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

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
- [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
BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 11/01/1992

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

BILL CURRIE FORD, INC.

5815 NORTH DALE MABRY
TAMPA, FL 33614

2b Employer Identification Number (EIN) 59-0910014

2c Sponsor's telephone number 813-872-5555

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.	10/12/2012	WAYNE RUDZEWICZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
BILL CURRIE FORD, INC.

5815 NORTH DALE MABRY
TAMPA, FL 33614

3b Administrator's EIN
59-0910014

3c Administrator's telephone number
813-872-5555

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**	204
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**	150
b	Retired or separated participants receiving benefits	**6b**	31
c	Other retired or separated participants entitled to future benefits	**6c**	5
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	186
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	187
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	117
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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 2G 2J 2K 2F 3D 2R

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
BILL CURRIE FORD, INC.

D Employer Identification Number (EIN)
59-0910014

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).. . . . . [X] 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

NATIONWIDE
ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
14	RECORDKEEPER	40120	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [ ] No [X]

(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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
BILL CURRIE FORD, INC.

D Employer Identification Number (EIN)
59-0910014

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	10	85
(2) Participant contributions	1b(2)	2813	7516
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		5439
(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)		113915
(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)	3580209	3330102
(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	3583032	3457057
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		7156
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	7156
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3583032	3449901

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)	21578	
(B) Participants	2a(1)(B)	278467	
(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)		300045
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	50	
(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)		50
(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)		0

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2171	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-2171
(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)		-49445
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		248479
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	376041	
(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)		376041
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)	5569	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		5569
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		381610
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-133131
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: SPENCE, MARSTOW, BUNCH, MORRIS & CO **(2)** EIN: 59-3039234

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

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
BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
BILL CURRIE FORD, INC.

D Employer Identification Number (EIN)
59-0910014

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): 31-1592130

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 (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

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**

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): _____

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):

BILL CURRIE FORD, INC.
401(k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULE

December 31, 2011 and 2010

SPENCE, MARSTON, BUNCH, MORRIS & CO.
Certified Public Accountants

SPENCE, MARSTON, BUNCH, MORRIS & CO.
Certified Public Accountants • Business and Personal Advisors

Robert B. Spence, CPA
R. Michal Marston, CPA
Edgar J. Bunch, Jr., CPA
George E. Morris, CPA
Anne G. McNamee, CPA
Randi E. Kraus, CPA
Judy L. Driscoll, CPA
Stephen M. Bunch, CPA

INDEPENDENT AUDITOR'S REPORT

To the Trustees and Plan Administrator of
the Bill Currie Ford, Inc. 401(k)
Profit Sharing Plan

We were engaged to audit the statements of net assets available for benefits of Bill Currie Ford, Inc. 401(k) Profit Sharing Plan as of December 31, 2011 and 2010, the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule on pages 10 through 13 as of December 31, 2011. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Financial Services, Inc. and its subsidiary, Nationwide Trust Company (Nationwide), except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that Nationwide holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from Nationwide as of December 31, 2011 and 2010 and for the years then ended that the information provided to the plan administrator by Nationwide is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by Nationwide Financial Services, Inc. and its subsidiary, Nationwide Trust Company, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Spence, Marston, Bunch, Morris & Co.

Spence, Marston, Bunch, Morris & Co.
Certified Public Accountants

October 9, 2012

BILL CURRIE FORD, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31	
	2011	2010
ASSETS		
Investments, at fair value:		
Cash – money market	$ 5,439	$ -
Common stocks	113,915	-
Pooled separate account funds	3,330,102	3,580,209
Total investments	3,449,456	3,580,209
Receivables:		
Employer contributions receivable	85	10
Employee contributions receivable	7,516	2,813
Total receivables	7,601	2,823
Total assets	3,457,057	3,583,032
Liabilities:		
Excess contributions payable	7,156	-
Total liabilities	7,156	-
Net assets available for benefits	$ 3,449,901	$ 3,583,032

See accompanying notes to financial statements

BILL CURRIE FORD, INC. 401(k) PROFIT SHARING PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	For the years ended December 31	
	2011	2010
Additions to net assets attributed to:		
Investment gain (loss):		
Net appreciation (depreciation) in fair value of investments	$ (51,566)	$ 261,063
Contributions:		
Employer	21,578	18,223
Employee	278,467	268,750
	300,045	286,973
Total additions	248,479	548,036
Deductions from net assets attributed to:		
Benefits paid to participants and beneficiaries	376,041	655,502
Administrative and withdrawal expenses	5,569	5,086
Total deductions	381,610	660,588
Net decrease	(133,131)	(112,552)
Net assets available for benefits:		
Beginning of year	3,583,032	3,695,584
End of year	$ 3,449,901	$ 3,583,032

See accompanying notes to financial statements

BILL CURRIE FORD, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF PLAN

The following description of the Bill Currie Ford, Inc. 401(k) Profit Sharing Plan (the Plan), provides only general information. On July 3, 2008 the Employer was awarded and acquired a Lincoln and Mercury franchise from Ford Motor Company. The Employer changed its name to Bill Currie Ford, Inc. d/b/a Bill Currie Ford Lincoln Mercury. On December 31, 2010 Ford Motor Company discontinued the Mercury brand. The Employer changed its fictitious name filing to Bill Currie Ford Lincoln effective January 1, 2011. In October of 2011 the Employer began the Lincoln franchise resignation process. The name of the Plan did not change. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General – The Plan became effective November 1, 1992 and is a defined contribution plan covering all full-time employees of the Company who have completed six months of service. The Plan was amended and restated January 1, 2001 and again January 1, 2002 to comply with various IRS requirements. Significant changes included "catch up" contributions for eligible employees age 50 and older, and the maximum amount which a participant may defer increased to 100% of compensation, limited to an amount determined annually by the Internal Revenue Service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974.

The Plan was amended and restated effective January 1, 2009 to bring the Plan into compliance with the Economic Growth and Tax Relief Reconciliation Act (EGTRRA) and other legislative and regulatory changes.

The Plan was amended effective October 27, 2011 to allow hardship distributions from Roth accounts.

Contributions – The Employer contributes a discretionary matching contribution equal to a percentage of the amount of the voluntary salary reduction elected by the participant. The discretionary matching contribution will be determined each year by the Employer. For the years ended December 31, 2011 and 2010, the Employer matched 50% of each participant's contribution up to a maximum matching contribution of $300 per participant. As previously noted, participants may contribute up to 100% of their compensation, subject to regulatory limitations.

The Plan allows rollover contributions and the amended and restated plan documents allow participants to designate all or a portion of their contributions as Roth contributions effective April 1, 2010.

Contributions received by the Plan are deposited with Nationwide Financial Services, Inc. and its subsidiary, Nationwide Trust Company (Nationwide). Any benefits provided by the Plan are paid by Nationwide from net assets available for the plan benefits. The benefit to which a Plan participant is entitled is the benefit that can be provided by the contributions, forfeitures and income (loss) thereon (including net realized and unrealized investment gains and losses) allocated to such participant's account.

Participant accounts – Under the Plan, earnings, losses and expenses are allocated in proportion to the account values of the participant's account which is invested in the investment facilities from which the earnings (loss) and expenses arise. Forfeitures are applied to reduce future employer matching contributions. Forfeitures of $2,762 and $2,336 as of December 31, 2011 and 2010, respectively, will be used to reduce future employer matching contributions.

Participants have the ability to direct the investment of their account balances between various investment funds or any combination thereof. Each investment fund has unique and varied investment objectives.

BILL CURRIE FORD, INC. 401(k) PROFIT SHARING PLAN
NOTES TO FINANCIAL STATEMENTS

(1) DESCRIPTION OF PLAN, CONTINUED

In 2010 the Plan was amended to allow participants to invest in 290 various mutual funds including target funds based on the participant's retirement age, to elect a self-directed brokerage account or a Nationwide managed investment account.

Vesting – Participants are immediately vested in their voluntary salary reduction accounts. Vesting in their employer matching account is based on years of continuous service. A participant is 100% vested after five years of credited service.

Loans – Loans are not permitted under the Plan.

Payment of benefits – Payment of benefits is made as a lump distribution. Participants with account balances of less than $1,000 will be automatically "cashed out" or "rolled over" when the individual terminates employment.

The Plan allows in-service distributions for participants age 59 ½ or older and hardship distributions.

Effective October 27, 2011, the Plan was amended to allow hardship distributions from Roth accounts.

Plan administration fees – Plan administration fees totaling $5,569 and $5,086 were charged to participants in 2011 and 2010, respectively. Employer personnel provide administrative services to the Plan at no charge. Plan expenses attributed to a particular participant are charged to the participant's account.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Income recognition – The Plan reports its income on the accrual basis of accounting.

Valuation of investments – Investments are valued at fair value as reported to the Plan and certified by Nationwide. Throughout the plan years ended December 31, 2011 and 2010, the Plan invested in a group variable annuity contract with Nationwide. Nationwide maintains the contributions as directed by the participants in pooled separate accounts. The pooled separate accounts are credited with actual earnings (losses) on the underlying investments and charged for plan withdrawals. Net appreciation (depreciation) in the fair value of pooled separate accounts is included in the financial statements as reported to the Plan and certified by Nationwide.

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 certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Payment of benefits – Benefits are recorded when paid.

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.

(3) INVESTMENTS

The Plan's investments are held and certified by Nationwide. Investments that represent 5% or more of net assets available for benefits are separately identified as follows:

	December 31	
	2011	2010
Investments at fair value:		
Dreyfus Institutional Preferred Money Market Prime Fund	$ 672,455	$ 508,655
Federated Total Return Bond Institutional Fund	192,674	380,499
Federated Government Ultra Short Duration Institutional Fund	-	283,153
MFS Utilities R4 Fund	192,321	246,677
PIMCO Real Return Institutional Fund	299,493	212,359
American Funds Growth Fund of America R6	400,456	488,134
Vanguard Equity-Income Investment Fund	-	184,000
Vanguard Wellington Investment Fund	299,527	338,507
Total investments less than 5% of net assets available for benefits	1,392,530	938,225
Total investments at fair value	$ 3,449,456	$ 3,580,209

The Plan's investments, including investments bought, sold and held during the year, appreciated (depreciated) in value by ($51,566) and $261,063, as certified by Nationwide, for the years ended December 31, 2011 and 2010, respectively.

Nonparticipant-directed investments are included in the American Funds Investment Company of America R6 Fund, Federated Total Return Bond Institutional Fund, and Dreyfus Institutional Preferred Money Market Prime Fund at December 31, 2011. Nonparticipant-directed investments are included in the American Funds Investment Company of America R6 Fund and Federated Total Return Bond Institutional Fund at December 31, 2010. Note 5 provides information about the nonparticipant-directed investments.

(4) FAIR VALUE MEASUREMENTS

Generally accepted accounting principles establish a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of other than quoted prices not included in Level 1 that are observable, either directly or indirectly, and Level 3 inputs consist of unobservable inputs and has the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs are only used when Level 1 or Level 2 inputs are not available.

(4) FAIR VALUE MEASUREMENTS, CONTINUED

Level 1 Fair Value Measurements

The fair value of the money market cash and common stocks is based on quoted market prices.

	Fair Value	Fair value measurements (Level 1)
December 31, 2011		
Cash-money market	$ 5,439	$ 5,439
Common stocks	$ 113,915	$ 113,915

There were no such Level 1 investments as of December 31, 2010.

Level 2 Fair Value Measurements

The fair value of pooled separate account funds is based on quoted net asset values of the underlying mutual funds held at year-end.

	Fair Value	Fair value measurements (Level 2)
December 31, 2011		
Pooled separate account funds	$ 3,330,102	$ 3,330,102

	Fair Value	Fair value measurements (Level 2)
December 31, 2010		
Pooled separate account funds	$ 3,580,209	$ 3,580,209

Effective January 1, 2010, the Plan adopted a new accounting standard that requires enhanced disclosures about fair value measurements in the financial statements. Adoption of this standard had no effect on the Plan's net assets or changes in net assets. The table of fair value measurement below reflects the enhanced disclosure as of December 31, 2011 and 2010.

Common stocks:

	Level 1 as of December 31	
	2011	2010
Large-cap stock	$ 107,084	$ -
Small-cap stocks	6,831	-
	$ 113,915	$ -

(4) FAIR VALUE MEASUREMENTS, CONTINUED

Pooled separate account funds:

	Level 2 as of December 31	
	2011	2010
Specialty	$ 349,503	$ 334,935
International stocks	196,855	243,789
Small-cap stocks	64,036	97,528
Mid-cap stocks	96,117	146,156
Large-cap stocks	781,532	874,129
Balanced	540,443	412,001
Bonds	629,161	963,016
Money market	672,455	508,655
	$ 3,330,102	$ 3,580,209

(5) NONPARTICIPANT-DIRECTED INVESTMENTS

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments are as follows:

	December 31	
	2011	2010
Net assets:		
American Funds Investment Company of America R6 Fund	$ 2,198	$ 2,335
Federated Total Return Bond Institutional Fund	1	1
Dreyfus Institutional Preferred Money Market Prime Fund	563	-
	$ 2,762	$ 2,336

	For the years ended December 31	
	2011	2010
Changes in net assets:		
Transfers from participant directed funds	$ 587	$ 674
Net appreciation (depreciation) in fair market value	(70)	213
Forfeitures applied to employer contribution	(91)	-
Net increase in nonparticipant-directed investments	$ 426	$ 887

(6) TAX STATUS

Effective January 1, 2009, the Employer adopted the Nationwide Financial Services Prototype Non-standardized 401(k) Profit Sharing Plan. The prototype Plan obtained a determination letter dated March 31, 2008, in which the Internal Revenue Service stated that the prototype Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

(7) PLAN TERMINATION

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

(8) RELATED PARTY TRANSACTIONS

Plan investments are primarily pooled separate accounts managed by Nationwide. Nationwide is the Trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions.

(9) EXCESS CONTRIBUTIONS

Excess participant contributions plus net appreciation in fair market value, which will be returned to satisfy the relevant nondiscrimination provisions of the Plan for the year ended December 31, 2011, are $7,156. The excess contributions were timely refunded after year end and have reduced employee contributions $7,156 for 2011.

(10) SUBSEQUENT EVENTS

The Plan's management has evaluated events occurring subsequent to year end through October 9, 2012, the date the financial statements were available to be issued, for financial reporting and disclosure purposes. Plan management identified the following subsequent events:

Effective September 17, 2012, Adcock Financial Group replaced Nationwide as the Plan advisor. Nationwide will continue to hold the Plan's investment assets, execute investment transactions and provide third party administration services.

The Plan made distributions to participants totaling approximately $234,630 from January 1 through September 30, 2012.

SUPPLEMENTAL SCHEDULE

BILL CURRIE FORD, INC. 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2011

Schedule H, line 4i
Employer identification number: 59-0910014
Plan number: 003

(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
*	Nationwide Life Insurance Company	Invesco High Yield Institutional	$ **	$ 37,700
*	Nationwide Life Insurance Company	Dreyfus Institutional Preferred Money Market Prime	**	671,892
*	Nationwide Life Insurance Company	Dreyfus Institutional Preferred Money Market Prime	565	563
*	Nationwide Life Insurance Company	Dreyfus Basic S&P 500 Stock Index	**	42,763
*	Nationwide Life Insurance Company	Federated Total Return Bond Institutional	**	192,673
*	Nationwide Life Insurance Company	Federated Total Return Bond Institutional	1	1
*	Nationwide Life Insurance Company	Federated Government Ultra Short Duration Institutional	**	341
*	Nationwide Life Insurance Company	Fidelity Advisor Real Estate I	**	39,323
*	Nationwide Life Insurance Company	Invesco Mid Cap Core Equity I	**	9,123
*	Nationwide Life Insurance Company	Ivy Science & Technology I	**	6,632
*	Nationwide Life Insurance Company	American Century Inflation Adjusted Bond Institutional	**	36,949
*	Nationwide Life Insurance Company	Morgan Stanley Institutional Mid Cap Growth I	**	60,348
*	Nationwide Life Insurance Company	MFS Utilities R4	**	192,321
*	Nationwide Life Insurance Company	Oppenheimer Developing Markets Y	**	5,340
*	Nationwide Life Insurance Company	Oppenheimer Global Opportunities Y	**	82,494
*	Nationwide Life Insurance Company	Oppenheimer Main Street Small & Mid Cap Y	**	32,498

See accompanying independent auditor's report on page 1

BILL CURRIE FORD, INC. 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS HELD AT END OF YEAR, CONTINUED
December 31, 2011

Schedule H, line 4i
Employer identification number: 59-0910014
Plan number: 003

(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
*	Nationwide Life Insurance Company	T. Rowe Price New Horizons	$ **	$ 22,300
*	Nationwide Life Insurance Company	PIMCO Real Return Institutional	**	299,493
*	Nationwide Life Insurance Company	American Funds Growth Fund of America R6	**	400,456
*	Nationwide Life Insurance Company	American Funds Investment Company of America R6	**	90,787
*	Nationwide Life Insurance Company	American Funds Investment Company of America R6	2,212	2,198
*	Nationwide Life Insurance Company	Vanguard Equity-Income Investment	**	162,375
*	Nationwide Life Insurance Company	Vanguard Short-Term Treasury Investment	**	15,938
*	Nationwide Life Insurance Company	Vanguard Precious Metals and Mining Investment	**	69,672
*	Nationwide Life Insurance Company	Vanguard International Value Investment	**	30,543
*	Nationwide Life Insurance Company	Vanguard Target Retirement 2030 Investment	**	63,030
*	Nationwide Life Insurance Company	Vanguard Target Retirement 2025 Investment	**	80,321
*	Nationwide Life Insurance Company	Vanguard Target Retirement 2015 Investment	**	1,957
*	Nationwide Life Insurance Company	Vanguard Wellington Investment	**	299,527
*	Nationwide Life Insurance Company	Janus Overseas I	**	32,291
*	Nationwide Life Insurance Company	Dodge Cox International Stock	**	15,396
*	Nationwide Life Insurance Company	Dodge Cox Stock	**	18,475
*	Nationwide Life Insurance Company	Fidelity Advisor Strategic Income	**	9,117

See accompanying independent auditor's report on page 1

BILL CURRIE FORD, INC. 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS HELD AT END OF YEAR, CONTINUED
December 31, 2011

Schedule H, line 4i
Employer identification number: 59-0910014
Plan number: 003

(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
*	Nationwide Life Insurance Company	Goldman Sachs Commodity Strategy Institutional	$ **	$ 8,147
*	Nationwide Life Insurance Company	Harbor International Institutional	**	15,396
*	Nationwide Life Insurance Company	Hansberger International Growth Institutional	**	9,237
*	Nationwide Life Insurance Company	JP Morgan Mid Capital Value Institutional	**	9,237
*	Nationwide Life Insurance Company	MFS Research R4	**	21,554
*	Nationwide Life Insurance Company	Principal Equity Income I Institutional	**	12,316
*	Nationwide Life Insurance Company	JP Morgan Small Capital Value Selected	**	9,237
*	Nationwide Life Insurance Company	Principal Mid Capital Growth Institutional	**	9,237
*	Nationwide Life Insurance Company	American Funds Capital World Bond R6	**	26,206
*	Nationwide Life Insurance Company	American Funds Amer Mutual R6	**	12,316
*	Nationwide Life Insurance Company	American Funds New World R6	**	6,158
*	Nationwide Life Insurance Company	Vanguard Dividend Growth Investment	**	18,056
*	Nationwide Life Insurance Company	Vanguard Target Retirement 2050	**	782
*	Nationwide Life Insurance Company	Vanguard Target Retirement 2040	**	1,207
*	Nationwide Life Insurance Company	Vanguard Health Care Investments	**	7,203
*	Nationwide Life Insurance Company	Vanguard Target Retirement 2035	**	32,378

See accompanying independent auditor's report on page 1

BILL CURRIE FORD, INC. 401(k) PROFIT SHARING PLAN
SUPPLEMENTAL SCHEDULE OF ASSETS HELD AT END OF YEAR, CONTINUED
December 31, 2011

Schedule H, line 4i
Employer identification number: 59-0910014
Plan number: 003

(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
*	Nationwide Life Insurance Company	Vanguard Morgan Growth Investments	**	$ 236
*	Nationwide Life Insurance Company	Vanguard Selected Value Investments	**	8,171
*	Nationwide Life Insurance Company	Vanguard Target Retirement 2045	**	1,372
*	Nationwide Life Insurance Company	Vanguard Short-term Investments Grade Investments	**	3,079
*	Nationwide Life Insurance Company	Vanguard Target Retirement 2020	**	59,870
*	Nationwide Life Insurance Company	Legg Mason Western Asset Inflation Indexed Plus Bond Institutional	**	33,870
	TD Waterhouse	Money Market	**	5,439
	Sirius XmRadio, Inc.	650 shares common stock	**	1,183
	Swift Transportation	50 shares common stock	**	412
	Mueller Water	100 shares common stock	**	244
	Central Euro Distrib	625 shares common stock	**	2,734
	E-Commerce China Dan	100 shares common stock	**	440
	Ford Motor Company	9,952 shares common stock	**	107,084
	Hovnanian Enterprise	220 shares common stock	**	319
	News Corp Ltd Class	50 shares common stock	**	892
	Regions Financial Co	100 shares common stock	**	430
	Renren, Inc.	50 shares common stock	**	177
				$ 3,449,456

* Denotes exempt party-in-interest.
** Cost omitted for participant-directed investments.

See accompanying independent auditor's report on page 1

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014

Plan Sponsor's Name BILL CURRIE FORD, INC. **PN:** 003

(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
	INVESCO HI YIELD INST	MUTUAL FUND		37,700
	DREYFUS INST PREF MM	MUTUAL FUND		672,455
	DREYFUS S & P 500 INDEX	MUTUAL FUND		42,763
	FED TOTAL RETURN	MUTUAL FUND		192,674
	FED GOVT ULTRA SHRT	MUTUAL FUND		341
	FID ADV REAL ESTATE	MUTUAL FUND		39,323
	INVESCO MIDCAP COR EQ INST	MUTUAL FUND		9,123

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014

Plan Sponsor's Name BILL CURRIE FORD, INC. **PN:** 003

(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
	WR IVY SCIENCE TECH	MUTUAL FUND		6,632
	AMCENT INFL ADJ BD INST	MUTUAL FUND		36,949
	MSIF MIDCAP GROWTH	MUTUAL FUND		60,348
	MFS UTILITY R4	MUTUAL FUND		192,321
	OPP DEVELOP MKT	MUTUAL FUND		5,340
	OPP GLOBAL OPPTY	MUTUAL FUND		82,494
	OPP MN ST SMALL CAP	MUTUAL FUND		32,498

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014

Plan Sponsor's Name BILL CURRIE FORD, INC. **PN:** 003

(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
	T ROWE PR NEW HORIZONS	MUTUAL FUND		22,300
	PIMCO REAL RETURN INST	MUTUAL FUND		299,492
	AM FUNDS GROWTH	MUTUAL FUND FD AM R6		400,456
	AM FUNDS INVESTMENT CO	MUTUAL FUND		92,985
	VANGUARD EQ INC	MUTUAL FUND		162,375
	VANGUARD ST TREASURY	MUTUAL FUND		15,937
	VANGUARD PRECIOUS METALS	MUTUAL FUND		69,672

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014

Plan Sponsor's Name BILL CURRIE FORD, INC. **PN:** 003

(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
	VANGUARD INTL VALUE	MUTUAL FUND		30,543
	VANGUARD TRGT RET 2030	MUTUAL FUND		63,030
	VANGUARD TRGT RET 2025	MUTUAL FUND		80,321
	VANGUARD TRGT RET 2015	MUTUAL FUND		1,957
	VANGUARD WELLINGTON	MUTUAL FUND		299,527
	JANUS OVERSEAS	MUTUAL FUND		32,291
	DODGE COX INTL STK	MUTUAL FUND		15,396

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014

Plan Sponsor's Name BILL CURRIE FORD, INC. **PN:** 003

(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
	DODGE COX STOCK	MUTUAL FUND		18,475
	FIDELITY ADV STRATEGIC INC	MUTUAL FUND		9,117
	GDMNSCS COMDTY STRAT INST	MUTUAL FUND		8,146
	HARBOR INTL INST	MUTUAL FUND		15,396
	HANSBRGR INTL GR INST	MUTUAL FUND		9,237
	JPM MIDCAP VALUE INST	MUTUAL FUND		9,237
	MFS RESEARCH R4	MUTUAL FUND		21,554

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014

Plan Sponsor's Name BILL CURRIE FORD, INC. **PN:** 003

(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
	PRNCPL EQ INC I INST	MUTUAL FUND		12,316
	JPM SMCAP VALUE SEL	MUTUAL FUND		9,237
	PRINCIPAL MDCAP GR INST	MUTUAL FUND		9,237
	AMFDS CAP WLD BD R6	MUTUAL FUND		26,206
	AMFDS AM MUTUAL R6	MUTUAL FUND		12,316
	AMFDS NEW WLD R6	MUTUAL FUND		6,158
	AGGREGATE SDBA ASSETS	SELF DIRECTED BROKERAGE		119,354

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014

Plan Sponsor's Name BILL CURRIE FORD, INC. **PN:** 003

(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
	VANGUARD DIVD GR INV	MUTUAL FUND		18,056
	VANGUARD TRGT RTRMT 2050	MUTUAL FUND		782
	VANGUARD TRGT RTRMT 2040	MUTUAL FUND		1,207
	VANGUARD HLTH CARE INV	MUTUAL FUND		7,203
	VANGUARD TRGT RTRMT 2035	MUTUAL FUND		32,378
	VANGUARD MRGRMGR INV	MUTUAL FUND		236
	VANGUARD SEL VAL INV	MUTUAL FUND		8,171

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name BILL CURRIE FORD, INC. 401(K) PROFIT SHARING PLAN **EIN:** 59-0910014

Plan Sponsor's Name BILL CURRIE FORD, INC. **PN:** 003

(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
	VANGUARD TRGT RTRMT 2045	MUTUAL FUND		1,372
	VANGUARD ST INVMT GRD INV	MUTUAL FUND		3,079
	VANGUARD TRGT RTRMT 2020	MUTUAL FUND		59,870
	LEGGMWSTRASINFIND PLSBDINST	MUTUAL FUND		33,870