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

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

Pa	art I	Annual Report	Identification Info	rmation							
For	calenda	r plan year 2010 or fis	cal plan year beginning	01/01/20	10	and ending	12/31/	2010			
Α -	A This return/report is for: Single-employer plan multipl					employer plan (not multiemployer)	one-participant plan				
						n/report					
		,	an amended return	/report	short plar	n year return/report (less than 12 m	onths)				
C	Chack b	ox if filing under:	Form 5558		╡ :	extension	,	DFVC progra	am		
•	CHECK D	ox ii iiiing under.	special extension (e	L antor doccripti		Octorision		☐ Di vo piogit	A111		
	t 11	Dania Dian Infa	. ,	·							
	art II		rmation—enter all red	quested inforn	nation		1h	Throo digit	<u> </u>		
	Name o	ภ pian 401(K) PROFIT SHAF	RING PLAN				10	Three-digit plan number			
	0, 1110.	101(10)1110111101111						(PN) ▶	003		
							1c	Effective date o	•		
								01/01/2			
	Plan sp	onsor's name and add	dress (employer, if for si	ngle-employe	r plan)		2b	2b Employer Identification Number			
HIKL	o, iivo.						20	(EIN) 91-0606870 2c Plan sponsor's telephone number			
		ATE STREET						360-74	8-6611		
CHE	⊓ALIS, V	WA 98532					2d		(see instructions)		
20	DI	lastatatuatanta na ananana	d - dd (1	N		. 11\	2 h	441300			
TIRE	S, INC.	iministrator's name an	d address (if same as P	1283 NW S	TATE STRE	ET	30	Administrator's 91-060			
				CHEHALIS,	WA 98532		3с	Administrator's	telephone number		
								360-74	8-6611		
			olan sponsor has chango oer from the last return/r			port filed for this plan, enter the	4b	EIN			
ı	name, E	in, and the plan num.	ber from the last return/r	eport. Sports	oi s name		4c	; PN			
5a	Total n	umber of participants	at the beginning of the p	olan year			. 5a	26			
							. 5b	24			
С	Total n	umber of participants	with account balances a	as of the end o	of the plan y	rear (defined benefit plans do not	1				
	comple	ete this item)					. 5c		18		
6a	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
b						ndent qualified public accountant (le			X Yes ☐ No		
			•	0,		SF and must instead use Form 5			☐ 163 ☐ NO		
Pa	rt III	Financial Inforn		tunnet dec i	01111 0000	or and muct motoda acc r crim c					
7	Plan As	ssets and Liabilities				(a) Beginning of Year		(b) End	of Year		
а	Total pl	lan assets			7a	29465	96	χ.,	2684358		
b	Total pl	lan liabilities			7b						
			e 7b from line 7a)			29465	96		2684358		
8	•	,	sfers for this Plan Year			(a) Amount		(b) Total			
а		outions received or rec				197	27				
	(1) Em	nployers			8a(1)						
	(2) Participants			` '	839	74					
	` '	, ,	rs)		` '	0000					
b		,				2666	22		070000		
С), 8a(2), 8a(3), and 8b) .		8c				370393		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		8d	6181	33	3					
е	•	,									
f					144	98					
g g		·		•							
h		•	l, 8e, 8f, and 8g)						632631		
i			ne 8h from line 8c)						-262238		
i		` , `	see instructions)								
,		() the plan (·· 8j						

Form 5500-SF 2010 Page 2-									
ar	Part IV Plan Characteristics								
)a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charace 2F 2F 2G 2J 2K 2T 3D	cteristic	Cod	les in	the instructions:				
	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	teristic (Code	es in t	he instructions:				
	The plant provided welfare belieflet, effect the applicable welfare reader codes from the blot of high characters	, conotio	oou	00 111 0	no mondono.				
art	V Compliance Questions								
0	During the plan year:	Ye	es	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	<		435000				
d	, , , , , , , , , , , , , , , , , , , ,	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	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		X					
art VI Pension Funding Compliance									
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))								
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of	or section	on 30)2 of E	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 instructing granting the waiver				· ·				
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	•		Duy _					
b	Enter the minimum required contribution for this plan year		1	12b					
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 result (enter a minus sign to the left of a negative amount)								
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes No No N/A				
art VII Plan Terminations and Transfers of Assets									
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>		Yes X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
L-		a dead		1					

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)

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.	10/06/2011	RALPH HUBBERT				
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.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

Pa	rt I Annual Report Identification Information	1/01/20	10 and ending		12/31/2010			
For	Calendar plan year 2010 or nood, plan year 203	···	nployer plan (not multiemployer)	ſ	one-participant plan			
Αī	His returnineport is ion.			ı				
В	Inis returnireport is ioi.	final return	•	fhe)				
	<u> </u>		year return/report (less than 12 mon	(113) 	DFVC program			
C	neck box if filling under.	automatic (extension	1	Drve program			
	special extension (enter description	n)						
Pa	rt II Basic Plan Information—enter all requested informa	ition		4 h	Three digit			
1a	Name of plan				Three-digit plan number			
	Tires, Inc. 401(k) Profit Sharing Plan				(PN) ▶ 001			
				1c	Effective date of plan			
					01/01/2006			
2a	Plan sponsor's name and address (employer, if for single-employer Tires, Inc.	plan)		26	Employer Identification Number (EIN) 91-0606870			
	illes, inc.		L.		C Plan sponsor's telephone number			
	1202 NW State Street		ļ		(360) 748-6611			
	1283 NW State Street		2250	2d	Business code (see instructions) 441300			
	Chehalis	-4 #Como	WA 98532	3h	Administrator's EIN			
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter Same	,	0.0	7 carrimonator o curv			
				3с	Administrator's telephone number			
				41-	FINE			
4	if the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponso	st return/rep r's name	oort filed for this plan, enter the	40	EIN			
	name, EIIV, and the plan humber from the last returnseport. Oponio	i o manno		4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	26			
b	—			5b	24			
c	Total number of participants with account balances as of the end of	f the plan y	ear (defined benefit plans do not		18			
	complete this item)			5c				
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)	 DAN				
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indeper and conditi	ons.)		X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
P	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	2,946,59	16	2,684,358			
b	Total plan liabilities	. 7b		- -	2.504.250			
C	Net plan assets (subtract line 7b from line 7a)	. 7с	2,946,59	96	2,684,358			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:	. 8a(1)	19,79	97				
	(1) Employers	8a(2)	83,97	⊸ i				
	(2) Participants		•	7				
L	(3) Others (including rollovers) Other income (loss)		266,62	22	RECEIVED			
r.	= + 1: (1115 - 0-(4) 0-(0) 00(2) and 9h)	1			370,393			
C					OCT 04 2011			
	to provide benefits)	8d	618,13	33	新兴 医乳腺管 化二氯甲二甲酚二甲酚医乙甲酚酚酚酚			
€	Certain deemed and/or corrective distributions (see instructions)	. <u>8e</u>		_ -	RETIREMENT PLANS			
f	Administrative service providers (salaries, fees, commissions)	8f	14,49) 8	E A b A * **** 1000 £24 € €			
ç	Other expenses	8g		4	COD COS			
ł	Total expenses (add lines 8d, 8e, 8f, and 8g)	1		-	632,631			
j	Net income (loss) (subtract line 8h from line 8c)		·	+	(262,238)			
ì	Transfers to (from) the plan (see instructions)	8i		- 1	•			

Page	2-	

Pa	rt IV	Plan Characteristics						(l		
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D									
b	If the	e plan provides welfare benefits, enter the applicable welfare featu	ire codes from the L	ist of Plan Chara	cteris	tic Cod	des in t	he instructio	ns:	
Par	rt V	Compliance Questions								
10		ring the plan year:				Yes	No	А	mount	
_	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)						х			
k	o We	re there any nonexempt transactions with any party-in-interest? (D	o not include transa	ections reported	10b		Х			
c) Wa	as the plan covered by a fidelity bond?			10c	Х			435	5,000
C	Did or o	the plan have a loss, whether or not reimbursed by the plan's fide	lity bond, that was o	caused by fraud	10d		х			
e	inst	ere any fees or commissions paid to any brokers, agents, or other purance service or other organization that provides some or all of the tructions.)	e benefits under the	plan? (See	10e		X			
f		s the plan failed to provide any benefit when due under the plan?.			10f		Х			
		I the plan have any participant loans? (If "Yes," enter amount as of				\vdash	X			
•	- h If ti	his is an individual account plan, was there a blackout period? (Sec 20.101-3.)	e instructions and 29	9 CFR	10g 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		Х			
Par		Pension Funding Compliance					!			
11		his a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see inst	ructions and com	plete	Sched	dule SE	3 (Form		
	550	00))								X No
12	ls t	this a defined contribution plan subject to the minimum funding req	uirements of section	n 412 of the Code	or se	ection	302 of	ERISA?	∐ Yes	X No
		'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable			. 		4 40			
â	Bilfa ora	waiver of the minimum funding standard for a prior year is being a nting the waiver.	imortized in this plai	n year, see instructionMon	cuons ith	s, and e	enter tr Day	ie date of the	reller rulli Zear	ng
ł	f you	completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), and	skip to line 13.						
ŀ	b Ent	er the minimum required contribution for this plan year				[12b			
(ter the amount contributed by the employer to the plan for this plan					12c			
(otract the amount in line 12c from the amount in line 12b. Enter the gative amount)					12d			
	e Wil	the minimum funding amount reported on line 12d be met by the	funding deadline?					Yes	No X	N/A
Par	rt VII	Plan Terminations and Transfers of Assets								
138	a Has	s a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					Yes	X No
		Yes," enter the amount of any plan assets that reverted to the emp					13a			
k) We	ere all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought	undei		ontrol		Yes	X No
C		luring this plan year, any assets or liabilities were transferred from	this plan to another	plan(s), identify the	he pla	an(s) to)			
		ich assets or liabilities were transferred. (See instructions.)	recell		T	40	-/0\ F	IN1/+>	420/2)	DNI/a)
	13c(1	1) Name of plan(s):	OCT 04 2	? \! !		13	ic(2) E	IIN(S)	13c(3)	PIV(S)
					-				1	
			RETIRENENT							
		A penalty for the late or incomplete filing of this return/report							<u></u>	
SB	or Sc	malties of perjury and other penalties set forth in the instructions, I hedule MB completed and signed by an enrolled actuary, as well a s true, correct, and complete.	declare that I have as the electronic vers	examined this retained this returnation of this returnation.	urn/re /repoi	eport, i rt, and	ncludin to the	ig, if applicat best of my ki	ile, a Sche nowledge :	edule and
	0/15/16/1/2			Ralph Hubb	ert					
Ł	GN .	Signature of plan administrator	9/30/2011 Date	Enter name of in			nina a	s plan admir	istrator	
		Signature of plan administrator	Dalo	LINGI HAING OF	,,,,,,,,,,	ાતવા અધ	gamiy a	o pian auniii		
	IGN ERE	Signature of employer/plan sponsor	Date	Enter name of i	ndivid	inal eid	nging a	s employer o	nr plan spc	กรดะ
		anonanne in ennrivenuan alculati	Date		THE RESERVE	- WWI WIL	grillia C	O CHIPTOTOL V	. P. W. 1	