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 01/01/2013	2	and ending 06	5/13/20	012 -	
	This return/report is for: a single-employer plan		-employer plan (not multiemployer)		a one-particip	oant plan
В	This return/report is:		eturn/report			
	an amended return/report	a short pla	in year return/report (less than 12 mo	nths)	_	
C	Check box if filing under:	automatic	extension		DFVC progra	m
	special extension (enter description	n)				
Pa	rt II Basic Plan Information—enter all requested information	ation				
	Name of plan				Three-digit	
TOOI	HEY S AUTO SUPPLY COMPANY				plan number	004
			-		(PN) •	001
				10	Effective date of 01/01/	•
2a	Plan sponsor's name and address; include room or suite number (er	mplover. if	for a single-employer plan)	2b	Employer Identif	
	HEY S AUTO SUPPLY COMPANY		and a surger surpreyer premy		(EIN) 61-05	
				2c :	Sponsor's telepl	hone number
151 E	. WOODLAWN AVENUE				502-368	
LOUI	SVILLE, KY 40214			2d	Business code (see instructions)
					42310	
	Plan administrator's name and address (if same as plan sponsor, er HEY'S AUTO SUPPLY COMPANY 151 E. WOOD			3b /	Administrator's E 61-05	
1001	LOUISVILLE,			3c /		elephone number
				,	502-368	
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN	
_	name, EIN, and the plan number from the last return/report.			40	DN	
	Sponsor's name Total number of participants at the beginning of the plan year			4c	PN T	
			-	5a		
b	Total number of participants at the end of the plan year		-	5b		
С	Number of participants with account balances as of the end of the p complete this item)	• (•	5c		(
6a	Were all of the plan's assets during the plan year invested in eligible				1	X Yes No
b	Are you claiming a waiver of the annual examination and report of a		,			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No
D-	If you answered "No" to either 6a or 6b, the plan cannot use Fo	orm 5500-	SF and must instead use Form 550	0.		
	rt III Financial Information			1		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year 0
a	Total plan assets	7a	33168			0
D	Total plan liabilities		33168			0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	. 7c				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal
а	Contributions received or receivable from: (1) Employers	8a(1)	0			
	(2) Participants	8a(2)	0			
	(3) Others (including rollovers)	8a(3)				
b	Other income (loss)	8b	303			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					303
d	Benefits paid (including direct rollovers and insurance premiums	00				
-	to provide benefits)	8d	33471			
е	Certain deemed and/or corrective distributions (see instructions) \ldots	8e				
f	Administrative service providers (salaries, fees, commissions)	8f				
g	Other expenses	. 8g				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				33471
i	Net income (loss) (subtract line 8h from line 8c)	8i				-33168
j	Transfers to (from) the plan (see instructions)	8j				

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Part IV	Plan Characteristics

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

 2E 2G 2J 2K
 - **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	v	Compliance Questions							
0		g the plan year:		Yes	No			mount	
-	Was t	there a failure to transmit to the plan any participant contributions within the time period described in Program (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			mount	
b	Were	there any nonexempt transactions with any party-in-interest? (Do not include transactions reported e 10a.)	10b		Х				
С	Was	the plan covered by a fidelity bond?	10c		X				
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X				
е	insura	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X				
f	Has t	he plan failed to provide any benefit when due under the plan?	10f		X				
g	Did th	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h		X				
i		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI I	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	s X No
	If a wa	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- ng the waiver	th					e letter ro ear	
b	Enter	the minimum required contribution for this plan year		L	12b				
		the amount contributed by the employer to the plan for this plan year		L	12c				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ive amount)			12d				
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Ye	S	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has a	resolution to terminate the plan been adopted in any plan year?	<u></u>		X	Yes	No		
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought PBGC?	under	the co	ontrol 			X Yes	s 📗 No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)	he pla	n(s) to)				
1	13c(1) Name of plan(s):					IN(s)		13c(3) PN(s)
Caut	ion: A	penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ıse is	estab	lished	-		
Jnde	r pena	lties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu	urn/rep	oort, ir	cludin	ig, if ap	plicabl	e, a Sc	hedule

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.	06/22/2012	DOUGLAS TOOHEY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	06/22/2012	DOUGLAS TOOHEY
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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Form 5500-SF Department of the Treasury

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be file							l	2011		
Decement of Later Retirement Income Security Act of the Internal				RISA), and sec ie Code (the Co		प्र) ज	This Form	te Open to Public		
	player Benefits Security Administration	1		•	•	Inspection				
-	• •	Complete all entries to acc	ordence will	h the lestrució	ons to the Form 55	9-9F.	<u> </u>			
å.		dentification information			· · · · · · · · · · · · · · · · · · ·					
For	the celendar plan year 2011 or \$	ecal plan year beginning	01/0	1/2012	and ending	. 06	/13/2012			
A	This return/report is for:	a single-employer plan	a multiple	-amployer plan i	(not multiemployer)	Ĺ	_ a one-partici	pant plan		
	This returning out is:	the first return/report	A the final #	stum/report						
	Í	an amended return/report	a short pt	an year refurnik	iport (less then 12 mo	rritha)				
C	Check box # filing under:	Form 5558	autometic	extension		[DFVC trogs	E TI		
		special extension (enter descripti	ion)							
	Basic Plan Infor	mation — enter all requested in	dormation.							
1a	Name of plan					16	Three-digit			
	Toohey's Auto Supply	6					plan number	001		
	rocked a worm embora	-				-	(PN) ► Effective date o	<u> </u>		
							01/91/2006			
24	Plan sponsor's name and addr	ses; include room or suite number (e	amployer, ¥ k	or single-employ	er plun)	2b	Employer Ident	Heation Number		
	Toohey's Auto Supply	Company				<u> </u>	(EIN) 61-08	97965		
						2c	Plan aponeor's telephone number			
	151 E. Woodlawn Avanu	les				L_	(502) 369-			
							Business onde 423100	(enoitoutieni ses)		
	Louisville	XY 40214				╀		<u></u> :		
34	Plan sommistrators haine and	address (V same as plan sponsor, o	яни "Запе")			30	Administrator's	₽N		
						<u></u>				
						3c	Administrators	tolephone number		
				_		1				
4		en eponeor has changed since the	asi return/rep	ort filed for this	plan, enter the	4b	EN			
	name, EIN, and the plan numbe Sponsor's Name	ा रिप्स विश्व शिक्षी स्थितिक स्थिति ।		•		40 PN				
		the beginning of the plan year				5e	1	•		
		the end of the plan year				5b	 	0		
¢	Number of participants with eco	count betances as of the and of the	plan yaur (daf	lined burselft plac	ns do not		1			
-	complete this item)	<u> </u>		<u> </u>	· · · · · · ·	5c	<u> </u>	0		
		iring the plan year invested in eligible elimnus) examination and report of i						Yes Mo		
•	under 29 CFR 2520,104-487 (S	e annual examination and report of t see instructions on walver eligibility t	and condition	uu drawaan bana K	IC SCOUMEIN (ICIPA)			XYes No		
		r So or Sb, the plan connot use Fo			ed use Form 5500.	• • •		مارح سابها		
	Financial Inform									
7	Plan Assets and Liabilities		J	(4) 2	ginning of Year	\top	(b) Und	of Year		
	Total plan assets		. 7a		33,160			0		
Þ	Total plan flabilities	<i></i>	76							
¢	Not plan assets (subtract line 7)	b from line 7a)	. 7e		33,168	T		0		
8	Income, Expenses, and Transfe			+) Amount		(6)	Total		
a	Contributions received or received (1) Employers	rable from:								
	(2) Participants	• • • • • • • • • • • •	80(1)	 						
	(3) Others (including rollowers).	• • • • • • • • • • • • • • • • • • • •	. Be(2)		0_	_				
þ	Officer Income (loss)	· · · · · · · · · · · · · · · · · · ·	· Ba(3)	 		- 1				
•	- ',	ter/St. dec/St. mark Chr.)			303	12.7		4000 人类特别多多的		
		PROVERS and insurance premiums	. 8c	ै। ^{है} कि क्षेत्र के देखा है।	Basal Philips Walliam			303		
_	to provide benefits) ,		. 34		33,471					
•	Certain deamed 4nd/or corrects	re distributions (soo instructions) .	. Do			(a) -				
f	Administrative service providers	(salaries, fees, commissions) , .	. 21							
9	Other expenses		99							
ħ	Total expenses (add lines &d, &				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			33,471		
1	Net income (loss) (subtract line		. 01					(33,160)		
<u>i</u>	Transfers to (from) the plan (see	ingtractions)	. 4							

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	Plan Characteristics		·					
94	If the plan provides ponsion benefits, enter the applicable parisk	on feeture codes from the	List of Plan Character	ristic (odes in 1	the Instructi	one:	
ь	29 2G 2J 2K If the clan provides waiters benedits, enter the applicable waiters	Linches ender from the !!	nd ad Olas Phonosteri	رج مند	ته ما معاب	a lasto etc.		
	If any hamiliary marked paragon, order and otherwise market						_	
	Compliance Questions							
10	During the plan year:				Y00 M	•	Amount	
4	and the second of the second o			100	,	ε		
b	29 CFH 2510.3-102? (See Instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-inte					-		
	on line 10s.)	• • • • • • •	• • • • • • •	10%	13			
C				100	_ 3	r		
đ		m's fidelity bond, that was	caused by fraud	104	۱ ۱	t		
•	Were any fees or commissions paid to any brokers, agents, or	other deceans by an insura	nce carrier.					
	insurance services or other organization that provides some of instructions.)			10e	,	:		
f	Has the plan failed to provide any benefit when due under the	plan?		101		ξ		
9	Did the plen have any perficipant loans? (If "Yes," enter amou	nt as of year end.)		100)	:		
h	If this is an individual account plan, was there a blackout parto 2520,101-3.)			10h	,	¥,11		
1	if 10h was answered "Yes," check the box if you either provide secontions to providing the notice applied under 29 CFR 2820	of the required notice or or	no of the	101		Marin marris de la companya de la co	 	
Ξ.	Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requi		Aructione and comple	te Sci	nedule S	5 (Form	□Yes	العالجة ا
12	is this a defined contribution plan subject to the minimum fund		n 412 of the Code or	alaada seedl o		FRISA?	. □Yes	
	(K "Yes," complete 12e or 12b, 12c, 12d, and 12e below, as a	opitosbie.)					_	_
8	If a waiver of the minimum funding standard for a prior year is	being amortized in title ple	n year, ass instructio	ne, en				
K.	granting the waiver	icie MB (Form £600), sant	Morr I minio to Uma 131	-	— ')ey	Yew	<u>·</u>
Þ	Enter the minimum required contribution for this plan year				12			· -
¢	Enter the amount contributed by the employer to the plan for it	ile plan year			120	•		
d	Subtract the amount in line 12c from the amount in line 12b. & negative amount?	nier the result (enter a min	us sign to the left of a	•	12			
	Will the minimum funding amount reported on line 12d be met	hy the timelengia diseation?	• • • • • •	• •	· ட	ΙΊναε	No	N/A
r			· · · · · · ·	••	<u> </u>		<u> </u>	
l3a	Has a sectution to terminate the plan been adopted in any pla						X Yes	□ No
	If "Yes," enter the amount of any plan assets that reverted to the	m employer this year	• • • • • • •	٠.	12			0
þ	Wore all the plan assets distributed to perticipants or beneficial	fes, transferred to another	plan, or brought und	er the	control			<u>~</u> _
	of the PBGC7 If during this plan year, any assets or imbilities were transferred which absots or liabilities were transferred. (See instructions.)					• • • •	, ⊼ Yes	∐No
	2o(1) Name of plan(s):							
					10042	EIN(s)	13c(8)	PT4(8)
	<u> </u>							
						<u></u>		
in set	it; A passiv for the late or incomplete illies of this							
B) or	Mr. A penalty for the lete or incomplete tiling of this returnity penalties of perjury and other penalties set forth in the instruction Schedule MB contributed and signed by an epfolied actuary, as w it is true, somect, and opmolyte.						a Schedule	
	4. M. Dohal	1/200	7					
ويستو		0 18-12	 	_				
= +	2.31. Zockost	Date	Enter name of inch		signing e	s plan edni	ristator	
Çhan Saal e ≛ ⁷ ye ngêyê	Signature of employed/plan apomeor	0-1572	 		_			
	The state of the s	Desig	Enter name of indiv	idual (signing a	s employer	or plan spone	0er