	Form 5500-SF		eturn/F Benefit	Report of Small Employ	OMB Nos. 1210-0110 1210-0089						
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee	2011						
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058( Code (the Code).	This Form is Open to Public						
Pension Benefit Guaranty Corporation Inspection											
	Part I         Annual Report Identification Information           For calendar plan year 2011 or fiscal plan year beginning         01/01/2011         and ending         12/31/2011										
-	5				2/31/2						
	This return/report is for:		•	-employer plan (not multiemployer)		a one-particip	pant plan				
В	This return/report is:			eturn/report							
-			•	in year return/report (less than 12 mo	nths)	-					
C	C Check box if filing under:										
		special extension (enter descriptio	,								
		nation—enter all requested informa	ation		1h	Three-digit					
	Name of plan S AUTO BODY, INC. 401(K) PR	OFIT SHARING PLAN			1D	plan number					
						(PN) ▶	001				
					1c	Effective date of 01/01/	•				
	Plan sponsor's name and address AUTO BODY, INC.	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif (EIN) 91-13					
2005	SIDNEY AVE.				2c	Sponsor's telep 360-876					
	FORCHARD, WA 98366				2d	Business code ( 81112	see instructions)				
	Plan administrator's name and S AUTO BODY, INC.	address (if same as plan sponsor, er 2005 SIDNEY	AVE.		3b	Administrator's EIN 91-1339250					
PORT ORCH.						360-876	elephone number 6-2448				
4 If 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.				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		12				
<b>b</b> Total number of participants at the end of the plan year					5b		0				
С		count balances as of the end of the p	• •		. <b>5c</b>						
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)			X Yes No				
b	<b>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.)										
Pa	rt III Financial Informa		500-		0.						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year				
а	Total plan assets		7a	1003256		0					
b	Total plan liabilities		7b								
C	Net plan assets (subtract line 7	b from line 7a)	7c	1003256			0				
8	Income, Expenses, and Transf			(a) Amount	(b) Total		otal				
а	Contributions received or recei	vable from:	8a(1)								
			8a(2)	250	-						
		)	8a(3)								
b	() ()		8b	19189							
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				19439				
d	Benefits paid (including direct i	ollovers and insurance premiums	8d	1021971							
е	Certain deemed and/or correct	ive distributions (see instructions)	8e								
f	Administrative service provider	s (salaries, fees, commissions)	8f	724							
g	•		8g								
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h		_		1022695				
i		e 8h from line 8c)	8i				-1003256				
j	Transfers to (from) the plan (se	ee instructions)	8j								

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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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:

## 2A 2E 2H 2J 2K 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No	A	mount			
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)								
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?	10c	Х			:	25000		
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		Х					
g	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							
Part	VI Pension Funding Compliance								
11									
12	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.)								
	<ul> <li>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.</li> </ul>								
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		-						
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 negative amount)			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								
13a	Has a resolution to terminate the plan been adopted in any plan year?			XY	es No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				0		
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						No			
C 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			PN(s)		
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establi	shed.	<u>.</u>			
	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.	07/17/2012	AUDREY A. DAVIS
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

ar-			*			1				
	Form 5500-SF	Short Form Annual R	eturn/Re Benefit P		/ee	OMB Nos. 1210-0110 1210-008				
Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe						2	2011			
Department of Labor         Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058           Employee Benefits Security Administration         the Internal Revenue Code (the Code).						This Form is Open to Pu				
Per	ision Benefit Guaranty Corporation	e instructions to the Form 5500	-SF.	ins	pection					
Pai	t I Annual Report Ic alendar plan year 2011 or fisca	lentification Information al plan year beginning 01/01/201	1	and anding 1						
		a single-employer plan	······································	Sec. 1	<u>2/31/2</u>	<b>—</b>				
	nis return/report is for: l	4		nployer plan (not multiemployer)		a one-partici	pant plan			
вт	nis return/report is:	the first return/report	the final retur		- 11 - X					
~	10.000	4		ear return/report (less than 12 mo	nths)					
СC	heck box if filing under.	Form 5558	automatic ex	lension		DFVC progra	im			
Des	+II Papia Dian Inform	special extension (enter description	1916A							
Par 1a	Ame of plan	mation—enter all requested inform	ation		1h	Three-digit	13132300 12 January 10			
	AUTO BODY, INC. 401(K) P	ROFIT SHARING PLAN			10	plan number				
TAL.IN.						(PN) 🕨	001			
					1c	Effective date of				
20.1	Dian anoncor's nome and addr	nen inslude room er suite number (e	molouar if far		01	01/01/2000				
KENS	AUTO BODY, INC.	ess; include room or suite number (e	impioyer, ir ior	a single-employer plan)	2b Employer Identification Numb (EIN) 91-1339250					
					2c	Sponsor's telephone number				
2005	SIDNEY AVE					360-870				
	ORCHARD WA 98366				2d	Business code	(see instructions)			
• <u></u>			n sila an			811120	a mileitada			
3a F SAME		address (if same as plan sponsor, e	nter "Same")		3b	Administrator's 91-133				
OAM:					3c	C Administrator's telephone numbe				
						360-876-2440				
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EIN, and the plan number from the last return/report.					4b EIN					
a Sponsor's name					4c	PN				
					5a		12			
b Total number of participants at the end of the plan year					5b	17. 1	ŋ			
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not										
complete this item)					5c		0			
	A NEW CONTRACTOR OF THE CONTRACTOR OF THE CONTRACT OF THE CONTRACTOR OF THE CONTRACT	during the plan year invested in eligit	New Line - Construction - State Construction	NOM TO ARCONDUCE OF ACCOUNT OF ACCOUNT OF ACCOUNTS OF			X Yes No			
		he annual examination and report of (See instructions on waiver eligibility					Yes No			
		ner 6a or 6b, the plan cannot use F								
Par	t III Financial Inform	ation			4.00	4				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year			
а	Total plan assets			1003256	<u> </u>		()()			
b	Total plan liabilities		52-57							
<u> </u>		7b from line 7a)	. <u>7c</u>	1003256	20		<u>0</u>			
8	Income, Expenses, and Trans			(a) Amount		(b) <sup>•</sup>	Total			
	Contributions received or received (1) Employers	eivable from:	. 8a(1)							
			10 192365	250						
		3)								
b	A TRACT SHEET AND A REAL AND A RE		1	19189	189					
	•••••••••••••••••••••••••••••••••••••••	, 8a(2), 8a(3), and 8b)					19439			
	Benefits paid (including direct	rollovers and insurance premiums			-					
-2642				1021971						
100		clive distributions (see instructions)	80		1					
	2	ers (salaries, fees, commissions)	· · · · · · · · · · · · · · · · · · ·	724						
g		0. 0f and 0)		1	-		, Shaat -			
h ÷		8e, 8f, and 8g)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		_		1022695			
1		e 8h from line 8c) see instructions)		and the second	-		-1003256			
		MB Control Numbers and the instructions to	9							

ers, see the instructions for Form 5500-SF. For Paperwork Reduction Act Notice and OM Control Nu

Form 5500-SF 2011

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Par	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:									
	2A CE 2H 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare featu	ire codes from the Li	st of Plan Charac	leristi	c Cod	es in tl	he instru	ctions	:	
Part	V Compliance Questions							~~~~~		
10	During the plan year:				Van	Ne	I			
a	Was there a failure to transmit to the plan any participant contribution	s within the time per	ind described in		Yes	No		Am	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)									
U	Were there any nonexempt transactions with any party-in-interest? (C on line 10a.)			10b		х				
C	Was the plan covered by a fidelity bond?			10c	х					25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?		10d	12.000	Х					
e	e 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.)									
f	Has the plan failed to provide any benefit when due under the plan? .			10f		X		8 h - 1	11.	
g	Did the plan have any participant loans? (If "Yes." enter amount as of	year end.)		10q		Х				
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)		A DESTRUCTION OF THE PROPERTY	10g		x				
i	If 10h was answered "Yes." check the box if you either provided the r	equired notice or on	e of the							
<b>D</b>	exceptions to providing the notice applied under 29 CFR 2520.101-3.			10i						
Part	The second s	-0 //////			<u>.</u>					
11	Is this a defined benefit plan subject to minimum funding requirement 5500))			• • • • • • • • •	******		مسيويون		Yes	No No
12	Is this a defined contribution plan subject to the minimum funding rec	juirements of section	1 412 of the Code	or se	clion (	302 of	ERISA?	. [	Yes	X No
	<ul> <li>(If "Yes." complete 12a or 12b. 12c, 12d, and 12e below, as applicable.)</li> <li>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.</li> </ul>									
	you completed line 12a, complete lines 3, 9, and 10 of Schedule M	2 121	3.		Ē	126	<u> </u>	-		
	b Enter the minimum required contribution for this plan year									
С Д	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the					12c				inter i trans
d	negative amount)			••••••		12d				-
	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?			·····		XY	Yes	No		
	If "Yes." enter the amount of any plan assets that reverted to the emp	loyer this year		1	3a				ſj	
b	55.000	ansferred to another		0.333	20022-202	ontrol	30. B = 3	×	Yes	No
C	C If during this plan year, any assels or liabilities were transferred from this plan to another plan(s), idenlify the plan(s) to which assets or liabilities were transferred. (See instructions.)									
	I3c(1) Name of plan(s):				13	c(2) El	N(s)		13c(3)	PN(s)
	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.										
	N X Queda Que anon	J7/16/12	AUDREY A. DA	AVIS						
SIG						individual signing as plan administrator				
	Signator of plan optimization	5310			aur ary	ning a	o pian au	mmst	IdiUl	
SIG	-	Data		1078 778 2781 - 1995				<del></del>		
Luci	E Signature of employer/plan sponsor	Date	Enter name of in	ndividi	ual sig	ning a	s employ	eror	olan sp	onsor