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

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.		•		
		lentification Information							
For	calendar plan year 2010 or fisc	al plan year beginning 11/01/201	0	and ending 1	0/31/2	2011			
Α.	Γhis return/report is for:	single-employer plan	multiple-e	ant plan					
В .	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558	automatio	extension		DFVC progr	am		
		special extension (enter description	on)						
Pa	rt II Basic Plan Inform	nation—enter all requested inform	nation						
	Name of plan				1b	Three-digit			
BILL'	S AUTO PARTS OF GREENLA	KE, INC. 401(K) PLAN				plan number	001		
					10	(PN) Feffective date of	of plan		
					10	11/01/	•		
	Plan sponsor's name and addr S AUTO PARTS OF GREENLA	ess (employer, if for single-employer	r plan)		2b	2b Employer Identification Number			
DILL	SACTOTAILTS OF GILLLINEA	III.			2c	(EIIV)	telephone number		
	2 AURORA AVENUE N RELINE, WA 98133-5315					206-54	16-0121		
01101	TELINE, WIT SO TOO SO TO				2d	Business code 44130	(see instructions)		
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	9")	3b	Administrator's	EIN		
BILL'	S AUTO PARTS OF GREENLA		DRÁ AVENÚE N E, WA 98133-5315			91-0730042			
					3c Administrator's telephone number 206-546-0121				
		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN			
	iame, Em, and the plan numbe	er from the last return/report. Sponso	or s name		4c	PN			
5a	Total number of participants at	t the beginning of the plan year			5a	a 46			
b	Total number of participants at	t the end of the plan year			5b)			
С	• • •	ith account balances as of the end o			5с		21		
6a		during the plan year invested in eligib					X Yes No		
	•	ne annual examination and report of		,					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
Do		er 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.				
Pa		ation							
/	Plan Assets and Liabilities		_	(a) Beginning of Year		d of Year 1121537			
-	Total plan assets		. 7a	1100020	_		1121001		
		7h from line 7a)		1199925	25 11215				
<u> </u>		7b from line 7a)	. 7с						
a	Income, Expenses, and Trans Contributions received or rece			(a) Amount	(b) Total				
u			. 8a(1))				
	(2) Participants		. 8a(2)	12063	63				
	(3) Others (including rollovers)	. 8a(3)	C		0			
b	Other income (loss)		8b	25520	0				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				37583		
d		rollovers and insurance premiums	8d	93161					
е		tive distributions (see instructions)		()				
f	Administrative service provide	rs (salaries, fees, commissions)		()				
g	Other expenses		8g	22810)				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)					115971		
i		e 8h from line 8c)					-78388		
i		ee instructions)							

	Form 5500-SF 2010 Page 2-									
Par	Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	cteris	tic Co	des in t	the instructions:					
L	2E 2F 2G 2J 2K 2T 3D	_4 _ =: _4	:- 0	اء ۔: ۔ دا	:					
D	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterist	iic Coc	ies in tr	ne instructions:					
	rt V Compliance Questions									
0	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		150000					
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		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		18950					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х						
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 comp 5500))									
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	RISA? 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 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.			Day_	i cai					
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						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes 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?				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 u of the PBGC?	ınder	the co		Yes X No					
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	e nlar	n(s) to		<u> </u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

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.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	04/05/2012	MARK THOMSON
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

2010

OMB Nos. 1210-0110

1210-0089

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Ret|rement 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.

	art I Annual Report Identification Information	mi testo er	upol suffer proseding editions	E/FE	by If the plan stewards weram be				
For	calendar plan year 2010 or fiscal plan year beginning	11/01/20	10 and ending		10/31/2011				
A	This return/report is for:	multiple-em	ployer plan (not multiemployer)		one-participant plan				
			final return/report						
	an amended return/report	short plan y	ear return/report (less than 12 mo	nths)					
C	Check box if filing under:		DFVC program						
	special extension (enter description)		Large Arthur						
D-	rt II Basic Plan Information—enter all requested inform				Carlotte and the second of the				
	Name of plan	ation	1000	1b	Three-digit				
	Bill's Auto Parts of Greenlake, Inc.				plan number				
	401(k) Plan				(PN) ▶ 001				
	MET LESS HOLDS			1c	C Effective date of plan				
2-	Discourse of the Control of Control of the Control of C			2h	11/01/1981				
	Plan sponsor's name and address (employer, if for single-employer Bill's Auto Parts of	pian)		2b Employer Identification Number (EIN) 91–0730042					
	Greenlake, Inc.			2c	Plan sponsor's telephone number				
	17012 Aurora Avenue N			TISIC	(206) 546-0121				
			DTD 00122 F21F	2d	Business code (see instructions) 441300				
	Shoreline Plan administrator's name and address (if same as Plan sponsor, e	enter "Same")	WA 98133-5315	3h	Administrator's EIN				
	SAME	intor came,		Administrator's Env					
				3c	Administrator's telephone number				
4	City and the City of the city	-44 (at file of few this whom contact the	416					
	the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso		ort filed for this plan, enter the	4b EIN					
				4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
b	Total number of participants at the end of the plan year			5b	30				
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not					100				
complete this item)					21				
6a									
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) 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 F				riva buttapi erperurup peli ilki 🗷				
Pa	rt III Financial Information		property of Assert		and applications of months. I stay have				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	. 7a	1,199,92	25	1,121,537				
b	Total plan liabilities	. 7b							
С	Net plan assets (subtract line 7b from line 7a)	. 7c	1,199,92		1,121,537				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	HIST	(b) Total				
а	Contributions received or receivable from:								
	(1) Employers	. 8a(1)	10.00	- 0					
	(2) Participants	8a(2) 8a(3)	12,06						
	(3) Others (including rollovers)		25 50	0					
b	Other income (loss)	. 8b	25,520		27 502				
ر C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c			37,583				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	93,16	51					
е	ain deemed and/or corrective distributions (see instructions) 8e								
f	Administrative service providers (salaries, fees, commissions)			0					
g	Other expenses	St. The state of t	22,81	.0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	4014			115,971				
i	Net income (loss) (subtract line 8h from line 8c)	100			(78,388)				
j	Transfers to (from) the plan (see instructions)		and the state of t						
				40000					

18707-0	Form 5500-SF 2010	safement delle	Tarali Plan	Page 2-		_					
	f the plan provides pension be $2E 2F 2G$	enefits, enter the applicable 3 2J 2K 2T	3D								
b 1	f the plan provides welfare be	nefits, enter the applicable	welfare feature codes from t	he List of Plan Chara	cterist	ic Cod	des in t	he instructi	ons:		
Part	V Compliance Quest	ions	in the many of							rsc II	
	During the plan year:		my			Yes	No		Amount		
а	Was there a failure to transmi 29 CFR 2510.3-102? (See in	ogram)	10a		Х						
	Were there any nonexempt transfer on line 10a.)				10b		Х				
С	Was the plan covered by a fig				10c	Х			1	50,00	
d	Did the plan have a loss, whe or dishonesty?	ther or not reimbursed by the	ne plan's fidelity bond, that w	as caused by fraud	10d	- 703	X				
	Were any fees or commission insurance service or other org instructions.)	panization that provides son	ne or all of the benefits unde	the plan? (See	10e		Х				
	Has the plan failed to provide				10f		Х				
	Did the plan have any particip				10g	X				18,95	
	If this is an individual account 2520.101-3.)	plan, was there a blackout	period? (See instructions an	d 29 CFR	10h		X				
	If 10h was answered "Yes," cleaceptions to providing the no				10i					esta l aus te	
Part '											
	Is this a defined benefit plan s								☐ Yes	s 🛭 No	
а	(If "Yes," complete 12a or 12b If a waiver of the minimum fur granting the waiverou completed line 12a, com	nding standard for a prior ye	ear is being amortized in this	Mon	th	and e	enter th Day	e date of th	ie letter r Year	uling	
	Enter the minimum required c					[12b		- n		
C	Enter the amount contributed	by the employer to the plan	for this plan year				12c				
	Subtract the amount in line 12 negative amount)					[12d				
NEW Y	Will the minimum funding amo			?				Yes	No	N/A	
Part '		s and Transfers of A				7					
	Has a resolution to terminate								Yes	s X No	
b	If "Yes," enter the amount of a Were all the plan assets distri of the PBGC?	buted to participants or ben	eficiaries, transferred to ano	ther plan, or brought	under	the co	13a ontrol		☐ Ye:	s X No	
С	If during this plan year, any as which assets or liabilities were	ssets or liabilities were tran	sferred from this plan to anot		he pla	n(s) to)				
1:	3c(1) Name of plan(s):				13c(2) EIN(s			N(s)	13c(3) PN(s)		
							29,14				
	če Tra			L.							
	on: A penalty for the late or								lete, ab		
SB or	r penalties of perjury and other Schedule MB completed and , it is true, correct, and comple	signed by an enrolled actua	structions, I declare that I ha ary, as well as the electronic	ve examined this ret version of this return	urn/report	oort, ii :, and	ncluding to the l	g, if applica best of my l	ble, a So knowledg	nedule le and	
	3/2//20/2 Mark Thom		/2 Mark Thoms	nson							
SIGN		nistrator	Date	Enter name of i		ual sig	ning a	s plan admi	nistrator		
SIGN / 14 1/ 3/21/2012 Mark Thoms						on and the second secon					

Date

Enter name of individual signing as employer or plan sponsor

SIGN HERE

Signature of employer/plan sponsor