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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	dance wit	h the instructions to the Form 55	.nn_eE	inspection				
P	art I Annual Report Identification Information	uance with	in the instructions to the Form 55	оо-эг.					
	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending	12/31/2	2010				
_	This return/report is for:		employer plan (not multiemployer)		one-participant plan				
	This return/report is for:	Indianable employer plan (not mailled mailled)							
В	an amended return/report		year return/report (less than 12 m	onthe)					
_				10111113)	DFVC program				
C		JI	extension		DFVC program				
_	special extension (enter description	,							
	art II Basic Plan Information—enter all requested inform	ation		41.					
	Name of plan OUSEL GAS & TIRE, INC. PROFIT SHARING PLAN			16	Three-digit plan number (PN) • 001				
				1c	Effective date of plan 01/01/1991				
	Plan sponsor's name and address (employer, if for single-employer OUSEL GAS & TIRE, INC.	plan)		2b	2b Employer Identification Number (EIN) 82-0440850				
	N. DIVISION ST.			2c	Plan sponsor's telephone numb 208-682-2316	er			
PINE	HURST, ID 83850				Business code (see instructions 447100	3)			
	Plan administrator's name and address (if same as Plan sponsor, e OUSEL GAS & TIRE, INC. 402 N. DIVIS PINEHURST	SION ST.	,		Administrator's EIN 82-0440850				
4 .					Administrator's telephone numb	er			
	f the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plan, enter the	46	EIN				
				4c	PN				
5a	Total number of participants at the beginning of the plan year			5a		10			
b	Total number of participants at the end of the plan year			5b		9			
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 eligib				Yes	No			
b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)			No			
D-	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form t	500.					
	rt III Financial Information								
7	Plan Assets and Liabilities	_	(a) Beginning of Year 5301	70	(b) End of Year 6067	795			
a	Total plan assets		3301	0	0007	- 55			
b	Total plan liabilities		5301		6067	795			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c				-			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total				
ű	(1) Employers	. 8a(1)	377	29					
	(2) Participants	. 8a(2)		0					
	(3) Others (including rollovers)	. 8a(3)		0					
b	Other income (loss)	. 8b	476	32					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			853	361			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	87	36					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)	. 8f		0					
g	Other expenses	. 8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				736			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			766	325			
i	Transfers to (from) the plan (see instructions)	Ωi							

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Part IV	Plan	(`hara	cteristics
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SIGN HERE

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:

		e plan provides welfare benefits, enter the applicable welfare featu	ire codes from the L	List of Flair Offarat	otorist		203 111 0	no mondone		
Part	٧	Compliance Questions								
10	During the plan year:						No	A	mount	
а	a 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)						X			
b		re there any nonexempt transactions with any party-in-interest? (Dolline 10a.)		· ·	10b		X			
С	Wa	as the plan covered by a fidelity bond?			10c	X				60000
d		the plan have a loss, whether or not reimbursed by the plan's fidel			10d		X			
е						X				2210
f	Has	s 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 th	nis is an individual account plan, was there a blackout period? (See	instructions and 29	9 CFR	10h		X			
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i					
Part '	VI	Pension Funding Compliance								
		nis a defined benefit plan subject to minimum funding requirements:							Yes	No
12	ls t	his a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	302 of I	ERISA?	Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a 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									
		er the minimum required contribution for this plan year	`	•		Γ	12b			
		·				t	12c			
							12d			
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?					Yes	No	N/A
Part '	VII	Plan Terminations and Transfers of Assets								
13a	Has	s a resolution to terminate the plan been adopted during the plan ye	ear or any prior yea	r?					Yes	X No
		es," enter the amount of any plan assets that reverted to the emplo					13a			<u></u>
	b 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		uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	e plar	n(s) to			•	
1;	13c(1) Name of plan(s):					13c(2) EIN(s) 13c(3)			PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is	establ	ished.		
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I d nedule MB completed and signed by an enrolled actuary, as well as s true, correct, and complete.								
SIGN	Filed with authorized/valid electronic signature. 07/29/2011 DALE STEVENS									
HERI					ndividual signing as plan administrator					

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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa	art I Annual Report Identification Information					
For	calendar plan year 2010 or fiscal plan year beginning	01/01/203	LO and ending	12/31/2	2010	
A	This return/report is for: X single-employer plan	multiple-emp	loyer plan (not multiemployer)	one-participant plan		
B	This return/report is for: first return/report	final return/re	port			
	an amended return/report	short plan ye	ar return/report (less than 12 mo	nths)		
C	Check box if filing under: Form 5558	automatic ex	tension	DFVC p	orogram	
	special extension (enter descript	tion)		_		
Pa	rt II Basic Plan Information—enter all requested inform	mation				
1a	Name of plan			1b Three-digi	t	
	CAROUSEL GAS & TIRE, INC. PROFIT SHARIN	IG PLAN		plan numb		
				(PN) 1c Effective of	001	
				01/01/	TOTAL TO PROTOCOL	
2a	Plan sponsor's name and address (employer, if for single-employer	er plan)		-	dentification Number	
	CAROUSEL GAS & TIRE, INC.			Control of the Contro	0440850	
	402 N. DIVISION ST.				sor's telephone number	
	TOZ W. BIVIBION BI.				2-2316 code (see instructions)	
	PINEHURST ID 83850			447100		
3a	Plan administrator's name and address (if same as Plan sponsor, CAROUSEL GAS $\&$ TIRE, INC.	enter "Same")		3b Administra		
				82-044		
	402 N. DIVISION ST. PINEHURST ID 83850				tor's telephone number 2-2316	
4	f the name and/or EIN of the plan sponsor has changed since the	last return/repor	t filed for this plan, enter the	4b EIN		
	name, EIN, and the plan number from the last return/report. Spon	sor's name		40. 511		
				4c PN	10	
	Total number of participants at the beginning of the plan year				10	
b	Total number of participants at the end of the plan year			5b	9	
C	Total number of participants with account balances as of the end complete this item)			5c	9	
6a	Were all of the plan's assets during the plan year invested in elig			The second secon	X Yes No	
b	Are you claiming a waiver of the annual examination and report of	of an independe	nt qualified public accountant (IC	PA)	D D	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	y and conditions	3.)		X Yes No	
D-	If you answered "No" to either 6a or 6b, the plan cannot use or III Financial Information	Form 5500-SF	and must instead use Form 5	500.		
Pa			(a) Devianing of Veer	(h) End of Year	
-	Plan Assets and Liabilities	7-	(a) Beginning of Year	,	606795	
a	Total plan assets		5501	0	000733	
			53017		606795	
	Net plan assets (subtract line 7b from line 7a)	7с	(a) Amount		(b) Total	
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount			
u	(1) Employers	8a(1)	3772	29		
	(2) Participants	8a(2)		0		
	(3) Others (including rollovers)	8a(3)		0		
b	Other income (loss)	8b	4763	32		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				
d	Benefits paid (including direct rollovers and insurance premiums	0.4	873	36		
	to provide benefits)		67.	0		
e			0			
t	Administrative service providers (salaries, fees, commissions)			0		
9	Other expenses				8736	
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)				76625	
!	Net income (loss) (subtract line 8h from line 8c)				70023	
	Transfers to (from) the plan (see instructions)	8j				

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	Form 5500-SF 2010 Page 2-						
Par			0				
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2E 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara						
Part	V Compliance Questions					†	
10	During the plan year:		Yes	No	F	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		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x			
C	Was the plan covered by a fidelity bond?	10c	Х			60	000
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			
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	х			2.	210
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х			
a	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
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				4-4-11	
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com					Пу П	NI
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						
12	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	3 01 30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	JOE 0.	ZIT.O/T.		
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiverMor	nth	, and e	enter t Day	he date of	the letter ruling Year	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	101	T		
b	Enter the minimum required contribution for this plan year			12b			
C	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 result (enter a minus sign to the left negative amount)	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets				3 12		
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				_	Yes X	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	the pla	an(s) to)		1	
	13c(1) Name of plan(s):	+	13	c(2) E	IN(s)	13c(3) PN	V(s)
				+			
Carr	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole ca	use is	estal	olished.		
Und	or populties of perjury and other penalties set forth in the instructions. I declare that I have examined this re	turn/re	eport, i	ncludi	ng, if appl	icable, a Schedu	ule
SB	or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return of it is true, correct, and complete.	n/repo	rt, and	to the	best of m	ny knowledge an	nd

SIGN 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