# 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

**2012**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**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
FITZPATRICK DEALERSHIP GROUP 401K PLAN AND TRUST

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 03/01/1991

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

VALLEY MOTORS INC

PO BOX 576548
MODESTO, CA 95357

4369 MCHENRY AVE
MODESTO, CA 95356

**2b** Employer Identification Number (EIN) 91-1950122

**2c** Sponsor's telephone number 888-339-4269

**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. | 10/11/2013 | AHILA MAHESWARAN |
| | **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 |

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

| | | | |
|---|---|---|---|
| **3a** | Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address | **3b** | Administrator's EIN |
| | | **3c** | Administrator's telephone number |
| **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: | **4b** | EIN |
| **a** | Sponsor's name | **4c** | PN |

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 106 |
| **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** | 93 |
| **b** | Retired or separated participants receiving benefits | **6b** | 1 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 9 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 103 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 103 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 55 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 2 |
| **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 Characteristics 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 Characteristics Codes in the instructions:

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | [X] | 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)** | [X] | 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)** | [X] | 1 | **A** (Insurance Information) |
| **(4)** | [X] | | **C** (Service Provider Information) |
| **(5)** | [X] | | **D** (DFE/Participating Plan Information) |
| **(6)** | [ ] | | **G** (Financial Transaction Schedules) |

# SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**2012**

**This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
FITZPATRICK DEALERSHIP GROUP 401K PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
VALLEY MOTORS INC

**D** Employer Identification Number (EIN)
91-1950122

**Part I** **Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1** Coverage Information:

**(a)** Name of insurance carrier

SENTRY LIFE INSURANCE COMPANY

| **(b)** EIN | **(c)** NAIC code | **(d)** Contract or identification number | **(e)** Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|---|---|---|---|---|---|
| | | | | **(f)** From | **(g)** To |
| 39-6040276 | 68810 | 87-62835-71 | 103 | 01/01/2012 | 12/31/2012 |

**2** Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| **(a)** Total amount of commissions paid | **(b)** Total amount of fees paid |
|---|---|
| 2607 | 0 |

**3** Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

BRIAN EKLUND
941 TARTAN LN
LINCOLN, CA 95648

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| 2607 | | | 3 |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | **(e)** Organization code |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

| **(b)** Amount of sales and base commissions paid | Fees and other commissions paid | | **(e)** Organization code |
|---|---|---|---|
| | **(c)** Amount | **(d)** Purpose | |
| | | | |

## Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | | |
|---|---|---|---|
| 4 | Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | 1602331 |

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

| | | | |
|---|---|---|---|
| **b** | Premiums paid to carrier | 6b | |
| **c** | Premiums due but unpaid at the end of the year | 6c | |
| **d** | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. | 6d | |

Specify nature of costs ▶

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

| | | | | | |
|---|---|---|---|---|---|
| **b** | Balance at the end of the previous year | | | 7b | 1006763 |
| **c** | Additions: (1) Contributions deposited during the year | 7c(1) | 78002 | | |
| | (2) Dividends and credits | 7c(2) | | | |
| | (3) Interest credited during the year | 7c(3) | 29359 | | |
| | (4) Transferred from separate account | 7c(4) | 69237 | | |
| | (5) Other (specify below) | 7c(5) | 65414 | | |
| | ▶ LOAN REPAYMENTS & INTEREST ROLLOVERS | | | | |
| | (6) Total additions | | | 7c(6) | 242012 |
| **d** | Total of balance and additions (add lines **7b** and **7c(6)**). | | | 7d | 1248775 |
| **e** | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 156072 | | |
| | (2) Administration charge made by carrier | 7e(2) | 2737 | | |
| | (3) Transferred to separate account | 7e(3) | 179648 | | |
| | (4) Other (specify below) | 7e(4) | 3385 | | |
| | ▶ CORRECTIVE DISTRIBUTIONS | | | | |
| | (5) Total deductions | | | 7e(5) | 341842 |
| **f** | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 906933 |

## Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

**a** ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance

**e** ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug

**i** ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract

**m** ☐ Other (specify) ▶

| | | | | |
|---|---|---|---|---|
| **9** Experience-rated contracts: | | | | |
| **a** Premiums: (1) Amount received | **9a(1)** | | | |
| (2) Increase (decrease) in amount due but unpaid | **9a(2)** | | | |
| (3) Increase (decrease) in unearned premium reserve | **9a(3)** | | | |
| (4) Earned (**(1)** + **(2)** - **(3)**) | | | **9a(4)** | |
| **b** Benefit charges (1) Claims paid | **9b(1)** | | | |
| (2) Increase (decrease) in claim reserves | **9b(2)** | | | |
| (3) Incurred claims (add **(1)** and **(2)**) | | | **9b(3)** | |
| (4) Claims charged | | | **9b(4)** | |
| **c** Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| (A) Commissions | **9c(1)(A)** | | | |
| (B) Administrative service or other fees | **9c(1)(B)** | | | |
| (C) Other specific acquisition costs | **9c(1)(C)** | | | |
| (D) Other expenses | **9c(1)(D)** | | | |
| (E) Taxes | **9c(1)(E)** | | | |
| (F) Charges for risks or other contingencies | **9c(1)(F)** | | | |
| (G) Other retention charges | **9c(1)(G)** | | | |
| (H) Total retention | | | **9c(1)(H)** | |
| (2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.) | | | **9c(2)** | |
| **d** Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | | **9d(1)** | |
| (2) Claim reserves | | | **9d(2)** | |
| (3) Other reserves | | | **9d(3)** | |
| **e** Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.) | | | **9e** | |
| **10** Nonexperience-rated contracts: | | | | |
| **a** Total premiums or subscription charges paid to carrier | | | **10a** | |
| **b** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | | | **10b** | |

Specify nature of costs ▶

## Part IV Provision of Information

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2012**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
FITZPATRICK DEALERSHIP GROUP 401K PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
VALLEY MOTORS INC

**D** Employer Identification Number (EIN)
91-1950122

## 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

SENTRY LIFE INSURANCE COMPANY

39-6040276

**(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

**2012**

**This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
FITZPATRICK DEALERSHIP GROUP 401K PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
VALLEY MOTORS INC

**D** Employer Identification Number (EIN)
91-1950122

**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)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 39-6040276-003 | P | 8362 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED INCOME ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 39-6040276-004 | P | 47475 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP GROWTH ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 39-6040276-005 | P | 18060 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED INCOME ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 39-6040276-007 | P | 27213 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: AGGRESSIVE GROWTH ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 39-6040276-008 | P | 27160 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 39-6040276-009 | P | 24988 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FOREIGN GROWTH ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **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) |
|---|---|---|
| 39-6040276-010 | P | 80676 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL GROWTH ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-011 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 88137 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY GROWTH & INCOME ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-015 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23143 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP INDEX ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-016 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40965 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP INDEX ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-017 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16276 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP INDEX ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-019 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16589 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND INDEX ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-023 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31271 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: BALANCED ALLOCATION ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-024 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16691 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH ACCOUNT II

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-025 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32766 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFE CYCLE LA

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-026 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7702 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFE CYCLE LB

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-027 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22385 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFE CYCLE LC

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-028 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 117468 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFE CYCLE LD

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-029 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 316615 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LIFE CYCLE LE

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-030 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 266691 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP GROWTH ACCOUNT II

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-032 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 39452 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP GROWTH ACCOUNT III

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-033 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43014 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED GROWTH ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-034 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35691 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL GROWTH ETF ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-035 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP GROWTH ETF ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-036 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP GROWTH ETF ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-037 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: REIT ETF ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-039 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: CORPORATE BOND ETF ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-040 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIPS ETF ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-041 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: MID-CAP INDEX ACCOUNT II

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-051 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1597 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: REIT INDEX ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-053 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 32529 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL LARGE INDEX ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-055 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18105 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: LONG-TERM BOND ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-065 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 154296 |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TIPS ACCOUNT

**b** Name of sponsor of entity listed in (a): SENTRY LIFE INSURANCE COMPANY

| **c** EIN-PN 39-6040276-066 | **d** Entity code P | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47018 |
|---|---|---|

**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 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 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 |
|---|---|

**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 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

**2012**

**This Form is Open to Public Inspection**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
FITZPATRICK DEALERSHIP GROUP 401K PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
VALLEY MOTORS INC

**D** Employer Identification Number (EIN)
91-1950122

## 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) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(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) | 201819 | 143848 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | 1181814 | 1602335 |
| **(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) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 1006764 | 906933 |
| **(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 | 2390397 | 2653116 |
| **Liabilities** | | | |
| **g** Benefit claims payable | 1g | 11392 | |
| **h** Operating payables | 1h | | |
| **i** Acquisition indebtedness | 1i | | |
| **j** Other liabilities | 1j | | |
| **k** Total liabilities (add all amounts in lines 1g through1j) | 1k | 11392 | 0 |
| **Net Assets** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 2379005 | 2653116 |

## 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) | 42223 | |
| **(B)** Participants | 2a(1)(B) | 163307 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 43437 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 248967 |
| **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) | 5791 | |
| **(F)** Other | 2b(1)(F) | 29359 | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 35150 |
| **(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) | | 0 |
| **(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 |
| **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 179697 |
| (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) | | |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 463814 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 186841 | |
| (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) | | 186841 |
| 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) | 2862 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 2862 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 189703 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 274111 |
| 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: PETERSON SULLIVAN LLP **(2)** EIN: 91-0605785

**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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 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 | |

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| 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 | | 200000 |
| 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) |
|---|---|---|
| | | |
| | | |
| | | |

## Part V Trust Information (optional)

| **6a** Name of trust | **6b** Trust's EIN |
|---|---|
| | |

# 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

**2012**

**This Form is Open to Public Inspection.**

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**A** Name of plan
FITZPATRICK DEALERSHIP GROUP 401K PLAN AND TRUST

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
VALLEY MOTORS INC

**D** Employer Identification Number (EIN)
91-1950122

## 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**

**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): 39-6040276

**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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**FITZPATRICK DEALERSHIP GROUP**
**401(k) PLAN AND TRUST**

FINANCIAL REPORT

DECEMBER 31, 2012

**C O N T E N T S**


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**FINANCIAL STATEMENTS**

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petersonsullivan LLP
Certified Public Accountants
& Advisors

# INDEPENDENT AUDITORS' REPORT

To the Plan Administrative Committee
Fitzpatrick Dealership Group 401(k) Plan and Trust
Modesto, California

We were engaged to audit the accompanying financial statements of the Fitzpatrick Dealership Group 401(k) Plan and Trust ("the Plan"), which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Management of the Plan is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

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 4, which was certified by Sentry Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the years ended December 31, 2012 and 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

**Disclaimer of Opinion**

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

**Other Matter – Supplementary Information**

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplementary schedule of assets (held at end of year), which is the responsibility of management of the Plan, is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, it is inappropriate to and we do not express an opinion on the supplementary schedule referred to above.

**Report on Form and Content in Compliance With DOL Rules and Regulations**

The form and content of the information included in the financial statements and supplementary schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Peterson Sullivan L.L.P.

October 8, 2013

**FITZPATRICK DEALERSHIP GROUP 401(k) PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2012 and 2011

| ASSETS | 2012 | 2011 |
|---|---|---|
| Investments, at fair value | | |
| Pooled separate accounts | $ 1,602,335 | $ 1,181,814 |
| Insurance company general account | 906,933 | 1,006,764 |
| Total investments | 2,509,268 | 2,188,578 |
| Receivables | | |
| Notes receivable from participants | 143,848 | 201,819 |
| Employer contributions | 48,251 | 42,223 |
| Employee contributions | 3,331 | |
| Total receivables | 195,430 | 244,042 |
| Total assets | 2,704,698 | 2,432,620 |
| LIABILITIES | | |
| Corrective distributions payable | | 11,392 |
| Net assets available for benefits | $ 2,704,698 | $ 2,421,228 |

See Notes to Financial Statements

**FITZPATRICK DEALERSHIP GROUP 401(k) PLAN AND TRUST**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Years Ended December 31, 2012 and 2011

| | 2012 | 2011 |
|---|---|---|
| Additions to net assets: | | |
| Investment income | | |
| Net appreciation (depreciation) in fair value of pooled separate accounts | $ 179,697 | $ (35,893) |
| Interest income | | |
| Insurance company general account | 29,359 | 34,485 |
| Notes receivable from participants | 5,791 | 6,656 |
| Total investment income | 214,847 | 5,248 |
| Contributions | | |
| Participants' | 166,638 | 138,882 |
| Employer | 48,251 | 42,223 |
| Rollovers | 43,437 | |
| Total contributions | 258,326 | 181,105 |
| Total additions | 473,173 | 186,353 |
| Deductions from net assets: | | |
| Benefits paid to participants | 186,841 | 76,984 |
| Administrative expenses | 2,862 | 3,560 |
| Corrective distributions | | 11,392 |
| Total deductions | 189,703 | 91,936 |
| **Net increase** | **283,470** | **94,417** |
| Net assets available for benefits: | | |
| Beginning of year | 2,421,228 | 2,326,811 |
| End of year | $ 2,704,698 | $ 2,421,228 |

See Notes to Financial Statements

## NOTES TO FINANCIAL STATEMENTS

### Note 1. Description of Plan

The following description of the Fitzpatrick Dealership Group 401(k) Plan and Trust ("the Plan") provides general information only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General**

The Plan was established March 1, 1991. It is a defined contribution plan providing benefits to eligible employees of Valley Motors, Inc. dba Valley BMW, Valley Lexus, Inc., Oakland Motor Cars, Inc. dba Coliseum Lexus of Oakland, and BEF Management Company (collectively "the Companies"). Following the completion of one year of service, as defined by the Plan, employees become eligible to participate in the Plan on January 1, April 1, July 1, or October 1.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

**Contributions**

In general, participants may voluntarily elect to defer up to 100% of eligible annual compensation (as defined by the Plan), subject to the maximum amount allowable under the Internal Revenue Code ("IRC"). The Companies may also make discretionary contributions subject to certain limitations. The Companies elected to make discretionary contributions of $48,251 and $42,223 for 2012 and 2011, respectively. Participants direct the investment of both their contributions and contributions of the Companies into various investment options offered by the Plan.

**Participant Accounts**

Each participant's account is credited with the participant's contribution and allocations of (a) the Companies' contribution and (b) Plan earnings and losses, and charged with an allocation of administrative expenses. Allocations are based on participant compensation or account balances, as defined. 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 vested in their contributions plus actual earnings thereon. Vesting in the Companies' discretionary contributions plus actual earnings thereon is based on the following schedule of years of credited service:

| Completed Years of Service | Percentage Vested |
|---|---|
| Less than 2 | 0% |
| 2 | 20 |
| 3 | 40 |
| 4 | 60 |
| 5 | 80 |
| 6 | 100 |

Additionally, a participant becomes 100% vested when the participant reaches normal retirement age, dies while in the service of the Companies, or becomes disabled while a participant. Normal retirement age is 62.

**Notes Receivable from Participants**

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. The loans are secured by the participant's accounts and bear interest at a rate determined by the Plan administrator on the date of the loan (resulting in rates ranging from 3.25% to 5% at December 31, 2012). Loans generally must be repaid in five years and repayments are required to be made through payroll deductions. If the loan is for the purchase of a principal residence, the Plan may permit a repayment term of greater than five years up to a maximum of thirty years. Approximately 52% and 35% of the participant loans balance was due from three and two participants at December 31, 2012 and 2011, respectively. Loans outstanding at December 31, 2012, have maturity dates ranging from July 2013 to December 2018.

**Forfeitures**

The portion of a terminated participant account that is not vested ("forfeitures") may be used to reduce future employer discretionary profit sharing contributions or pay the operating expenses of the Plan. Forfeitures were $1,816 and $2,737 for 2012 and 2011, respectively. Forfeitures in the amount of $6,398 and $7,444 are included with net assets available for plan benefits at December 31, 2012 and 2011, respectively. During the year ended December 31, 2012 and 2011, $2,862 and $3,560, respectively, was used to pay operating expenses of the Plan.

**Plan Changes**

The Companies reserve the right to amend or terminate the Plan at any time. However, no such amendment or termination shall deprive any participant of any vested interest in the Plan. In the event of Plan termination, participants will become fully vested in their accounts.

**Payment of Benefits**

If the participant's vested benefit in the Plan exceeds $5,000, then on termination of service, a participant may elect to receive the value of the vested interest in his or her account in either a lump-sum amount or in equal installments over a period of time no greater than the participant's assumed life expectancy (or the assumed life expectancies of the participant and their beneficiary). If the participant's vested benefit in the Plan does not exceed $5,000, then a single lump-sum distribution is required.

**Risks and Uncertainties**

The Plan invests in various 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 statements of net assets available for benefits.

## Note 2. Summary of Significant Accounting Policies

### Basis of Accounting

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

### Use of Estimates

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

### Contributions

Contributions from participants are recorded in the period in which they are withheld from the participant's compensation. Discretionary contributions from the Companies are recorded in the period in which the related participant contributions are recorded.

### Payment of Benefits

Benefits are recorded when paid.

### Corrective Distributions

Certain contributions are considered to be excess contributions based on year-end compliance test results performed by the Plan's third party administrator and are required to be refunded to the participants ("corrective distributions"). There were no corrective distributions payables for 2012. At December 31, 2011, the Plan had corrective distributions payable of $11,392. Excess contributions were refunded to participants in the following year.

### Administrative Expenses

Administrative expenses primarily relate to Plan administration and custodianship of investments. The Companies pay for a majority of the expenses of the Plan.

### 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 recorded as distributions based on the terms of the Plan document.

### Investment Valuation and Income Recognition

Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Net appreciation (depreciation) in the fair value of investments represents the change in fair value of assets from one period to the next and includes realized gains and losses on investments.

**Fair Value Measurements**

Fair value is defined as an exit price, representing the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. As such, fair value is a market-based measurement determined based on assumptions that market participants would use in pricing an asset or liability. There are three levels, which prioritize the inputs used in measuring fair value as follows:

- Level 1: Observable market inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2: Observable market inputs, other than quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

An asset's or liability'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 investments measured at fair value, including a general description of the Plan's investments. There have been no changes in the methodologies used at December 31, 2012 and 2011.

*Pooled Separate Accounts*

The pooled separate accounts consist of a wide variety of underlying investments primarily in mutual funds. They are valued using the Net Asset Value ("NAV") provided by administrators of the pooled separate accounts. The NAV is based on the fair value of the underlying assets, less any liabilities, then divided by the number of shares outstanding. The NAV of the pooled separate accounts is classified as Level 2 of the fair value hierarchy because the NAV's unit price is quoted in a market that is not active, however, the NAV is based on underlying investments (primarily mutual funds) which are generally traded in active markets.

*Insurance Company General Account*

The investment in an insurance company general account is valued by discounting the related cash flows based on current yields of similar investments with comparable durations and is classified within Level 3 of the valuation hierarchy.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Plan's investment in an insurance company general account is invested in a fully benefit-responsive investment contract. The investment contract is included in the statements of net assets available for benefits at fair value, which materially equals contract value at December 31, 2012 and 2011, so no adjustment has been made to the investment contract from fair value to contract value. The statements of changes in net assets available for benefits present investment contract activity at contract value (which, as previously noted, approximates fair value).

The following table represents information about the Plan's assets that have been measured at fair value on a recurring basis as of December 31, 2012 and 2011, and indicates the classification by level of input within the fair value hierarchy described above:

| | Levels of Fair Value Measurements at December 31, 2012 | | | Value at December 31, 2012 |
|---|---|---|---|---|
| | Level 1 Inputs | Level 2 Inputs | Level 3 Inputs | |
| Pooled Separate Accounts | | | | |
| Target Date | $ - | $ 730,861 | $ - | $ 730,861 |
| Growth | | 254,980 | | 254,980 |
| International | | 211,906 | | 211,906 |
| Income | | 320,952 | | 320,952 |
| Growth and Income | | 83,636 | | 83,636 |
| Insurance Company General Account | | | 906,933 | 906,933 |
| | $ - | $ 1,602,335 | $ 906,933 | $ 2,509,268 |

| | Levels of Fair Value Measurements at December 31, 2011 | | | Value at December 31, 2011 |
|---|---|---|---|---|
| | Level 1 Inputs | Level 2 Inputs | Level 3 Inputs | |
| Pooled Separate Accounts | | | | |
| Target Date | $ - | $ 589,739 | $ - | $ 589,739 |
| Growth | | 218,577 | | 218,577 |
| International | | 177,019 | | 177,019 |
| Income | | 125,698 | | 125,698 |
| Growth and Income | | 70,781 | | 70,781 |
| Insurance Company General Account | | | 1,006,764 | 1,006,764 |
| | $ - | $ 1,181,814 | $ 1,006,764 | $ 2,188,578 |

There are no unfunded commitments for any of the Plan's investments. All Plan investments can be redeemed on a daily basis.

The table below is a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31:

| | 2012 | 2011 |
|---|---|---|
| Insurance Company General Account | | |
| Balance, beginning of period | $ 1,006,764 | $ 935,033 |
| Interest income | 29,359 | 34,485 |
| Transfers from (to) other Plan investments | (110,527) | 80,337 |
| Purchases | 142,398 | 75,120 |
| Distributions | (161,061) | (118,211) |
| Balance, end of period | $ 906,933 | $ 1,006,764 |

**Subsequent Events**

The Plan monitors subsequent events occurring after the balance sheet date and prior to the issuance of the financial statements to determine the impacts, if any, of events on the financial statements to be issued. The Plan has evaluated subsequent events through the date the financial statements were available to be issued, which is the date of the independent auditors' report.

## Note 3. Investments

The following investments represent 5% or more of the Plan's net assets available for benefits at December 31:

| | 2012 | 2011 |
|---|---|---|
| Insurance Company General Account | $ 906,933 | $ 1,006,764 |
| Life Cycle Target Retirement 2035 | 316,615 | 260,082 |
| Life Cycle Target Retirement 2045 | 266,691 | 217,912 |
| Long-Term Bond Account | 154,296 | |

## Note 4. Information Prepared and Certified by the Plan Custodian

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator has obtained a certification from the custodian of the Plan, Sentry Life Insurance Company ("Sentry"), that the following data included in the accompanying financial statements and supplementary schedule is complete and accurate as of and for the years ended December 31:

| | 2012 | 2011 |
|---|---|---|
| Investments, at fair value | | |
| Pooled separate accounts | $ 1,602,335 | $ 1,181,814 |
| Insurance company general account | 906,933 | 1,006,764 |
| Investment income (loss) | | |
| Net appreciation (depreciation) in fair value of pooled separate accounts | 179,697 | (35,893) |
| Interest income - insurance company general account | 29,359 | 34,485 |

## Note 5. Investment Contract in Insurance Company General Account

The Plan has entered into a benefit-responsive investment contract as part of its investment in an insurance company general account for the years ended December 31, 2012 and 2011. These funds invest in a benefit-responsive investment contract that provides for a guaranteed rate of return.

Contract value represents principal amounts invested in the underlying investments, plus interest accrued at a crediting rate established under the contract, less any adjustments for withdrawals. The crediting interest rate and the average yield were approximately 3.45% and 3.60% for 2012 and 2011, respectively. The crediting interest rate is based on an agreed-upon formula with the issuer and based on the characteristics of the underlying fixed income portfolio, but cannot be less than zero. Certain events, such as the premature termination of the contract by the Plan, the termination of the Plan, and a material adverse change to the provisions of the Plan, would limit the Plan's ability to transact at contract value with the trustee. The Plan administrator believes the occurrence of such events that would limit the Plan's ability to transact at contract value with the Plan participants is not probable.

**Note 6. Party-in-Interest Transactions**

All Plan investments are sponsored by Sentry. Sentry is the custodian of Plan assets and, therefore, transactions with Sentry qualify as party-in-interest transactions.

**Note 7. Income Tax Status**

The Plan has adopted a standardized prototype sponsored by its third-party administrator. The prototype received a favorable determination letter from the Internal Revenue Service ("the IRS") on March 31, 2008. The Companies have not received a determination letter as to the qualified status of the Plan's adoption agreement. However, the Plan administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been included in the Plan's financial statement. The Plan's Form 5500 (Annual Return/Report of Employee Benefit Plan) is open to examination by the IRS for the last three years.

**Note 8. Reconciliation of Financial Statements to Schedule H of Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of Form 5500 at December 31:

| | 2012 | 2011 |
|---|---|---|
| Net assets available for benefits per the financial statements | $ 2,704,698 | $ 2,421,228 |
| Employee contributions receivable not included in Schedule H of Form 5500 | (3,331) | |
| Employer contributions receivable not included in Schedule H of Form 5500 | (48,521) | (42,223) |
| Net assets available for benefits per Schedule H of Form 5500 | $ 2,652,846 | $ 2,379,005 |

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to net income per Schedule H of Form 5500 for the years ended December 31:

| | 2012 | 2011 |
|---|---|---|
| Net increase in net assets available for benefits per the financial statements | $ 283,470 | $ 94,417 |
| Change in employer contribution receivable | (6,028) | (42,223) |
| Change in employee contribution receivable | (3,331) | |
| Net income per Schedule H of Form 5500 | $ 274,111 | $ 52,194 |

# SUPPLEMENTARY SCHEDULE

**FITZPATRICK DEALERSHIP GROUP 401(k) PLAN AND TRUST**

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2012

EIN: 91-1950122
Plan Number: 001

| (a) | (b) | (c) | (d) | (e) |
|---|---|---|---|---|
| | Identity of issue, borrower, lessor, or similar party | Description of investment including maturity date, rate of interest, collateral, par, or maturity value | Cost | Current Value |
| * | Sentry Life Insurance Company Guaranteed Contracts | Insurance Company General Account | ** | $ 906,933 |
| | Sentry Life Insurance Company Sub Accounts: | | | |
| * | Life Cycle Target Retirement 2035 | Pooled Separate Account | ** | 316,615 |
| * | Life Cycle Target Retirement 2045 | Pooled Separate Account | ** | 266,691 |
| * | Long-Term Bond Account | Pooled Separate Account | ** | 154,296 |
| * | Life Cycle Target Retirement 2025 | Pooled Separate Account | ** | 117,468 |
| * | Global Growth Account | Pooled Separate Account | ** | 88,137 |
| * | Foreign Growth Account | Pooled Separate Account | ** | 80,676 |
| * | Diversified Income Account | Pooled Separate Account | ** | 47,475 |
| * | TIPS Account | Pooled Separate Account | ** | 47,018 |
| * | Mid-Cap Growth Account III | Pooled Separate Account | ** | 43,014 |
| * | Small Cap Index Account | Pooled Separate Account | ** | 40,965 |
| * | Mid-Cap Growth Account II | Pooled Separate Account | ** | 39,453 |
| * | Diversified Growth Account | Pooled Separate Account | ** | 35,691 |
| * | Small Cap Growth Account II | Pooled Separate Account | ** | 32,767 |
| * | REIT Index Account | Pooled Separate Account | ** | 32,529 |
| * | Total Bond Index Account | Pooled Separate Account | ** | 31,272 |
| * | Balanced Income Account | Pooled Separate Account | ** | 27,213 |
| * | Aggressive Growth Account | Pooled Separate Account | ** | 27,159 |
| * | International Growth Account | Pooled Separate Account | ** | 24,988 |
| * | Equity Growth & Income Account | Pooled Separate Account | ** | 23,143 |
| * | Life Cycle Target Retirement 2015 | Pooled Separate Account | ** | 22,386 |
| * | International Large Index Account | Pooled Separate Account | ** | 18,105 |
| * | Large Cap Growth Account | Pooled Separate Account | ** | 18,059 |
| * | Balanced Allocation Account | Pooled Separate Account | ** | 16,691 |
| * | Large-Cap Index Account | Pooled Separate Account | ** | 16,589 |
| * | Mid-Cap Index Account | Pooled Separate Account | ** | 16,275 |
| * | Money Market | Pooled Separate Account | ** | 8,362 |
| * | Life Cycle Target Retirement Income Account | Pooled Separate Account | ** | 7,701 |
| * | Mid-Cap Index Account II | Pooled Separate Account | ** | 1,597 |
| * | Notes Receivable from Participants | Interest at 3.25-5%; maturing at various dates from July 2013 through December 2018 | 0 | 143,848 |

* Denotes party-in-interest
** Information is not required as investments are participant-directed

# SCHEDULE OF ASSETS
# HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Name of plan: Fitzpatrick Dealership Group 401(k) Plan and Trust

Plan Sponsor's name as shown on line 2a of Form 5500: Valley Motors Inc

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Employer identification number: 91-1950122 Plan number: 001

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | DEPOSIT FUND<br>The general account of Sentry Life Insurance Company, guaranteed as to principal and interest. | N/A | $906,933 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | CAPITAL APPRECIATION ACCOUNT<br>Seeks long-term growth. | N/A | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | GROWTH AND INCOME ACCOUNT<br>Seeks growth of capital and current dividend income. | N/A | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | MONEY MARKET ACCOUNT<br>Seeks current income while maintaining liquidity and a stable share price. | N/A | $8,362 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | DIVERSIFIED INCOME ACCOUNT<br>Seeks a high level of current income consistent with moderate price fluctuation. | N/A | $47,475 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LARGE CAP GROWTH ACCOUNT<br>Seeks long-term growth of capital in a manner consistent with the preservation of capital. | N/A | $18,060 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | BALANCED GROWTH ACCOUNT<br>Seeks income and long-term growth of capital and income without undue risk of capital | N/A | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | BALANCED INCOME ACCOUNT<br>Seeks high level of income, long-term growth of income, and moderate long-term growth of capital. | N/A | $27,213 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | AGGRESSIVE GROWTH ACCOUNT<br>Seeks long-term growth of capital in a manner consistent with the preservation of capital. | N/A | $27,160 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | INTERNATIONAL GROWTH ACCOUNT<br>Seeks long-term growth of capital. | N/A | $24,988 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | FOREIGN GROWTH ACCOUNT<br>Seeks long-term growth of capital. | N/A | $80,676 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | GLOBAL GROWTH ACCOUNT<br>Seeks long-term growth of capital. | N/A | $88,137 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | CONCENTRATED GROWTH ACCOUNT<br>Seeks capital appreciation. | N/A | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | SMALL CAP GROWTH ACCOUNT I<br>Seeks long-term growth of capital. | N/A | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | MID-CAP GROWTH ACCOUNT I<br>Seeks long-term growth of capital. | N/A | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | EQUITY GROWTH & INCOME ACCOUNT<br>Seeks high current dividend income and long-term capital appreciation. | N/A | $23,143 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | SMALL CAP INDEX ACCOUNT<br>Seeks investment results paralleling those of the MSCI® US Small Cap 1750 Index. | N/A | $40,965 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | MID-CAP INDEX ACCOUNT<br>Seeks long-term growth of capital. | N/A | $16,276 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | TOTAL STOCK INDEX ACCOUNT<br>Seeks long-term growth of capital and income. | N/A | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LARGE CAP INDEX ACCOUNT<br>Seeks to replicate the aggregate price and yield performance, before expenses, of the S&P 500 Index. | N/A | $16,589 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LARGE CAP BLEND ACCOUNT<br>Seeks long-term growth of capital. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LONG-TERM GROWTH ACCOUNT<br>Seeks long-term growth of capital. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | INSTITUTIONAL LARGE INDEX FUND<br>Seeks to replicate the aggregate price and yield performance, before expenses, of the S&P 500 Index. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | TOTAL BOND INDEX ACCOUNT<br>Seeks to match the total return performance of the Lehman Brothers Aggregate Bond Index. | -0- | $31,271 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | BALANCED ALLOCATION ACCOUNT<br>Seeks long-term total return. | -0- | $16,691 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | SMALL CAP GROWTH ACCOUNT II<br>Seeks long-term growth of capital. | -0- | $32,766 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LIFE CYCLE LA<br>Seeks current income. Secondary objective of capital appreciation. | -0- | $7,702 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LIFE CYCLE LB<br>Seeks long-term growth of capital and current income. | -0- | $22,385 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LIFE CYCLE LC<br>Seeks long-term growth of capital. Secondary objective of current income. | -0- | $117,468 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LIFE CYCLE LD<br>Seeks long-term growth of capital. Secondary objective of current income. | -0- | $316,615 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LIFE CYCLE LE<br>Seeks long-term growth of capital. Secondary objective of current income. | -0- | $266,691 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LIFE CYCLE LF<br>Seeks long-term growth of capital. Secondary objective of current income. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | SMALL CAP GROWTH ACCOUNT III<br>Seeks long-term growth of capital. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | MID-CAP GROWTH ACCOUNT II<br>Seeks long-term growth of capital. | -0- | $39,452 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | MID-CAP GROWTH ACCOUNT III<br>Seeks long-term capital appreciation and income. | -0- | $43,014 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | DIVERSIFIED GROWTH ACCOUNT<br>Seeks long-term capital appreciation and growth of income. Current income is a secondary objective. | -0- | $35,691 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | INTERNATIONAL GROWTH ETF ACCOUNT<br>Seeks investment results that correspond to the performance, before fees and expenses, of the MSCI EAFE Index, or a similar non-U.S. large cap stock index. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | SMALL CAP GROWTH ETF ACCOUNT<br>Seeks investment results that correspond to the performance, before fees and expenses, of the S&P Small Cap 600 Index, or a similar U.S. small cap stock index. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | MID-CAP GROWTH ETF ACCOUNT<br>Seeks investment results that correspond to the performance, before fees and expenses, of the S&P MidCap 400 Index, or a similar U.S. mid-cap stock index. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LARGE CAP GROWTH ETF ACCOUNT<br>Seeks investment results that correspond to the performance, before fees and expenses, of the S&P 500 Index, or a similar U.S. large cap stock index. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | REIT ETF ACCOUNT<br>Seeks investment results that correspond generally to the price and yield performance, before fees and expenses, of the Dow Jones U.S. Real Estate Index or a similar real estate investment trust index. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | CORPORATE BOND ETF ACCOUNT<br>Seeks investment results that correspond generally to the price and yield performance, before fees and expenses, of the Goldman Sachs iBoxx™ Index. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | TIPS ETF ACCOUNT<br>Seeks investment results that correspond generally to the price and yield performance, before fees and expenses, of the Lehman Brothers U.S. Treasury Inflation Notes Index. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | SMALL CAP VALUE ACCOUNT<br>Pursues its investment objective by investing primarily in the common stocks of small companies who stock prices are believed to be undervalued by the Fund's portfolio managers. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | BALANCED GROWTH ACCOUNT II<br>Seeks long-term capital appreciation and reasonable current income. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LARGE CAP BLEND ACCOUNT II<br>Seeks long-term capital appreciation by investing in stocks considered to have above-average earnings growth potential that is not reflected in their current market price. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | TOTAL BOND INDEX ACCOUNT II<br>Seeks to track the performance of a broad, market-weighted bond index. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LARGE CAP BLEND ACCOUNT III<br>Seeks to provide, primarily, a growing stream of income over time and, secondarily, long-term capital appreciation and current income. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | ENERGY GROWTH ACCOUNT<br><br>Seeks long-term capital appreciation by investing at least 80% of assets in the common stocks of companies principally engaged in activities in the energy industry. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | EQUITY GROWTH & INCOME ACCOUNT II<br><br>Seeks an above-average level of current income and reasonable capital appreciation. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | MID-CAP GROWTH ACCOUNT IV<br><br>Seeks long-term capital appreciation by investing at least 80% of assets primarily in common stocks of medium-size companies. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | MID-CAP INDEX ACCOUNT II<br><br>Seeks to track the performance of a benchmark index that measures the investment return of mid-capitalization stocks. | -0- | $1,597 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | MID-CAP VALUE INDEX ACCOUNT<br><br>Seeks to track the performance of a benchmark index that measures the investment return of mid-capitalization value stocks. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | REAL ESTATE INVESTMENT TRUST INDEX ACCOUNT<br><br>Seeks to provide a high level of income and moderate long-term capital appreciation by tracking the performance of a benchmark that measures the performance of publicly traded equity REITs. | -0- | $32,529 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | SMALL CAP VALUE INDEX ACCOUNT<br><br>Seeks to track the performance of a benchmark index that measures the investment return of small-capitalization value stocks. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | INTERNATIONAL LARGE INDEX ACCOUNT<br><br>Seeks to track the performance of a benchmark index that measures the investment return of stocks issues by companies located in developed and emerging markets, excluding the United States. | -0- | $18,105 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | BALANCED AGGRESSIVE GROWTH ACCOUNT<br><br>Seeks total return through a primary emphasis on growth of capital with a secondary emphasis on income. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | HIGH YIELD BOND ACCOUNT<br><br>Seeks high current income. Capital appreciation is a secondary investment objective. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | SMALL CAP GROWTH ACCOUNT IV<br><br>Seeks long-term growth of capital by investing primarily in common stocks selected for their growth potential. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LARGE CAP GROWTH ACCOUNT II<br><br>Seeks capital appreciation by investing primarily in equity securities of companies that the investment managements believes are leaders in innovation, take advantage of technologies, have superior management and benefit from new industry conditions in the dynamically changing global economy. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | GLOBAL BLEND ACCOUNT<br><br>Seeks capital appreciation, income is a secondary consideration. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | WORLD BOND ACCOUNT<br><br>Seeks current income with capital appreciation and growth of income by investing at least 80% of net assets in “bonds” including debit securities of any maturity, such as bonds, notes, bills and debentures. | -0- | $ |
| | | | | |
| (a) | (b) Identify 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 |
| * | Sentry Life Insurance Company | EMERGING MARKETS BOND ACCOUNT<br><br>Seeks maximum total return, consistent with preservation of capital and prudent investment management. | -0- | $ |
| | | | | |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | LONG-TERM BOND ACCOUNT<br><br>Seeks maximum total return, consistent with prudent investment management. | -0- | $154,296 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | TREASURY INFLATION PROTECTION SECURITY ACCOUNT<br><br>Seeks maximum real return, consistent with preservation of capital and prudent investment management. | -0- | $47,018 |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Sentry Life Insurance Company | INTERMEDIATE -TERM BOND ACCOUNT<br><br>Seeks maximum total return, consistent with preservation of capital and prudent investment management. | -0- | $ |

| (a) | (b) Identify 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 |
|---|---|---|---|---|
| * | Participant Loans | 3.25% - 5.00% | -0- | $143,848 |

# 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

**2012**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

**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
FITZPATRICK DEALERSHIP GROUP 401K PLAN AND TRUST

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 03/01/1991

**2a** Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
VALLEY MOTORS INC

PO BOX 576548

MODESTO CA 95357

4369 MCHENRY AVE

MODESTO CA 95356

**2b** Employer Identification Number (EIN) 91-1950122

**2c** Sponsor's telephone number (888) 339-4269

**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 | Signature of plan administrator | Date 6/6/13 | 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 |

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

| | | |
|---|---|---|
| **3a** Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address | **3b** Administrator's EIN | |
| | **3c** Administrator's telephone number | |
| **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:<br>**a** Sponsor's name | **4b** EIN | |
| | **4c** PN | |
| **5** Total number of participants at the beginning of the plan year | **5** | 106 |
| **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** | 93 |
| **b** Retired or separated participants receiving benefits | **6b** | 1 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 9 |
| **d** Subtotal. Add lines **6a**, **6b**, and **6c**. | **6d** | 103 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e**. | **6f** | 103 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 55 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 2 |
| **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 Characteristics 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 Characteristics Codes in the instructions:

| **9a** Plan funding arrangement (check all that apply) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| (1) ☒ | Insurance | (1) ☒ | Insurance |
| (2) ☐ | Code section 412(e)(3) insurance contracts | (2) ☐ | Code section 412(e)(3) insurance contracts |
| (3) ☒ | Trust | (3) ☒ | Trust |
| (4) ☐ | General assets of the sponsor | (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 | | **b** General Schedules | | |
|---|---|---|---|---|
| (1) ☒ | **R** (Retirement Plan Information) | (1) ☒ | | **H** (Financial Information) |
| (2) ☐ | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | (2) ☐ | | **I** (Financial Information – Small Plan) |
| | | (3) ☒ | 1 | **A** (Insurance Information) |
| | | (4) ☒ | | **C** (Service Provider Information) |
| (3) ☐ | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | (5) ☒ | | **D** (DFE/Participating Plan Information) |
| | | (6) ☐ | | **G** (Financial Transaction Schedules) |