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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation Co	emplete all entries in accord	dance with	n the instructions to the Form 5500	0-SF.			
Pa	art I Annual Report Identific	cation Information						
For	calendar plan year 2010 or fiscal plan y	ear beginning 01/01/2011	1	and ending 0	3/31/2	2011		
A	This return/report is for:	e-employer plan	multiple-e	mployer plan (not multiemployer)		one-participa	ant plan	
В	This return/report is for:	return/report	final retur	n/report		_		
		mended return/report	short plan	year return/report (less than 12 mor	nths)			
C	Check box if filing under:	n 5558	automatic	extension		DFVC progra	am	
		ial extension (enter descriptio						
Do		•						
	Irt II Basic Plan Information	-enter all requested informa	ation		1h	Three-digit		
	Name of plan DNS AND SIMONS, LLC 401(K) RETIRI	FMFNT SAVINGS PLAN			וו	plan number	004	
						(PN) •	001	
					1c	Effective date of		
						01/01/2	2008	
	Plan sponsor's name and address (emons AND SIMONS, LLC	ployer, if for single-employer	plan)		2b	Employer Ident		ıber
	FS IMPORT AUTO SERVICE				20	(EIN) 20-127 Plan sponsor's		ımhar
P.O.	BOX 99817				20	253-58	34-7770	JIIIDEI
LAKE	EWOOD, WA 98499				2d	Business code		ions)
					01	811110		
	Plan administrator's name and address ONS AND SIMONS, LLC	s (if same as Plan sponsor, er P.O. BOX 990		; ")	30	Administrator's 20-127		
		LAKEWOOD	, WA 9849	9	3c	Administrator's	telephone n	umber
							34-7770	
	f the name and/or EIN of the plan spons	3		port filed for this plan, enter the	4b	EIN		
I	name, EIN, and the plan number from the	ne last return/report. Sponso	r's name		4 c	PN		
5a	Total number of participants at the beg	inning of the plan year			5a			3
	Total number of participants at the end					+		0
	Total number of participants at the end			:	5b			
С	complete this item)		. ,	` .	5с			0
6a	Were all of the plan's assets during th	e plan year invested in eligible	le assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annua	al examination and report of a	an indepen	dent qualified public accountant (IQI	PA)		<u> </u>	_
	under 29 CFR 2520.104-46? (See inst	• •		•			^ Yes	No
Do	If you answered "No" to either 6a or	r 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	00.			
7	Plan Assets and Liabilities			(a) Beginning of Year 23565	-	(b) End	d of Year	0
	Total plan assets		. 7a	23300				0
b	Total plan liabilities		. 7b	23565				0
<u> </u>	Net plan assets (subtract line 7b from l		7c		_			
8	Income, Expenses, and Transfers for t			(a) Amount		(b)	Total	
а	Contributions received or receivable from (1) Employers		8a(1)					
	(2) Participants		8a(2)					
	(3) Others (including rollovers)							
b	Other income (loss)		8b	96	3			
C	Total income (add lines 8a(1), 8a(2), 8		8c					96
d	Benefits paid (including direct rollovers							
-	to provide benefits)		. 8d	23361				
е	Certain deemed and/or corrective distr	ributions (see instructions)	. 8e					
f	Administrative service providers (salar	ies, fees, commissions)	8f	300)			
g	Other expenses		. 8g					
h	Total expenses (add lines 8d, 8e, 8f, a	ınd 8g)	8h					23661
i	Net income (loss) (subtract line 8h from	n line 8c)	. 8i					-23565
j	Transfers to (from) the plan (see instru							

F	Form 5500-SF 2010	Page 2-
		. 330 2
t IV	Plan Characteristics	
	plan provides pension benefits, enter the applicable pension feature codes fro 3D 2J 2K 2H 2R 2F	m the List of Plan Characteristic Codes in the instructions:
If the	plan provides welfare benefits, enter the applicable welfare feature codes from	m the List of Plan Characteristic Codes in the instructions:
٧	Compliance Questions	

art	V Compliance Questions								
0	During the plan year:		Yes	No		Amo	ount		
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							
art	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X No	,
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No)
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a lf 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								
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			12b					_
	Enter the minimum required contribution for this plan year Enter the amount contributed by the employer to the plan for this plan year		⊢	12c					_
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of	of a	···	12d					_
_	negative amount)				Yes	П	No [N/A	_
art					100			14// (_
						X	V	Пы	_
<i>3</i> a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?			 13a		^	Yes	No	<u>)</u>
<u>_</u>	If "Yes," enter the amount of any plan assets that reverted to the employer this year							•	<u>,</u>
D	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?					X	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.)							_	
1	Sc(1) Name of plan(s):		130	(2) EII	N(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.	07/16/2011	KEVIN BOERCKER
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

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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.

OMB Nos. 1210-0110

1210-0089

2010

This Form is Open to Public Inspection

	Part I Annual Report Identification Informati							
Fo	r calendar plan year 2010 or fiscal plan year beginning	01/01/	2011 and ending		03/31/2011			
Α	This return/report is for:	multiple	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	x final ret	ırn/report					
	an amended return/report	⊠ short pla	an year return/report (less than 12 mo	nths)				
_	H	H	ic extension	,	DFVC program			
C			ic extension		bi ve program			
	special extension (enter d	<u> </u>						
	art II Basic Plan Information—enter all requested	d information						
1a	Name of plan			1b	Three-digit			
	Simons and Simons, LLC				plan number (PN) 001			
	401(k) Retirement Savings Plan			10	Effective date of plan			
				.	01/01/2008			
2a	Plan sponsor's name and address (employer, if for single-en	mplover plan)		2b	Employer Identification Number			
	Plan sponsor's name and address (employer, if for single-ensimons and Simons, LLC	. , . ,			(EIN) 20-1274244			
	Rolfs Import Auto Service			2c	Plan sponsor's telephone number			
	P.O. Box 99817				(253)584-7770			
	Lakewood		WA 98499	2a	Business code (see instructions) 811110			
3a	Plan administrator's name and address (if same as Plan spo	onsor enter "Sar		3h	Administrator's EIN			
-	same	J. 1001, G. 1101 Gu.	,					
				3c	Administrator's telephone number			
				<u> </u>				
4	If the name and/or EIN of the plan sponsor has changed sinc name, EIN, and the plan number from the last return/report.		report filed for this plan, enter the	4b	EIN			
	name, and the plan number from the last return/report.	oponsor s name		4c	PN			
5a	Total number of participants at the beginning of the plan ye	ar		5a				
b	Total number of participants at the end of the plan year			5b				
С	Total number of participants with account balances as of the	e end of the plan	vear (defined benefit plans do not	0.5				
	complete this item)	•		5c				
6a	Were all of the plan's assets during the plan year invested	in eligible assets	? (See instructions.)		X Yes No			
b	, . ,				₩ Vaa □ Na			
	under 29 CFR 2520.104-46? (See instructions on waiver el	•	•		X Yes No			
D	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) Reginning of Veer		(b) End of Year			
່,	Total plan assets	70	(a) Beginning of Year	5.5	(b) Eliu oi Teal			
a h	•		23,30	0				
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)		23,56	_				
	,	7c))	45-45			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total			
а	(1) Employers	8a(1)						
	(2) Participants							
	(3) Others (including rollovers)							
b				96				
C					9			
d					-			
~	to provide benefits)		23,36	51				
е	Certain deemed and/or corrective distributions (see instruct	ions) 8e						
f	Administrative service providers (salaries, fees, commission	ns) 8f	3(0 0				
g	Other expenses	8g						
h	'				23,66			
i	Net income (loss) (subtract line 8h from line 8c)				(23,565			
i	Transfers to (from) the plan (see instructions)				(== 7000			

_			Form 5500-SF 2010 Page 2-							
Γ	Par	t IV	Plan Characteristics							
_		If the	e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch 2도 3D 2J 2K 2H 2R 2F e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch							
	Part	٧	Compliance Questions				ÿ)			
	10	Duri	ing the plan year:		Yes	No		Amount		
	a		s there a failure to transmit to the plan any participant contributions within the time period described							
	i.		CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
	D		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte ine 10a.)	110Ь		x				
	C		s the plan covered by a fidelity bond?	10c		х				
	đ		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau			<u> </u>				
	u		ishonesty?	10d		Х				
	е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		Х				
	f	Has	the plan failed to provide any benefit when due under the plan?	101		Х				
	q	Did 1	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				****
	h	If thi	s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		x				
	i	if 10	th was answered "Yes," check the box if you either provided the required notice or one of the aptions to providing the notice applied under 29 CFR 2520.101-3	10i					··	****
F	Part		Pension Funding Compliance				<u> </u>			
	11	is thi	s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co				•	Ye		No
,	12	ls th	is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					Ye	X	No
	a	İfaw	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ting the waiver							
	lf y		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5600), and skip to line 1							_
	b	Ente	r the minimum required contribution for this plan year	**********		12b				
	C	Ente	r the amount contributed by the employer to the plan for this plan year		L	12 c				
	d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le			12d				
	е	Will t	he minimum funding amount reported on line 12d be met by the funding deadline?	*******			Yes	No		I/A
F	art '	VII	Plan Terminations and Transfers of Assets							
1	3a	Has a	a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>-</u>			X Yes		No
		lf "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a				0
	þ	Were of the	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough a PBGC?	t under	the co			X Yes		No
	С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify n assets or liabilities were transferred. (See instructions.)	the plai	n(s) to					
_	1:	Bc(1)	Name of plan(s):		13 c	(2) EI	N(s)	13c(3) PN	(s)
~~			3							***************************************
_								<u> </u>		

Caution: A penalty for the late or incomplete filling 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	MS	7-15-11	Marksimons
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	108	7-15-11	MNK Simons
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

£.q