### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	dance wit	h the instructions to the Form 550	0-SF.	-			
		lentification Information							
For	calendar plan year 2010 or fisca	al plan year beginning 01/01/201	0	and ending 1	2/31/2	2010			
Α.	This return/report is for:	nis return/report is for: Single-employer plan multiple-employer plan (not multiemployer) one-participant plan							
В	Γhis return/report is for:	first return/report	final retur	n/report					
_		an amended return/report	short plan	n year return/report (less than 12 mo	nths)				
•	L	·	•		11.10)	DEVC program			
C	Check box if filing under:	Form 5558		extension		DFVC program			
		special extension (enter description							
Pa	rt II   Basic Plan Inforn	nation—enter all requested inform	ation						
	Name of plan				1b	Three-digit			
ACC	JRATE AUTOBODY, INC. 401k	( PROFIT SHARING PLAN				plan number 001			
					10	(PN) •			
					10	Effective date of plan 01/01/2000			
22	Plan enoneor's name and addre	ess (employer, if for single-employer	nlan)		2h	Employer Identification Number			
	JRATE AUTOBODY, INC.	233 (employer, il for single employer	piarij		20	(EIN) 91-1660838			
					2c	Plan sponsor's telephone number			
	159TH PL NE MOND, WA 98052-4398					425-883-2450			
KLD	violab, vvi 00002 4000				2d	Business code (see instructions) 811120			
20	Diagonal desirate de la companya della companya de la companya della companya del	address (if same as Plan sponsor, e		- "\	2 h	Administrator's EIN			
	JRATE AUTOBODY, INC.	7662 159TH		<del>=</del> )	30	91-1660838			
		REDMOND,	WA 98052	2-4398	3c	Administrator's telephone number			
						425-883-2450			
		in sponsor has changed since the las		port filed for this plan, enter the	4b	EIN			
I	name, EIN, and the plan number	r from the last return/report. Sponso	r's name		4c	DN			
52	Total number of participants at	the beginning of the plan year				7			
					5a				
b		the end of the plan year			5b	0			
С	• •	th account balances as of the end of		•	5c	0			
62	•			(See instructions.)		X Yes No			
	•	. , ,		ndent qualified public accountant (IQI					
D	under 29 CFR 2520.104-46? (\$	See instructions on waiver eligibility	and condit	ions.)	· <i>^)</i>	X Yes No			
				SF and must instead use Form 55					
Pa	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
а	Total plan assets		. 7a	74260	)	0			
b	Total plan liabilities		. 7b						
С		'b from line 7a)	7c	74260	)	0			
8	Income, Expenses, and Transf			(a) Amount		(b) Total			
a	Contributions received or received					(2) 10121			
	(1) Employers		. 8a(1)	C	)				
	(2) Participants		. 8a(2)	C	)				
	(3) Others (including rollovers)	)	8a(3)	C					
b	Other income (loss)		. 8b	1665	5				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			1665			
d		rollovers and insurance premiums		75005					
	to provide benefits)		. 8d	75925					
е	Certain deemed and/or correct	ive distributions (see instructions)	. 8e						
f	Administrative service provider	s (salaries, fees, commissions)	. 8f						
g	Other expenses		. 8g						
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h			75925			
i	Net income (loss) (subtract line	e 8h from line 8c)	. 8i			-74260			
i		ee instructions)							

Form 5500-SF 2010 Page <b>2-</b>									
ar	t IV Plan Characteristics								
а	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instructions:				
	2E 2F 2G 2J 2K								
)	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
art	V Compliance Questions								
)	During the plan year:		Yes	No	Amount				
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X					
С	Was the plan covered by a fidelity bond?	10c		X					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X					
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
ırt	VI Pension Funding Compliance								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))								
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or sec	ction 3	02 of I	ERISA? Yes 🖺 No				
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_	1					
b	Enter the minimum required contribution for this plan year			12b					
С	Enter the amount contributed by the employer to the plan for this plan year			12c					

# Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ......

Has a resolution to terminate the plan been adopted during the plan year or any prior year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year.

13a

0

12d

Yes

N/A

X Yes No

No

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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.)

Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

#### Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	02/10/2011	LINDA LEWIS						
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator						
SIGN									
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor						

#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

2040

OMB Nos. 1210-0110

1210-0089

2010

This Form is Open to Public Inspection

Pe	Somplete all entries in accord	lance with	the instructio	ns to the Form 5500	-SF.					
	rt I Annual Report Identification Information	- 100 75		and andina		10/31/3010				
Ford		01/01/2		and ending		12/31/2010				
ΑT	This return/report is for:    X   single-employer plan   multiple-employer plan (not multiemployer plan   x   first return/report   X   final return/report   x   x   x   x   x   x   x   x   x					one-participant plan				
Вт	this retailine point is ton.									
	an amended return/report	short plan	year return/rep	ort (less than 12 mon	ths)	_				
C	Check box if filing under: Form 5558	automatic	extension			DFVC program				
	special extension (enter description	n)								
Da	Part II Basic Plan Information—enter all requested information									
	Name of plan				1b	Three-digit				
	ACCURATE AUTOBODY, INC. 401K PROFIT SHAR	ING PL	AN			plan number (PN) > 001				
				,	1c	Effective date of plan				
					O.L.	01/01/2000				
<b>2</b> a	Plan sponsor's name and address (employer, if for single-employer) ACCURATE AUTOBODY, INC.	plan)				Employer Identification Number (EIN) 91-1660838				
	7662 159TH PL NE				2c	Plan sponsor's telephone number 425-883-2450				
	REDMOND WA 98052-4396				2d	Business code (see instructions) 811120				
	Plan administrator's name and address (if same as Plan sponsor, er ACCURATE AUTOBODY, INC.	nter "Same	")		3b	Administrator's EIN				
	ACCURATE AUTOBODY, INC. 7662 159TH PL NE		,		3c	91-1660838 Administrator's telephone number				
	REDMCND WA 98052-439					425-883-2450				
<b>4</b> If	the name and/or EIN of the plan sponsor has changed since the las	t retum/re	oort filed for this	plan, enter the	4b	EIN				
Г	name, EIN, and the plan number from the last return/report. Sponsor	r's name			4c	PN				
5a	Total number of participants at the beginning of the plan year			***************************************	5a	7				
b	Total number of participants at the end of the plan year				5b	0				
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					5c	O				
	Were all of the plan's assets during the plan year invested in eligible				<del></del>	X Yes No				
oa h	Are you claiming a waiver of the annual examination and report of a	e assets: en indenen	(See insulición Defiliant trah	ublic accountant (IQF	·Α)					
ь	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	and conditi	ons.)			X Yes   No				
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must in	istead use Form 550	JU.					
Pa	rt III Financial Information	· · · · · · · · · · · · · · · · · · ·			1	// > **1 - £ 3/				
7	Plan Assets and Liabilities		(a) Be	inning of Year	+	(b) End of Year				
	Total plan assets	1		7426	4					
	Total plan liabilities				_					
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		7426	<u> </u>					
8	Income, Expenses, and Transfers for this Plan Year		(a	Amount	+	(b) Total				
а	Contributions received or receivable from:  (1) Employers	8a(1)	I		اه					
	(2) Participants	8a(2)			ol .					
	(3) Others (including rollovers)				ก					
<b>L</b>	Other income (loss)			166	5	•				
b	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				1	1665				
d	Benefits paid (including direct rollovers and insurance premiums	- 00								
u	to provide benefits)	8d		7592	5					
e	Certain deemed and/or corrective distributions (see instructions)				4					
f	Administrative service providers (salaries, fees, commissions)	. 8f			4					
g	Other expenses				-					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			+	75925				
i	Net income (loss) (subtract line 8h from line 8c)				4	-74260				
j	Transfers to (from) the plan (see instructions)									
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the instruction	ons for Form	5500-SF.			Form 5500-SF (2010) v.092308				

	Form 5500-SF 2010 Page <b>2-</b>		_					
Par	IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charac	teris	tic Co	des in t	he instru	ctions:		
b	2E 2F 2G 2J 2K If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact	terist	ic Cod	ies in th	ne instruc	ctions:		
J	in the piant provides manare benefits, since the approximation							
Part	V Compliance Questions							
10	During the plan year:		Yes	No		Amot	ınt	
	20 011(2010:0 102: (000 mod 00:010 00:00)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10ь		х				
С	Was the plan covered by a fidelity bond?	10c		x				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х				
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		x				
g	Did the plan have any participant loans? (if "Yes," enter amount as of year end.)	10g		Х				
_	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	10h		х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the	10i						
Part								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete to minimum funding requirements?	lete :	Sched	ule SB	(Form		Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	or se	ction 3	302 of E	RISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing granting the waiver	ions, 1	and e	nter the Day_	e date of	the lett Year	er rulit	ng — <u>—</u>
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b			· · ·	
	Enter the minimum required contribution for this plan year.			12c				
_	Enter the amount contributed by the employer to the plan for this plan year	 f a	··· ├-					
d	negative amount)			12d	<del></del>	П.,	П	L NIZA
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			<u></u> 1	Yes	<u>N</u>	0	N/A
Part	VII Plan Terminations and Transfers of Assets					<u> </u>	-	<del></del>
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		r			<u> </u>	Yes	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		<u>l</u>	13a				0
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ur of the PBGC?		•••••	•••••		K	Yes	∏ No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e piai				· —		
	3c(1) Name of plan(s):		13	c(2) El	N(s)		3c(3)	PN(s)
Cau	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	ıse is	establ	ished.			
Und SB c	er penalties of penjury and other penalties set forth in the instructions, I declare that I have examined this return or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re f, it is jule, copyect, and complete.	m/rei	port, ir	ncluding	g, if appli	cable, a y know	a Sche ledge :	dule and
[·	28-11 Linda Lewis							

Date

Date

Signature of employer/plan sponsor

SIGN HERE

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

#### **INOTE TO USER:**

- A copy of this authorization must be kept in your records (but is not included in the filing).
- You must agree to communicate any inquiries and information received from EFAST2, DOL, IRS or PBGC regarding the return/report upon electronically signing the filing.
- To sign on behalf of the plan administrator, you must register as a "signer" at the DOL EFAST2 website and a signed copy of the 5500 form should be attached to the electronic filing as an "other attachment".]

Authorization to Electronically Sign and File 5500

I hereby authorize any employee of \_\_\_\_\_\_("Service Provider") to electronically sign and file 5500 forms on my behalf.

I further understand the following:

- I must sign a paper copy of the completed 5500 form.
- An image of my signature will be included with the rest of the return/report posted by the Department of Labor on the internet for public disclosure.
- I may revoke or change this authorization at any time by written notification to Service Provider.

2-8-11 By: Senda a Seuro