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).

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2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Be	enefit Guaranty Corporation		▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	mopeonon	
Pa	art I	Annual Report	t Ide	ntification Information					
For	calend	ar plan year 2010 or f	iscal	plan year beginning 01/01/201	0	and ending 1	2/31/2	2010	
Α	This ret	turn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan	
		turn/report is for:	П	first return/report	final retur	n/report			
_	11113 101	turr/report is for.	H	an amended return/report		n year return/report (less than 12 mo	nthe\		
_			님	·	·		111113)	П выхо	
C	Check I	box if filing under:	빌	Form 5558	automatic	extension		DFVC program	
				special extension (enter description	on)				
Pa	rt II	Basic Plan Info	orm	ation—enter all requested inform	ation				
		of plan					1b	Three-digit	
KEN	S AUTO	D BODY, INC. 401(K)	PRC	FIT SHARING PLAN				plan number 001	
							4 -	(PN) •	
							1C	Effective date of plan 01/01/2000	
20	Diamag		.1.1	- /	1)		26		
	2a Plan sponsor's name and address (employer, if for single-employed ENS AUTO BODY, INC.				pian)		20	Employer Identification Nu (EIN) 91-1339250	mber
	071011	3 2021, 1110.					2c	Plan sponsor's telephone	number
	2005 SIDNEY AVE.							360-876-2448	
POR	I ORC	HARD, WA 98366					2d	Business code (see instru	ctions)
								811120	
3a	Plan a	dministrator's name a DBODY, INC.	and a	ddress (if same as Plan sponsor, e 2005 SIDNE	nter "Same	e")	3b	Administrator's EIN 91-1339250	
IXLIN	3 7010	J DODT, INC.		PORT ORCH		98366	20		
							30	Administrator's telephone 360-876-2448	number
4	f the na	ame and/or FIN of the	plan	sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4h	EIN	
				rom the last return/report. Sponso		,			
							4c	PN	
5a	Total ı	number of participants	s at tl	ne beginning of the plan year			5a		13
b	Total ı	number of participants	s at tl	ne end of the plan year			5b		12
С	Total ı	number of participants	s with	account balances as of the end o	f the plan y	vear (defined benefit plans do not			
	compl	lete this item)					5c	[\forall]	9
6a	Were	all of the plan's asset	ts du	ring the plan year invested in eligib	le assets?	(See instructions.)		Ye:	s No
b						ndent qualified public accountant (IQ		X Ye	s П No
			,	• ,		ions.)SF and must instead use Form 55		Te	, INO
Pa	rt III	Financial Infor		,	OTTH 5500-	SF and must instead use Form 55	00.		
			mat	1011				(1) T 1 (1)	
7		Assets and Liabilities			_	(a) Beginning of Year	3	(b) End of Year	1003256
d L						32333	_		
b		•				926883)		1003256
<u> </u>				from line 7a)	. 7с	92000)		1003236
8		e, Expenses, and Tra				(a) Amount		(b) Total	
а		butions received or re			90(4)				
						2516			
	` '	•				2510	_		
_		, •			- ' '	0007	_		
b	Other	income (loss)			. 8b	86670	J		
С				a(2), 8a(3), and 8b)	. 8c				89186
d				llovers and insurance premiums	.	1155	1 L		
_	•	,			. 8d		\dashv		
e				e distributions (see instructions)		4000	_		
f	Admir	nistrative service provi	iders	(salaries, fees, commissions)	. 8f	1262	_		
g	Other	expenses			. 8g				100:0
h	Total 6	expenses (add lines 8	3d, 8e	e, 8f, and 8g)	. 8h				12813
i	Net in	come (loss) (subtract	line 8	Bh from line 8c)	. 8i				76373
j	Trans	fers to (from) the plan	(see	instructions)	. 8j				

	Form 5500-SF 2010 Page 2-								
ar	IV Plan Characteristics								
a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Character 2A 2E 2H 2J 2K 3D	cteris	tic Co	des in	the instruction	ons:			
b	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	Α	mount			
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				25	5000	
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	,	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 comp 5500))					Yes	s [No	
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	or sec	ction 3	302 of E	ERISA?	Yes	; X	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 instruct granting the waiver								
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_						
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				
e Will t	he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	
	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d			

N/A

Yes X No

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year?

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)

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.	06/08/2011	AUDREY A. DAVIS
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

Pension Benefit Guaranty Corporation

Department of Labor Employee Benefits Security Administration

Part I Annual Report Identification Information

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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

For	calendar plan year 2010 or fiscal plan year beginning		and ending			Siresulta		
Α	This return/report is for: Single-employer plan	multiple-em	ployer plan (not multiemployer)		one-participal	nt plan		
В	This return/report is for: first return/report	final return/r	eport					
	an amended return/report	short plan ye	ear return/report (less than 12 mon	ths)				
С	Check box if filing under: Form 5558	automatic e	xtension	DFVC program				
	special extension (enter description	n)						
Pa	art II Basic Plan Information—enter all requested informa	ition						
1a	Name of plan			1b	Three-digit			
KEN	S AUTO BODY, INC. 401(K) PROFIT SHARING PLAN				001			
				10	(PN) Effective date of			
				***	01/01/2			
	Plan sponsor's name and address (employer, if for single-employer p	2b	Employer Identif					
KEN	S AUTO BODY, INC.		-	20	(EIN) 91-1339	elephone number		
2005	SIDNEY AVE.		26	360-876	elephone number 3-2448			
POR	PORT ORCHARD WA 98366					see instructions)		
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")					811120 Administrator's E			
SAN		iter Same)		JU	91-1339	9250		
				3с	Administrator's t	elephone number		
4 1	f the name and/or EIN of the plan sponsor has changed since the las	ort filed for this plan, enter the	4b	EIN	J-2446			
	name, EIN, and the plan number from the last return/report. Sponsor's name							
50	Total annual and and the beginning of the standard		_	PN				
3400	Total number of participants at the beginning of the plan year	ACHEA NICHOLE SAN TICHURATUR RENAMEDURI MEMBER	5a		13			
b		L	5b		12			
С	Total number of participants with account balances as of the end of complete this item)			5c		9		
6a	Were all of the plan's assets during the plan year invested in eligible			******		X Yes ☐ No		
	Are you claiming a waiver of the annual examination and report of a	ın independe	ent qualified public accountant (IQF	A)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo				********	X Yes ∐ No		
Pa	irt III Financial Information	0000 <u>-01</u>	una must misteda use i omi 500	<u>. </u>	2000			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
а	Total plan assets	7a	926883			1003256		
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	926883			1003256		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:	9-(4)						
	(1) Employers	8a(1)	2516	+				
	(2) Participants	8a(2) 8a(3)	2010	1				
b	Other income (loss)	8b	86670	1				
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		+		89186		
d	Benefits paid (including direct rollovers and insurance premiums		TARRE	TO				
	to provide benefils)	8d	11551					
e	Certain deemed and/or corrective distributions (see instructions)	8e		- 5				
f	Administrative service providers (salaries, fees, commissions)	8f	1262					
g	Olher expenses	8g		-		10015		
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		-		12813		
1	Net income (loss) (subtract line 8h from line 8c)		and the state of t	-	700 0000	76373		
	riansiers to (nom) the plan (see lifetholions)	8i						

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Page 2	7-17	10

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Part IV	Plan Characteristics

Signature of employer/plan sponsor

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2A 2E 2H 2J 2K 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								
10	During the plan year:				Yes	No	A	mount	
а	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		х			· ·
b	Were there any nonexempt transactions with any party-in-interest? (D on line 10a.)			10b		×			
C	Was the plan covered by a fidelity bond?		.,	10c	x			10000	25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?		10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other p insurance service or other organization that provides some or all of the instructions.)	plan? (See	10e		х				
f	Has the plan failed to provide any benefit when due under the plan?					Х	- 7.8"0"		
g	Did the plan have any participant loans? (If "Yes," enter amount as of		10g		Х				
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h		х			
Ì	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i					
Part	VI Pension Funding Compliance						2,000		
11	Is this a defined benefit plan subject to minimum funding requirements 5500))	? (If "Yes," see inst	tructions and com	plete	Sched	dule SE	(Form	Yes	∏ No
12	Is this a defined contribution plan subject to the minimum funding requ				- 77			Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable								<del></del>
а	If a waiver of the minimum funding standard for a prior year is being an granting the waiver.	mortized in this plar	n year, see instruc Mon	clions,	, and e	enter th	e date of the	letter rul	ing
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule Mi					Day			-
	Enter the minimum required contribution for this plan year		0.00		Г	12b	1.22		
С	Enter the amount contributed by the employer to the plan for this plan	year	***************************************	,,,,,,,,	[	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)				[	12d			
е	Will the minimum funding amount reported on line 12d be met by the f	funding deadline?					Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?		····- <u>-</u>			Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the empl					13a			
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	***************************************						Yes	⊠ No
C	If during this plan year, any assets or liabilities were transferred from the which assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	he pla	n(s) to	)		- 80	
	3c(1) Name of plan(s):			13c(2) EIN(s)			N(s)	13c(3)	PN(s)
Caut	ion: A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonab	le car	use is	estab	lished.		
SBc	er penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well as f, it is true, correct, and complete.								
SIG		14/2/11	AUDREY A. DA	AVIS				7	
HEF	Signature of plan administrator	Date	Enter name of i	ndivid	ual sig	ning a	s plan admin	istralor	
SIG			71-17-00-00-00-00-00-00-00-00-00-00-00-00-00						
HER	E Signature of employer/plan sponsor	Date	Enter name of i	ndivid	ual sic	nina a	s employer o	r nlan sn	nnsor

Date

Enter name of individual signing as employer or plan sponsor