to Financial Statements (Continued)
December 31, 2011 and 2010

Note 1 – Description of Plan (Continued)

Benefits Paid to Participants (Continued)

Benefits paid to participants are recorded when paid. The Plan requires a distribution in the form of a single lump-sum cash payment for any distribution of an account balance that does not exceed and has never exceeded \$5,000.

Plan Expenses

It is the philosophy of the Company to absorb and pay most plan administration expenses such as audit fees and other administrative functions so as not to decrease plan assets. Any fee or expense paid, directly or indirectly, by the Company is not considered a contribution to the Plan provided the fee or the expense relates to the ordinary and necessary administration of the Plan. During the year ended December 31, 2011, the Company paid plan administrative expenses of approximately \$25,000.

In addition, during the year ended December 31, 2011, the Plan incurred approximately \$1,270 of asset sales charges directly with its third party administrator. These charges are reflected in the accompanying statement of changes in net assets available for plan benefits.

Termination of the Plan

The Company terminated the Plan during 2012. The Company reserves the right to terminate the Plan at any time subject to the provisions of ERISA. Upon termination, no further contributions will be made to the Plan and all amounts credited to the participant's account will become 100% vested. The Company will direct the distribution of the participant's account in a manner permitted by the Plan as soon as practicable.

Note 2 – Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

Preparing the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Goodson Acura 401(k) Profit Sharing Plan
Notes to Financial Statements (Continued)
December 31, 2011 and 2010

Note 2 – Summary of Significant Accounting Policies (Continued)

Reclassification

Certain reclassifications have been made to the 2010 financial statement presentation to correspond to the current year's format. Total net assets available for benefits are unchanged due to these reclassifications.

Investment Valuation and Income Recognition

The Plan's investments in mutual funds and investment in a collective investment trust are stated at fair value (Note 4), representing the net assets of shares or units held by the Plan at December 31, 2011 and 2010. Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded on the accrual basis with dividends being recorded on the ex-dividend date. Net appreciation includes the gains and losses on its investments bought and sold as well as those held during the year.

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. The Plan recognizes interest income from the notes receivable as earned.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Except for loan origination fees associated with notes receivable from participants, all administrative expenses of maintaining the Plan are paid by the Company.

Subsequent Events

The Company terminated the plan on April 24, 2012. Subsequent events were evaluated through October 5, 2012, which is the date the financial statements were available to be issued.

Note 3 – Information Certified by Trustees (Unaudited)

In accordance with the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA (Section 29 CFR 2520.103-8), the audit and report of independent auditors need not extend to any investment information and related activity prepared and certified as complete and accurate by a qualified entity. The Plan Administrator has elected this method of compliance for the financial statements and supplemental schedule for the years ended December 31, 2011 and 2010.

Goodson Acura 401(k) Profit Sharing Plan
Notes to Financial Statements (Continued)
December 31, 2011 and 2010

Note 3 – Information Certified by Trustees (Unaudited) (Continued)

The following information included in the accompanying financial statements and supplemental schedule was provided and certified as complete and accurate by the Plan's trustee and custodian, Bank of America, N.A. (BOA) for the years ended December 31, 2011 and 2010:

	2011	2010
Cash	\$ -	\$ 50
Registered investment companies	3,485,643	3,587,358
Investment in collective investment trust	905,962	797,171
Accrued interest receivable	37	37
Notes receivable from participants	150,843	117,257
Employer and participant contributions	572,648	629,736
Interest on notes receivable from participants	6,071	7,795
Net appreciation (depreciation) in fair value of investments, including interest and dividend income	(169,427)	421,149
Benefits paid to participants	365,747	315,535
Administrative expenses	1,270	1,910

The Plan's independent auditors did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the financial statements and supplemental schedule.

Note 4 – Fair Value Measurement

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820-10 provides a framework for measuring fair value under GAAP. FASB ASC 820-10 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. FASB ASC 820-10 requires that valuation techniques maximize the use of observable inputs and minimize the use of unobservable inputs. FASB ASC 820-10 also establishes a fair value hierarchy, which prioritizes the valuation inputs into three broad levels.

Fair value accounting guidance requires disclosures that categorize assets and liabilities measured at fair value into one of three different levels depending on the observability of the inputs employed in the measurement. Level 1 inputs are quoted prices in active markets for identical assets or liabilities. Level 2 inputs are observable inputs other than quoted prices included within Level 1 for the asset or liability, either directly or indirectly through market-corroborated inputs. Level 3 inputs are unobservable inputs for the asset or liability reflecting our assumptions about pricing by market participants.

Goodson Acura 401(k) Profit Sharing Plan
Notes to Financial Statements (Continued)
December 31, 2011 and 2010

Note 4 – Fair Value Measurement (Continued)

There are three general valuation techniques that may be used to measure fair value, as described below:

- A) Market approach – Uses prices and other relevant information generated by market transactions involving identical or comparable assets or liabilities. Prices may be indicated by pricing guides, sale transactions, market trades, or other sources;
- B) Cost approach – Based on the amount that currently would be required to replace the service capacity of an asset (replacement cost); and
- C) Income approach – Uses valuation techniques to convert future amounts to a single present amount based on current market expectations about the future amounts (includes present value techniques, and option-pricing models). Net present value is an income approach where a stream of expected cash flows is discounted at an appropriate market interest rate.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy.

Mutual Funds

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end and are classified within Level 1 of the hierarchy.

Investment in Collective Investment Trust

This investment is comprised of a benefit-responsive collective investment trust. The reported value for the collective investment trust is reported daily based on the valuation formula disclosed by the trust, as calculated by the trustee of the trust. The general financial condition of the trust is evaluated as a component of validating whether the calculated contract value of the trust is an accurate value. All of these inputs are generally considered obtainable/observable through the review of existing contracts and readily available financial information. The price/unit value for the trust is calculated daily by the trustee of the trust according to the formula described by the trust.

The preceding methods described may produce a fair value calculation 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. As such, the investment in collective investment trust is classified within Level 2 of the hierarchy.

Goodson Acura 401(k) Profit Sharing Plan
Notes to Financial Statements (Continued)
December 31, 2011 and 2010

Note 4 – Fair Value Measurement (Continued)

Below are the Plan's financial instruments carried at fair value on a recurring basis by the FASB ASC 820-10 fair value hierarchy levels:

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Quoted Prices for Similar Assets in Active Markets (Level 2)
December 31, 2011		
Registered investment companies	\$ 3,485,643	\$ -
Investment in collective investment trust	-	905,962
Total	<u>\$ 3,485,643</u>	<u>\$ 905,962</u>
December 31, 2010		
Registered investment companies	\$ 3,587,358	\$ -
Investment in collective investment trust	-	797,171
Total	<u>\$ 3,587,358</u>	<u>\$ 797,171</u>

Gains and losses, realized and unrealized, for the period are reported under net appreciation (depreciation) of fair value of investments on the accompanying statement of changes in net assets available for benefits.

Note 5 – Investments Held by the Plan

The following table presents the fair value of investments of the Plan that represent 5% or more of the Plan's net assets at December 31, 2011 and 2010:

	2011	2010
Federated Capital Pres CL SP	\$ 832,230	\$ -
PIMCO TOT RET FD CL A GM	417,576	407,519
Alliance Bern INTL VAL CL A GM	322,802	369,240
Invesco Van Kampen GRWTH GM A	312,348	347,435
Davis NY Venture FD CL A	306,857	312,785
Columbia Seligman COMM FD A	303,495	312,215
American GRTH FD of AMER R3 GM	244,507	275,758
ML Retirement Preservation Trust	-	797,171

Goodson Acura 401(k) Profit Sharing Plan
Notes to Financial Statements (Continued)
December 31, 2011 and 2010

Note 6 – Investment in Collective Investment Trust

During 2011, the Plan entered into an investment in a collective investment fund (the Fund) with Federated Investors Trust Company (the Trustee), a wholly owned subsidiary of Federated Investors, Inc. (Federated), serves as trustee under a Declaration of Trust dated October 25, 2007, as amended and restated on August 30, 2011 (Trust Agreement). The Trust Agreement is the governing instrument of the Fund. The Trustee is organized as a Pennsylvania state-chartered trust company. The Trustee and the Fund operate in conformity with the rules and regulations of the Pennsylvania Department of Banking as they apply to collective investment of fiduciary funds. Investors in the Fund are limited to those defined contribution retirement plan trusts set forth in the Trust Agreement. The collective investment fund is exempt from income taxes under sections 401 and 501 of the Internal Revenue Code. The Fund offers five pricing options: Y Pricing, Institutional Pricing, Institutional Service Pricing, Service Pricing and R Pricing. The investment objective of the Fund is stability of principal and high current income. The Fund holds guaranteed investment contracts (traditional GICs), separate account guaranteed investment contracts (separate account GICs) and synthetic guaranteed investment contracts (synthetic GICs).

During 2010, the Plan held an investment in a collect investment trust with a short-term bond fund through Merrill Lynch Retirement Preservation Trust. At December 31, 2010, the assets were in the process of liquidation with remaining assets invested in shot-term liquid securities. As such, the average yield for the Merrill Lynch Retirement Preservation Trust was not relevant.

Because the collective investment fund is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the collective investment fund. Contract value, as reported to the Plan by the Trustee, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawals or transfers of all or a portion of their investment at contract value to other investment choices within the Plan.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. The Plan Administrator does not believe that any events which would limit the Plan's ability to transact at contract value with participants are probable of occurring.

Participants may purchase units of the Fund daily based on the established unit value of \$10. Participants may redeem units of the Fund for the purpose of funding a bona fide benefit payment, making a participant loan, honoring an employee-directed transfer of the participant's interest in the Plan to another investment election that is a noncompeting investment, or paying trustee fees. Participants may make withdrawals from the Fund for other purposes generally only upon twelve-month advance written notice to the Trustee. All participants of the Fund have a proportionate undivided interest in all assets of the Fund. Net investment income is distributed to participants monthly and is reinvested to purchase additional units.

Goodson Acura 401(k) Profit Sharing Plan
Notes to Financial Statements (Continued)
December 31, 2011 and 2010

Note 6 – Investment in Collective Investment Trust (Continued)

The GICs into which the Fund has entered limit the circumstances under which the issuer may unilaterally terminate the GIC on short notice. These circumstances may include, but are not limited to, the following: (1) the Fund loses its qualified status under the Internal Revenue Code or is otherwise terminated; (2) the Trustee fails to meet its material obligations under the GIC, attempts to assign the GIC or engages in fraud or misrepresentation that materially affects the risk profile of the GIC; or (3) if the fixed-income securities underlying the separate account or synthetic GIC fail to meet certain criteria as specified in each GIC. If one of these events were to occur, the issuer could terminate the separate account or synthetic GIC at the market value of the underlying fixed-income securities (or in the case of a traditional GIC, at the hypothetical market value based upon a contractual formula).

Average yields:

	<u>2011</u>	<u>2010</u>
Based on actual earnings	2.03%	-
Based on interest rate credited to participants	2.03%	-

Note 7 – Transactions with Parties-in-Interest

BOA is the Plan's third party administrator and custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the investment management services are included in net appreciation (depreciation) in fair value of investments.

Note 8 – 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 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 9 – Reportable Transactions

There were no reportable transactions, non-exempt transactions with parties-in-interest, or any other prohibited transactions that would require supplemental presentation under the DOL regulations.

Note 10 – Tax Status

The Internal Revenue Service has determined and informed the Plan Sponsor of the prototype plan by a letter dated March 31, 2008, that the Plan is designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan was drafted as a Prototype Non-Standardized Profit Sharing Plan with Cash or Deferred Arrangement Plan (CODA).

Goodson Acura 401(k) Profit Sharing Plan
Notes to Financial Statements (Continued)
December 31, 2011 and 2010

Note 10 – Tax Status (Continued)

The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and ERISA and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

U.S. GAAP require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the DOL and Internal Revenue Service. 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.

Goodson Acura 401(k) Profit Sharing Plan
EIN# 76-0156522 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held
for Investment Purposes at End of Year
Year Ended December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Units/Book Value	(d) Cost *	(e) Current Value
	Federated Capital Pres CL SP	Collective Funds 83,222.9818	n/a	\$ 832,230
	Federated Capital Pres GM SP	Collective Funds 7,373.1906	n/a	73,732
	Oppenheimer Main Street SML A	Mutual Funds - 9,500.1208	n/a	188,482
	Oppenheimer Main Street SML A	Mutual Funds - 5,299.2724	n/a	105,138
	Blackrock HL SC OPP A	Mutual Funds - 3,594.6503	n/a	102,376
	Alliance Bern INTL VAL CL A	Mutual Funds - 4,116.4718	n/a	42,811
	Alliance Bern INTL VAL CL A GM	Mutual Funds - 31,038.6810	n/a	322,802
	American Growth FD of AMER R3	Mutual Funds - 1,154.6498	n/a	32,711
	American GRTH FD of AMER R3 GM	Mutual Funds - 8,630.6825	n/a	244,507
	Prudential Jennison MID-CAP A	Mutual Funds - 3,340.4307	n/a	92,831
	Prudential Jennison MID-CAP GM	Mutual Funds - 2,720.8856	n/a	75,613
	Invesco Van Kampen Equity FD A	Mutual Funds - 21,949.4284	n/a	182,619
	Invesco Van Kampen Growth A	Mutual Funds - 481.6052	n/a	8,943
	Invesco Van Kampen GRWTH GM A	Mutual Funds - 16,820.0264	n/a	312,348
	Blackrock Global ALLOC A	Mutual Funds - 3,715.6028	n/a	67,475
	PIMCO Total Return Fund CL A	Mutual Funds - 14,922.5717	n/a	162,208
	PIMCO TOT RET FD CL A GM	Mutual Funds - 38,415.4684	n/a	417,576
	Blackrock S&P 500 Index I	Mutual Funds - 1,204.3589	n/a	18,499
	Goldman Sachs MID CAP VAL A	Mutual Funds - 1,891.1378	n/a	63,088
	Goldman Sachs MID CAP VAL A GM	Mutual Funds - 3,371.9406	n/a	112,488
	Columbia Seligman COMM FD A	Mutual Funds - 7,438.5964	n/a	303,495

See accompanying independent auditors' report and notes to financial statements.

Goodson Acura 401(k) Profit Sharing Plan
EIN# 76-0156522 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held
for Investment Purposes at End of Year (Continued)
Year Ended December 31, 2011

(a)	(b)	(c)	(d)	(e)
<u>Identity of Issue, Borrower, Lessor or Similar Party</u>	<u>Description of Investment Including Units/Book Value</u>	<u>Cost *</u>	<u>Current Value</u>	
Oppenheimer Global Fund	Mutual Funds - 3,021.4945	n/a	163,282	
MFS Utilities Fund CL A	Mutual Funds - 9,409.6542	n/a	159,494	
Davis NY Venture FD CL A	Mutual Funds - 9,441.7264	n/a	306,857	
			4,391,605	
Participant Notes Receivable	Interest rates at 4.25%		150,843	
			<u>\$ 4,542,448</u>	

* Not required for participant-directed transactions under an individual account plan.

See accompanying independent auditors' report and notes to financial statements.

Goodson Acura 401(k) Profit Sharing Plan
EIN# 76-0156522 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held
for Investment Purposes at End of Year
Year Ended December 31, 2011

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment Including Units/Book Value	(c) Value	(d) Cost *	(e) Current Value
Federated Capital Pres CL SP	Collective Funds	83,222.9818	n/a	\$ 832,230
Federated Capital Pres GM SP	Collective Funds	7,373.1906	n/a	73,732
Oppenheimer Main Street SML A	Mutual Funds -	9,500.1208	n/a	188,482
Oppenheimer Main Street SML A	Mutual Funds -	5,299.2724	n/a	105,138
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Alliance Bern INTL VAL CL A GM	Mutual Funds -	31,038.6810	n/a	322,802
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Prudential Jennison MID-CAP GM	Mutual Funds -	2,720.8856	n/a	75,613
Invesco Van Kampen Equity FD A	Mutual Funds -	21,949.4284	n/a	182,619
Invesco Van Kampen Growth A	Mutual Funds -	481.6052	n/a	8,943
Invesco Van Kampen GRWTH GM A	Mutual Funds -	16,820.0264	n/a	312,348
Blackrock Global ALLOC A	Mutual Funds -	3,715.6028	n/a	67,475
PIMCO Total Return Fund CL A	Mutual Funds -	14,922.5717	n/a	162,208
PIMCO TOT RET FD CL A GM	Mutual Funds -	38,415.4684	n/a	417,576
Blackrock S&P 500 Index I	Mutual Funds -	1,204.3589	n/a	18,499
Goldman Sachs MID CAP VAL A	Mutual Funds -	1,891.1378	n/a	63,088
Goldman Sachs MID CAP VAL A GM	Mutual Funds -	3,371.9406	n/a	112,488
Columbia Seligman COMM FD A	Mutual Funds -	7,438.5964	n/a	303,495

See accompanying independent auditors' report and notes to financial statements.

Goodson Acura 401(k) Profit Sharing Plan
EIN# 76-0156522 PN# 001
Exhibit A – Form 5500, Schedule H, line 4i - Schedule of Assets Held
for Investment Purposes at End of Year (Continued)
Year Ended December 31, 2011

(a) Identity of Issue, Borrower, Lessor or Similar Party	(b) Description of Investment Including Units/Book Value	(c) Cost *	(d) Current Value
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MFS Utilities Fund CL A	Mutual Funds - 9,409.6542	n/a	159,494
Davis NY Venture FD CL A	Mutual Funds - 9,441.7264	n/a	306,857
Participant Notes Receivable	Interest rates at 4.25%		4,391,605
			150,843
			\$ 4,542,448

* Not required for participant-directed transactions under an individual account plan.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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), 6057(b), 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**2011****This Form is Open to
Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

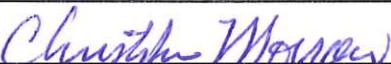
- A** This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or
☒ a single-employer plan; ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report; ☐ the final return/report;
☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
- C** If the plan is a collectively-bargained plan, check here ☐
- D** Check box if filing under: ☐ Form 5558; ☐ automatic extension; ☐ the DFVC program;
☐ special extension (enter description) _____

Part II Basic Plan Information - enter all requested information

1a Name of plan GW IMPORTS LP DBA GOODSON ACURA	1b Three-digit plan number (PN) ▶ 501
	1c Effective date of plan 01/01/2011
2a Plan sponsor's name and address, including room or suite number (Employer, if for a single-employer plan) GW IMPORTS LP DBA GOODSON ACURA 1750 E. AIRPORT FREEWAY IRVING TX 75062	2b Employer Identification Number (EIN) 76-0156522 2c Sponsor's telephone number 972-893-6060 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 	07/20/2012	CHRISTOPHER MORROW
Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE 	7-20-12	Christopher Morrow
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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
V.012611