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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

P		dance witl	n the instructions to the Form 5500)-SF.				
	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/2	011			
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	ant plan		
В	This return/report is: the first return/report the final return/report							
	an amended return/report a short plan year return/report (less than 12 months)							
C	Check box if filing under: Form 5558	automatic	extension	ſ	DFVC progra	m		
	special extension (enter description			L				
Da	urt II Basic Plan Information—enter all requested information	,						
	Name of plan	alion		1h	Three-digit			
	DUDS AUTO REBUILD 401(K) PLAN				plan number			
					(PN) •	001		
				1c	Effective date of	plan		
					07/01/	1988		
	Plan sponsor's name and address; include room or suite number (el DUDS AUTO REBUILD, INC.	mployer, if	for a single-employer plan)		Employer Identif			
OTIK	SODS ACTO REBUILD, INC.				(EIN) 91-13			
				2C	Sponsor's telepl			
	S. TACOMA WAY DMA, WA 98409-4616			24	Business code (٠١	
TAGE	7 VA 30403 4010			Zu	81112		·)	
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same	,")	3b	Administrator's E			
	OUDS AUTO REBUILD, INC. 3833 S. TACC	YAW AMC		91-1383546				
	TACOMA, WA	4 98409-4	516	3c	Administrator's t		er	
	If the control of the plan of		and Clad for this plan and an the	41-	253-474	-0709		
4	If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.	ast return/	report filed for this plan, enter the	4b	EIN			
а	Sponsor's name			4c	PN			
5a	Total number of participants at the beginning of the plan year			5a			8	
b	Total number of participants at the end of the plan year			5b			8	
С	Number of participants with account balances as of the end of the p		•	0.0				
	complete this item)	• •	•	5c			8	
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)			X Yes	No	
b	Are you claiming a waiver of the annual examination and report of a			,		V vaa □	NI-	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes	No	
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	<i>J</i> U.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Voor		
, а	Total plan assets	70	259339		(b) End	259080		
a h	Total plan liabilities	7a 7b	0			0		
C	Net plan assets (subtract line 7b from line 7a)	76 7c	259339			259080		
		76			(h) T			
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) T	Uldi		
u	(1) Employers	8a(1)	0					
	(2) Participants	8a(2)	8942					
	(3) Others (including rollovers)	8a(3)	0					
b	Other income (loss)		-8803					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				139		
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	. 8d	0					
е	Certain deemed and/or corrective distributions (see instructions) \ldots	8e	0					
f	Administrative service providers (salaries, fees, commissions)	. 8f	398					
g	Other expenses	. 8g	0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				398		
i	Net income (loss) (subtract line 8h from line 8c)	8i				-259		
j	Transfers to (from) the plan (see instructions)	8j	0					
			•					

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Part IV	Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2K 3D 2A 2T
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

During the plan year:		Yes	No		Amo	ount	
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		7		
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	X					30000
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		Χ				
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	Χ					398
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					29125
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		X				
rt VI Pension Funding Compliance			•				
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					П	Yes	X No
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 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth		nter the	e date d			ng
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru	nth		nter the	e date d			ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	nth		nter the Day _	e date d			ng
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	nth	 [nter the	e date d			ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	 [nter the Day _	e date d			ng
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	[nter the Day	e date d	_ Yea		ng
 a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	[nter the Day	e date d	_ Yea	r	ng
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a		12b 12c 12d	e date d	_ Yea	r	ng
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	[12b 12c 12d	e date d	_ Yea	r	ng
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver. Mor If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. C Enter the amount contributed by the employer to the plan for this plan year. 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). e Will the minimum funding amount reported on line 12d be met by the funding deadline? rt VII Plan Terminations and Transfers of Assets a Has a resolution to terminate the plan been adopted in any plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year. O Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	of a		12b 12c 12d [e date d	Yea	lo	ng N/A
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	3a the co	nter the Day	e date d	Yea	r	ng N/A
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	3a the co	nter the Day	Yes X	Yea	Yes [N/A X No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	3a the co	nter the Day	Yes X	Yea	lo	N/A X No
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	of a	3a the co	nter the Day	Yes X	Yea	Yes [N/A X No

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	05/10/2012	DARRELL M HARBER
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 sections 6057(b) and 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

2011

This Form is Open to Public Inspection

	art 🔝 Annual Report Identification Information				
Fo	calendar plan year 2011 or fiscal plan year beginning	01/01/2	011 and ending		12/31/2011
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-participant plan
	This return/report is: the first return/report	the final	return/report		_
	an amended return/report	:	an year return/report (less than 12 mo	onths)	
_		·	c extension	,	DFVC program
C		Cextension		LI DI VO piogram	
5000 SEE	special extension (enter description)				
-	art II Basic Plan Information—enter all requested inform	ation		41.	
1a	Name of plan			an	Three-digit plan number
	Strouds Auto Rebuild 401(k) Plan				(PN) 001
,				1c	Effective date of plan
					07/01/1988
2a	Plan sponsor's name and address; include room or suite number (e	mployer, i	for a single-employer plan)	2b	Employer Identification Number
	Strouds Auto Rebuild, Inc.				(EIN) 91-1383546
				2c	Sponsor's telephone number
	2022 0				(253) 474-0709
	3833 S. Tacoma Way			2d	Business code (see instructions)
	Tacoma		WA 98409-4616		811120
3a	Plan administrator's name and address (if same as plan sponsor, el Same	nter "Same	o")	3b	Administrator's EIN
	bane			3c	Administrator's telephone number
				-	, tarrimotrator o telepriorio franco.
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report.			4-	
	Sponsor's name			4c	
5a	, , ,			<u>5a</u>	8
b	Total number of participants at the end of the plan year			5b	8
	Number of participants with account balances as of the end of the property complete this item)	• •	-	5c	8
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes [] No
b		an indeper	ident qualified public accountant (IQF	PA)	☐ Yes ☐ No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of fyour answered "No" to either 6a or 6b, the plan cannot use Fo		•		<u>A</u> les [] No
P.	int III. Financial Information	OIIII 3300-	or and must mateau use rorm os.	,	
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
	Total plan assets	7a	259,33	9	259,080
b	Total plan liabilities	7b		0	0
c	Net plan assets (subtract line 7b from line 7a)	7c	259,33	9	259,080
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	1	(b) Total
а	Contributions received or receivable from:		(a) Amount	1842	(2) 1000
	(1) Employers	8a(1)		<u>이</u>	
	(2) Participants	8a(2)	8,94	2	
	(3) Others (including rollovers)	8a(3)		ol	
b	Other income (loss)	8b	(8,803)	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			139
d	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)	8d		이 .	
е	Certain deemed and/or corrective distributions (see instructions)	8e		의 .	
f	Administrative service providers (salaries, fees, commissions)	8f	39	8] :	
g	Other expenses	8g	District Control of the Control of t	O 🐘	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			398
i	Net income (loss) (subtract line 8h from line 8c)	8i			(259)
i	Transfers to (from) the plan (see instructions)	8j		ol	

Pa	t IV. Plan Characteristics								
AND ACCOUNTS ASSESSED.	If the plan provides pension benefits, enter the applicable pension fea 2E 2F 2G 2J 2K 3D 2A 2T	ature codes from the	List of Plan Char	acteris	tic Co	des in	the instruc	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes from the	List of Plan Chara	cterist	ic Cod	es in t	he instruction	ons:	
Par	V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia			10a		Х			
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Was the plan covered by a fidelity bond?								30,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	persons by an insur he benefits under th	rance carrier, e plan? (See	10e	Х				398
f	Has the plan failed to provide any benefit when due under the plan?	.,,.		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as o	f year end.)		10g	X				29,125
_	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	e instructions and 2	9 CFR	10h		Х			
j	if 10h was answered "Yes," check the box if you either provided the rexceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or or	ne of the	10i		Х			
Part	VI Pension Funding Compliance				'		I want the same and same	515m27vm101(C1m25000)	·
11	Is this a defined benefit plan subject to minimum funding requirement 5500))							Yes	X No
12	Is this a defined contribution plan subject to the minimum funding rec							Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable if a waiver of the minimum funding standard for a prior year is being a granting the waiver.	amortized in this pla	n year, see instruc	ctions, th	and e	nter th	e date of th	e letter rι Year	ıling
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M								
b	Enter the minimum required contribution for this plan year				L	12b			
С	Enter the amount contributed by the employer to the plan for this plan				L	12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)		-		∟	12d			
e	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								
13a	Has a resolution to terminate the plan been adopted in any plan year?					<u> </u>	res X No) 	
	If "Yes," enter the amount of any plan assets that reverted to the emp				3a				
	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?			• • • • • • • • • • • • • • • • • • • •		ntrol 		Yes	X No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another	pian(s), identify th	ie plar		/0\ T:	NI/a\	40 /2	1 DA17.1
	3c(1) Name of plan(s):				130	(2) EI	N(S)	130(3) PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report	will be assessed	unless reasonabl	e cau	se is (establ	ished.	1	•
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a _it is true, correct, and complete.	declare that I have	examined this retu	rn/rep	ort, in	cluding	g, if applical	ole, a Sch nowledge	edule and
SIG	x _() \ (,	4-26-12	DARRELL M I	IARB	ER				
SIGI HER		Date	Enter name of in			nina as	s plan admir	istrator	
				-					
SIGI		Date	Enter name of in	dividu	al sior	ning as	emplover	or plan sn	onsor
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