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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

2010

2010

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2010 or fiscal plan year beginning and ending 12/31/2010 single-employer plan multiple-employer plan (not multiemployer) one-participant plan A This return/report is for: first return/report final return/report **B** This return/report is for: an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box if filing under: special extension (enter description) Basic Plan Information—enter all requested information Three-digit 1a Name of plan plan number GENE PANKEY MOTOR CO. RETIREMENT PLAN 001 (PN) ▶ 1c Effective date of plan 01/01/1996 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number 91-0933074 GENE PANKEY MOTOR COMPANY, INC. (EIN) 2c Plan sponsor's telephone number 7201 S. TACOMA WAY **TACOMA, WA 98409** 2d Business code (see instructions) 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") **3b** Administrator's EIN GENE PANKEY MOTOR COMPANY, INC. 7201 S. TACOMA WA 91-0933074 TACOMA, WA 98409 3c Administrator's telephone number 253-475-3165 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 16 5a 15 **b** Total number of participants at the end of the plan year..... 5b C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not 15 complete this item)..... 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 801818 861685 a Total plan assets..... 7a **b** Total plan liabilities..... 7b 801818 861685 Net plan assets (subtract line 7b from line 7a)..... 7с 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 14798 8a(1) (1) Employers 3420 8a(2) (2) Participants (3) Others (including rollovers)..... 8a(3) 80905 Other income (loss)..... 8b 99123 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d 26942 Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)...... 8f 1739 Other expenses..... 8g 39256 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 59867 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions).....

	Form 5500-SF 2010 Page 2-										
ar	t IV Plan Characteristics										
а	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
	2E 2H 2J 2K 2T 3D										
J	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		60000						
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		12509						
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									
art 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 section 302 of ERISA? Yes 🖺 No										
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)										
а	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 :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		T								
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							

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Part VII Plan Terminations and Transfers of Assets

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

negative amount)

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

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.)

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

12d

N/A

No

No

Yes

Yes X No

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.	05/03/2011	PATRICK G. FEUTZ
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

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning and ending										
	X cinete ampleure view									
Α	This retain report is for:	multiple-e	employer plan (not multiemployer)		one-participant plan					
В	This return/report is for:	final retur	n/report							
	an amended return/report	short plan	n year return/report (less than 12 mo	nths)						
C	Check box if filing under: Form 5558	automatic	extension		DFVC program					
	special extension (enter descri	ption)								
Pa	art II Basic Plan Information—enter all requested info	rmation								
1a	Name of plan			1b	Three-digit					
GEN	E PANKEY MOTOR CO. RETIREMENT PLAN			12.00	plan number					
					(PN) ▶ 001					
				1c	1c Effective date of plan 01/01/1996					
2a	Plan sponsor's name and address (employer, if for single-employ E PANKEY MOTOR COMPANY, INC.	yer plan)		2b	Employer Identification Number					
GEN	E PANKET MOTOR COMPANY, INC.			-	(EIN) 91-0933074					
7201	S. TACOMA WAY			2c	Plan sponsor's telephone number 253-475-3165					
TAC	OMA WA 98409			2d	Business code (see instructions)					
					441120					
SAM	Plan administrator's name and address (if same as Plan sponsor	r, enter "Sam	e")	3b	Administrator's EIN 91-0933074					
				3с	Administrator's telephone number 253-475-3165					
4	f the name and/or EIN of the plan sponsor has changed since the	last return/re	port filed for this plan, enter the	4b	EIN					
	name, EIN, and the plan number from the last return/report. Spot	nsor's name	, 22 24							
5a	Total number of participants at the beginning of the plan year	7. 1. 1882 W		4c	tiple to the second					
b	Total number of participants at the end of the plan year			5a	16					
c	Total number of participants with account balances as of the en			5b	15					
	complete this item)	d of the plan	/ear (defined benefit plans do not	5c	15					
6a	Were all of the plan's assets during the plan year invested in eli	100000000000000000000000000000000000000								
b	D Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IODA)									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information									
7	Plan Assets and Liabilities		(a) Particular of V		27.					
а	Total plan assets	7	(a) Beginning of Year 801818	-	(b) End of Year					
b	Total plan liabilities	7a	501010	-	861685					
C	Net plan assets (subtract line 7b from line 7a)	(2007)	801818	-	004005					
8	Income, Expenses, and Transfers for this Plan Year	19122		-	861685					
а	Contributions received or receivable from:	(CHIEFFE) 15(E)	(a) Amount	(b) Total						
	(1) Employers	8a(1)	14798							
	(2) Participants		3420							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)		80905							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				99123					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	; 8d	10575							
е	Certain deemed and/or corrective distributions (see instructions)		26942							
f	Administrative service providers (salaries, fees, commissions)									
g	Other expenses		1739							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)			April G	39256					
i	Net income (loss) (subtract line 8h from line 8c)									
				17	59867					
j	Transfers to (from) the plan (see instructions)	····· 8j								

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	 FFA	^ ^=	20040

SIGN HERE

Signature of employer/plan sponsor

	- S	
n	2	4
Page	Z-	11:

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:										
	2E 2H 2J 2K 21 3D									
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Part	V Compliance Questions							E TOWN		
10	During the plan year:			i.	Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contributio 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	10a		Х						
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)	(Do not include trans	actions reported	10b		Х				
C	Was the plan covered by a fidelity bond?	***************************************		10c	Х				60000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?	delity bond, that was	caused by fraud	10d		Х		317200		
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of tinstructions.)	r persons by an insur	ance carrier,	10e		x				
f	Has the plan failed to provide any benefit when due under the plan?			10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of	of year end.)		10g	X				12509	
h	If this is an individual account plan, was there a blackout period? (Sc 2520.101-3.)	ee instructions and 2	9 CFR	10g		Х				
ì	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	e of the	10ii						
Part							CHARLES OF A SALVEY		Anna Carlotte	
11	Is this a defined benefit plan subject to minimum funding requiremen	nts? (If "Yes," see ins	tructions and com	plete	Sched	ule SE	3 (Form			
12	5500))			•••••	********		· ·	Yes		
1 2	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	equirements of section	n 412 of the Code	or se	ction 3	02 of	ERISA?	Yes	X No	
а	granting the waiver.	amortized in this pla	n year, see instruc	tions,	and e	nter th	e date of th	e letter ru	ling	
if y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	MB (Form 5500), and	d skip to line 13.	n		Day		rear		
	Enter the minimum required contribution for this plan year				[12b				
C	Enter the amount contributed by the employer to the plan for this pla	n vear				12c				
đ	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)	ne result (enter a min	us sign to the left o	of a	[12d				
е	Will the minimum funding amount reported on line 12d be met by the	funding deadline?	***************************************				Yes	No [N/A	
Part	Plan Terminations and Transfers of Assets						ME 24/2/	10.20TK		
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yea	r?					Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the emp	ployer this year				13a		11 .00	<u> </u>	
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							X No		
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), identify th	e plar	n(s) to			Ц		
1:	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3				
								114(5)		
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	x Intish & trent	14-29-11	PATRICK G. FE	UTZ						
	HERE Signature of plan admiral to				individual signing as plan administrator					

Date