Benefit Plan Benefit Plan Descense back		Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089					
Despine a table Despine a table Percent despine Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Percent despine Complete all entries in accordance with the instructions to the Form 5500-SF. This Form is Open to Public Inspection Percent despine Complete all entries in accordance with the instructions to the Form 5500-SF. Image: Complete all entries in accordance with the instructions to the Form 5500-SF. A This roum/report is complete all entries in accordance with the instructions to the Form 5500-SF. Image: Complete all entries in a memode description Image: Complete all entries in a complete all entries in a complete all entries in a memode description. Part II Basic Plan Information—enter all requests information Image: Complete all entries all entries elements of the State								2011			
Part I Annual Report Gentralization Number (employer, if for a single-employer plan) To calculate the end of the plan search	Er	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058				B(a) of This Form is Open to Pub					
For callading plan year 2011 or fines plan year beginning 010/2012 and ending 02/20212 A This returningport is to: a single-employer plan (onr multerplayer) a sone-participant plan B This returningport is: a single-employer plan (onr multerplayer) a sone-participant plan C Check box if fling under: from 555 gave and the final returningport I Nume of plan special extension (enter description) Part II Basic Plan Information-enter all requested information 11 The cell of the plan STROUDS AUTO REBULD MO(K) PLAN 10 Total advance of the plan year of the plan year information 12 2022 S. UNON STE C TACOMA, WA Media-Media TACOMA, WA Media-Media 10 STROUDS AUTO REBULD, NO. 10 2022 S. UNON STE C TACOMA, WA Media-Media 302 Administrator's name and address (if same as plan sponsor, enter "Same") 31 314 If the name and/of EBN of the plan number from the last returningport field for this plan, enter the 28.54/4007 320 Administrator's name and address (if same as plan sponsor, enter "Same") 336 Tell number of participants with ace and in the plan year 34 If the name and/of EBN of the plan number from the last returningport field for this plan, enter the 28.54/4007 36 Total number of participants with ace and the plan year 36 Total number of parti	P	ension Benefit Guaranty Corporation	Complete all entries in accord	dance with	n the instructions to the Form 5500)-SF.	Ins	pection			
A This return/report is a single-employer plan a multiple-employer plan (not multiemployer) a sone-participant plan B This return/report is in the first return/report in the first return/report in the first return/report C C Check box if filing under: in pacial extension in the first return/report in the first return/report Streed Bit Form 558 in unitation in the first return/report in the first return/report Streed Bit Form 558 in unitation in the first return/report in the first return/report Streed Bit Streed Bit form stope in the first return/report in the first return/report Streed Bit Streed Bit Streed Bit form stope in the first return/report Streed Bit Streed Bit Streed Bit form stope in the first return/report Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit Streed Bit	-										
A This featuring on the intervent is in the first return/report in the intervent/report intervent	For	calendar plan year 2011 or fisca		2	and ending 0	7/31/2	2012				
C Check box (f filing unde: an amended return/report a short plan year return/report (less than 12 months) Pert L1 Basic Plan Information—enter all requested information 1 18 Nome of plan 10 Three-digit (less than 12 months) 24 Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan) 21 Employer Montelian Number (2007) 24 Plan administrator's name and address: include room or suite number (employer, if for a single-employer plan) 21 Employer Montelian Number (2007) 362 SUNION STE C 2003 File 2001 File Employer Montelian Number (2004) 37ROUDS AUTO REBULD, NC. 322 SUNION STE C 2004 File 2004 File 37ROUDS AUTO REBULD, NC. 322 SUNION STE C 2004 File 2004 File 382 Plan administrator's name and address (if same as plan sponsor, enter "Same") 31120 36 Administrator's EMP 37ROUDS AUTO REBULD, NC. 322 SUNION STE C 36 Administrator's EMP 2204 File 382 Plan administrator's name and address (if same as plan sponsor, enter "Same") 36 Administrator's EMP 36 Administrator's EMP 39 File 11 file 1100 file 1100 file 1100 file 1100 file 30 C Atriministrator's EMP 36 Administratore E	Α	This return/report is for:	X a single-employer plan	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan			
C Check box if fling under: Form 5558 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digt plan number (PN) 001 1a Name of plan DFVC program 2a Plan sponsor's name and address, include room or sule number (employer, If for a single-employer plan) 1c Effective date of plan (ORM) (PLAN) 2b Employen (Panitosian) 2c Sponsor's telephone number (Employer, If for a single-employer plan) 3b Administrator's neme and address (f same as plan sponsor, enter 'Same') 3b Administrator's telephone number (ENN, VIA Sed39-4633 3b Administrator's telephone number (ENN, VIA Sed39-4633 3a Plan administrator's name and address (f same as plan sponsor, enter 'Same') 3b Administrator's telephone number (ENN, VIA Sed39-4633 3c Administrator's telephone number (ENN, VIA Sed39-4633 3a Tota number of participants at the end of the plan sponsor has charged since the last return/report field for this plan, enter the rame. EN, and the plan rube rature development of an independent qualified public accountation (DPA) de P N 5g a sp a 6g a sp a sp a sp a sp a sp a	B	This return/report is:		the final r	eturn/report						
Part II Basic Plan Informationmer all requested information 1a Nome of plan STROUDS AUTO REBULD 401(K) PLAN Ib Three-digit plan number (mN) - means all requested information 2a Plan sponsor's name and address; include noom or suite number (employer, if for a single-employer plan) 2b Employer Identification Number (employer, if for a single-employer plan) STROUDS AUTO REBULD, 401 (N EED 2b Employer Identification Number (employer, if for a single-employer plan) STROUDS AUTO REBULD, MC. 2b Employer Identification Number (employer, if for a single-employer plan) STROUDS AUTO REBULD, MC. 3b Administrator's name and address; (if same as plan sponsor, enter Same") 3b Administrator's telephone number 25:3474.0967 3a Plan administrator's name and address (if same as plan sponsor, enter Same") 3b Administrator's telephone number 25:3474.0967 3a Total number of participants at the baginning of the plan year. 5b 3b Administrator's telephone number 25:3474.0967 4 If the name and/or EIN of the plan sponsor has charged since the last return/report filed for this plan, enter the name. 4b EIN 5a Total number of participants at the edgrining of the plan year. 5b 0 5a Total number of participants at the annual examination and report of an independent qualified public accountant (ICPA) Yes No 6a Were all of the plans assets during the plan year invested in eligible assets? (See instructions.) Y			an amended return/report	a short pla	n year return/report (less than 12 mo	onths))				
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan on the Plan SPROUDS AUTO REBUILD 401(K) PLAN 001 2a Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EIN) 41-1383-546 2a Plan sponsor's name and address: include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number (EIN) 41-1383-546 3a Plan administrator's responsor 2b Employer identification Number (EIN) 41-1383-546 3a Plan administrator's responsor, enter TSame*) 3b Administrator's telephone number 253-474-0367 3b Administrator's responsor has changed since the last return/report filed for this plan, enter the asona name. EIN and the plan number for anticipants at the beginning of the plan year 3c Administrator's telephone number 255-474-0367 3c Number of participants at the beginning of the plan year 5a 5b 0 3c Number of participants at the beginning of the plan year 5a 5b 0 3c Number of participants with end of the plan year invested in eligible asset? (See instructions), Marked and on the plan sestes during the year invested in eligible asset? (See instructions), Marked and and address of the annu lexamination tareport of an independent qualified public account (IQPA) Q Yes No 4 If the name and/or EIN of the plan year invested in eligible asset? (See instructions), Marked and and and address o	C	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m			
13 Name of plan STROUDS AUTO REBUILD 401(K) PLAN 10 brane or plan (PN) branched bra											
STROUDS AUTO REBUILD 401(6) PLAN plan number 24 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer identification Number 27 Plan sponsor's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EN 38 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EN 38 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EN 38 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's Elephone number 38 Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's Elephone number 38 Plan administrator's lephone number TACOMA, VA 84840-4633 3c Administrator's lephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report fied for this plan, enter the name, EIN, and the plan number for mithe last return/report. 3c 3c Administrator's lephone number 5a Tatal number of participants at the end of the plan year. 5a 5a 8 5a Tatal number of participants at the end of the plan year (rested in eligible assets? (See instructions). If Yes No 6a Wreat of the plan's assets during thap plan ye			nation—enter all requested information	ation							
(PN) ↓ 001 1c Effective date of pain STROUDS AUTO REBULED, Not. 001 32 Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) STROUDS AUTO REBULED, Not. 2b Employer Identification Number (EN) 091-1033546 342 Plan administrator's name and address (if same as plan sponsor, enter Same') STROUDS AUTO REBULED, Not. 3b Administrator's EIN 352-54-74-0867 34 Plan administrator's name and address (if same as plan sponsor, enter Same') STROUDS AUTO REBULED, Not. 3b Administrator's EIN 352-54-74-0867 34 Plan administrator's name and address (if same as plan sponsor, enter Same') STROUDS AUTO REBULED, Not. 3b Administrator's EIN 352-54-74-0867 35 Plan administrator's EIN 350 Diata number of participants at the admine plan number 253-474-0867 3b Administrator's EIN 350 00 36 Plan administrator's latephane number 253-74-0867 3c Administrator's EIN 350 00 37 Plan Admine of participants at the beginning of the plan year. 5b 0 36 Diata number of participants at the ador the plan year. 5b 0 36 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		•				1b	0				
24 Plan sponsor's name and address; include room or suite number (employer, if for a single employer plan) 20 27011/988 342 St ROUDS AUTO REBUILD, INC. 22 St ROUDS AUTO REBUILD, INC. 22 23.474.40677 342 St NNON STE C TACOMA, WA 98409-4633 26 Sponsor's telephone number 23.5474.40677 23.474.40677 33 Plan administrator's name and address (if same as plan sponsor, enter "Samer") 3b Administrator's telephone number 23.5474.40677 34 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. EN, and the plan number of participants at the beginning of the plan year. 5a 3b Administrator's telephone number 23.5474.4067 35 Total number of participants at the beginning of the plan year. 5a 5a 8 5b 0 36 Total number of participants at the end of the plan year. 5a 5a 8 5b 0 37 Plan sested during the plan year invested in eligible assets? (See instructons.) See [S No See [S No See [S No See [S No 36 Total number of participants with account balances as of the end of the plan year invested in eligible assets? (See instructons.) <td< th=""><th>SIRC</th><th>1003 AUTO REBUILD 401(K) P</th><th></th><th></th><th></th><th></th><th>•</th><th>001</th></td<>	SIRC	1003 AUTO REBUILD 401(K) P					•	001			
2a Plan sponsor's name and address; include room or suite number (employer, if for a single employer plan) 2b Employer identification Number (EN) STROUDS AUTO REBUILD, NC. See 25. UNION, STE C 2c Scoord's telephone number 23:4474-0967 SACOMA, WA 6840-4633 See 25. UNION, STE C 3b Administrator's name and address (if same as plan sponsor, enter 'Same') 3b Administrator's file Not see 10:100, NC. 3e2 25. UNION, STE C 3b Administrator's telephone number 23:4474-0967 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 filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report filed benefit plans do not complete this tell. 3c Administrator's tellephone number 23:474-0967 5a Total number of participants at the beginning of the plan year. 5a 5a 8b 5a Total number of participants at the plan year invested in eligible assets? (See instructions.) Yes No 6a Ware ail of the plan year invested in eligible assets? (See instructions.) Yes No 7a 20:000 0 0 0 0 0 0 7a 20:000 </th <th></th> <th></th> <th></th> <th></th> <th></th> <th>1c</th> <th></th> <th>•</th>						1c		•			
STROUDS AUTO REBUILD, INC. I(E(n) 91-1382546 3822 S. UNION, STE C Z Sponsor's telephone number 23.7 Plan administrator's name and address (if same as plan sponsor, enter "Same") 30 Zd Business code (see instructions) 81112:0 33.7 Stroubs AUTO REBUILD, INC. 3822.5 UNION, STE C 7 TACOMA, WA 98409-4633 30 Administrator's EIN 91-1382546 34 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 filed for this plan, enter the name, EIN, and the plan number for participants at the beginning of the plan year 5a 8 54 Total number of participants at the beginning of the plan year 5a 8 5b 0 6 Were all of the plan sasets during the plan year invested in eligible assets? (See instructions.) See 0 0 6 Were all of the plan sasets during the plan year invested in eligible assets? (See instructions.) Yes No 7 Part Nasets and Liabilities 7a 250000 0 6 Were all file file file sasets during the plan year invested in eligible assets? (See instructions.) Yes No 7	2a	Plan sponsor's name and addre	ess: include room or suite number (e	mplover. if	for a single-employer plan)	2b					
3422 S. UNION. STE C. 253-474-0967 7ACOMA, WA 59499-4633 261120 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN STROUDS AUTO REBUILD, INC. 3822 S. UNION, STE C. TACOMA, WA 98409-4633 3b Administrator's tellophone number 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 for the tast return/report filed for this plan, enter the name, EIN, and the plan number for the last return/report filed for this plan, enter the fast return/report filed for this plan, enter the name and/or EIN of the plan sponsor's name 5a 5a Total number of participants at the end of the plan year. 5a 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Sa 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions). Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant ((CPA) Yes No 1f yeu answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Pert III Taa 259060 0 7 Plan Assets and Liabilities 7a 259060 0 0 0 0<				inpicyci, i		20					
38225, UNION STEC 2d Business code (see instructions) 811120 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's law 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. 4c PN 5a Total number of participants at the beginning of the plan year 5a 5a 6a 8b b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this term). 5c 0 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No b Are you claiming a water of the anule avainiation and report of an independent qualified public accountant (IQPA) Yes No 7 Plan Assets and Lubilities 7a 2590800 0 0 7 total plan assets. 7b 0 0 0 0 7 total plan assets. 7b 0 0 0 0 0 7 total plan assets. 7b 0 0 0 0 <						2c	Sponsor's telep	hone number			
811120 3a Plan administrator's name and address (if same as plan sponsor, enter 'Same') 3b Administrator's EIN STROUDS AUTO REBUILD, INC. 3822 St UNICAL STE C TACOMA, WA 99409-4633 3b Administrator's telephone number 281 Total number (IN 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 filed for this plan, enter the a Sponsor's name 4b EIN 5a Total number of participants at the beginning of the plan year. 5a 5a 6 O Number of participants at the end of the plan year. 5b O Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No Total plan assets Total plan assets (a) Beginning of Year (a) Beginning of Year (b) End of Year Ta Cotal plan assets (c) Administrator's tellephone number (c) No The ON The ON O Total number of participants at the end of the plan year (c) No </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>											
STROUDS AUTO REBUILD, INC. 3822 S. UNION, STE C. TACOMA, WA 98409-4633 91-1383546 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 5a 5a 5a 5a 5a 5a 5b 0 c Number of participants at the end of the plan year 5c c Number of participants at the end of the plan year 5c c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Sc 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Scole on Sc 7a 202 FCR 252:01-44? (See instructions on waiver eligiblity and ordifions.) Image: Scole on Scole on 7a 202 FCR 252:01-44? (See instructions on waiver eligiblity and cerve eligiblity	TACO	DMA, WA 98409-4633					81112	0			
TACOMA, WA 98409-4633 3C Administrator's telephone number 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 3 Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year. 5a 5a 3b 0 5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 5a 5b 0 6 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions on waiver eligibility and erg? OFR 2320:104-46? (See instructions on waiver eligibility and erg? 20 FR 2320:104-46? (See instructions on waiver eligibility and erg? 0FR 230:104-46? (See instructions on waiver eligibility and erg? 0FR 230:104-46? (See instructions on waiver eligibility and erg? 0FR 230:104-46? (See instructions on waiver eligibility and erg? 0FR 230:104-46? (See instructions on waiver eligibility and erg? 0FR 230:104-46? (See instructions on waiver eligibility and erg? 0FR 230:104-46? (See instructions on waiver eligibility and erg? 0FR 230:104-46? (See instructions on waiver eligibility and erg? 0FR 230:104-46? (See instructions on waiver eligibility and erg? 0FR 230:104-46? (See instructions on waiver eligibility and erg? 0FR 230:04-46? Yes No 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Part III (")	3b					
amme, EIN, and the plan number from the last return/report. 4c PN 5a Total number of participants at the beginning of the plan year					533	3c					
a 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 0 c Number of participants at the end of the plan year (defined benefit plans do not complete this item) 5c 0 c Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) Sc 0 b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) Yes No r you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan labilities 7a 259080 0 c Number, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 0 (1) Employers 8a(2) 2600 (3) Others (including rollovers) 8a(2) 2600 (3) Others (including direct rollovers and insurance premiums to provide benefits) 8d 273859 e Certain deemed and/or corrective distributions (see i	4			ast return/i	report filed for this plan, enter the	4b	EIN				
5a Total number of participants at the beginning of the plan year	2		er from the last return/report.			4 c	DN				
b Total number of participants at the end of the plan year 5b 0 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 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) M Yes No 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No fv you claiming a waiver of the annual examination and report of an independent qualified public accountant ((QPA) Yes No fv you answered "No' to either 6 as or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 0 a Total plan iabilities. 7a 259080 0 0 6 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total 0 0 1 Equiprism 8a(1) 0 0 0 0 8 Contributions received or receivable from: 6a(2) 2600 0 0 (1) Employers 8a(3)							FN	8			
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)											
complete this item)						30		<u> </u>			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Control of the contrel of the control of the contrel of the control of the			•	• •	•	5c					
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								🗙 Yes 🗌 No			
If you answered 'No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 259080 0 b Total plan assets (subtract line 7b from line 7a). 7c 259080 0 c Net plan assets (subtract line 7b from line 7a). 7c 259080 0 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 0 (2) Participants 8a(2) 2600 (3) Other income (loss). 8b 12779 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 15379 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 273859 e O 8g 0 15379 f Administrative service providers (salaries, fees, commissions) 8f 600 g Other expenses 8g 0 274459	b							X Yes 🗌 No			
7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a2590800bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c25908008Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers8a(1)0(2)Participants8a(2)2600(3)Others (including rollovers)8b12779cTotal income (loss)8b12779cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c15379dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d273859eCertain deemed and/or corrective distributions (see instructions)8e0fAdministrative service providers (salaries, fees, commissions)8f6000gOther expenses8g0hTotal expenses (add lines 8d, 8e, 8f, and 8g)8h274459iNet income (loss) (subtract line 8h from line 8c)8i-259080											
aTotal plan assets7a2590800bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c2590800cNet plan assets (subtract line 7b from line 7a)7c2590800aContributions received or receivable from:(a) Amount(b) Total(1)Employers8a(1)0(2)Participants8a(2)2600(3)Others (including rollovers)8a(3)0bOther income (loss)8b12779cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c15379dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d273859eCertain deemed and/or corrective distributions (see instructions)8e0fAdministrative service providers (salaries, fees, commissions)8f600gOther expenses8g0hTotal expenses (add lines 8d, 8e, 8f, and 8g)8h274459iNet income (loss) (subtract line 8h from line 8c)8i-259080	Pa										
aTotal plan lassets7a0000bTotal plan liabilities7b00cNet plan assets (subtract line 7b from line 7a)7c25908008Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from: (1) Employers8a(1)0(2) Participants8a(2)2600(3) Others (including rollovers)8a(3)0bOther income (loss)8b12779cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c15379dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8e0fAdministrative service providers (salaries, fees, commissions)8f600gOther expenses8g0hTotal expenses (add lines 8d, 8e, 8f, and 8g)8h274459i< Net income (loss) (subtract line 8h from line 8c)8i-259080	7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End				
CNet plan assets (subtract line 7b from line 7a)	а	Total plan assets		7a	259080						
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 0 (1) Employers 8a(1) 0 (2) Participants 8a(2) 2600 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 12779 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 15379 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 273859 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 600 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 274459 i Net income (loss) (subtract line 8h from line 8c) 8i -259080	b	Total plan liabilities		7b							
a Contributions received or receivable from: 0 (1) Employers 8a(1) 0 (2) Participants 8a(2) 2600 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 12779 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 15379 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 273859 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 600 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 273459 i Net income (loss) (subtract line 8h from line 8c) 8i -259080		•		7c	259080	_		0			
(1) Employers 8a(1) 0 (2) Participants 8a(2) 2600 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 12779 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 15379 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 273859 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 600 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 274459 i Net income (loss) (subtract line 8h from line 8c) 8i -259080	-				(a) Amount		(b) T	otal			
(2) Participants 8a(2) 2600 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 8b 12779 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 15379 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 273859 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 600 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 274459 i Net income (loss) (subtract line 8h from line 8c) 8i -259080	a			8a(1)	0						
(3) Others (including rollovers)8a(3)0b Other income (loss)8b12779c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c15379d Benefits paid (including direct rollovers and insurance premiums to provide benefits)8d273859e Certain deemed and/or corrective distributions (see instructions)8e0f Administrative service providers (salaries, fees, commissions)8f6000g Other expenses8g0h Total expenses (add lines 8d, 8e, 8f, and 8g)8h274459i Net income (loss) (subtract line 8h from line 8c)8i-259080		(2) Participants		8a(2)	2600						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 15379 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 15379 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 273859 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 600 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 274459 i Net income (loss) (subtract line 8h from line 8c) 8i -259080					0						
c For the model of the sector (i), ou(c), ou(c)	b	Other income (loss)		8b	12779						
to provide benefits) 8d 273859 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 600 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 274459 i Net income (loss) (subtract line 8h from line 8c) 8i -259080	С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				15379			
e Certain deemed and/or corrective distributions (see instructions)	d		•	84	273859						
f Administrative service providers (salaries, fees, commissions)	е	. ,			0						
g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 274459 i Net income (loss) (subtract line 8h from line 8c) 8i -259080	f				600						
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 274459 i Net income (loss) (subtract line 8h from line 8c) 8i -259080 i Trace (rest) (from) the alage (rest instructions) 0	q		, , , , , , , , , , , , , , , , , , ,		0						
Net income (loss) (subtract line 8h from line 8c)		•						274459			
j Transfers to (from) the plan (see instructions)	i							-259080			
	j	Transfers to (from) the plan (se	ee instructions)	8j	0						

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

Page 2 - 1

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 2F 2G 2J 2K 3D 2A 2T
- **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	Duri	ng 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)				Х				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				х				
С	Was	s the plan covered by a fidelity bond?	10c	Х			30000		
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		Х				
е	insu	e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See uctions.)	10e		Х				
f	Has	the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did 1	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х				
i		h was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11									
12									
	(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 instructions, and enter the date of the letter ruling granting the waiver									
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.									
b	b Enter the minimum required contribution for this plan year				12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c				
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)								
е	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?	·····		XY	′es No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year						0		
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?						X Yes No		
C		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th h assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to					
13c(1) Name of plan(s):				13c(2) EIN(s) 13c(3) PI			13c(3) PN(s)		
Caut	ion: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le cau	ise is	establ	ished.	L		

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.	08/13/2012	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

		Report of Small Employ	/ee	OMB Nos. 1210-0110 1210-0089				
Department of the Treasury				2011				
Department of Labor Employee Benefits Security Administration Employee Renefits Security Administration Employee Benefits Security Administration Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 the Internal Revenue Code (the Code).			3(a) of This Form is Open to Publi Inspection					
Pension Benefit Guaranty Corporation Complete all entries in account	rdance wit	h the instructions to the Form 5500	D-SF.					
Part I Annual Report Identification Information	01 /01 /0	010		07/31/2012				
	01/01/2 1	· ·						
A This return/report is for:	<u>.</u>	e-employer plan (not multiemployer)		a one-participant plan				
B This return/report is: the first return/report	2 .	eturn/report						
an amended return/report	a short pia	an year return/report (less than 12 mo	onths	-				
C Check box if filing under:	automatio	extension		DFVC program				
special extension (enter descripti	ion)		·					
Part II Basic Plan Information-enter all requested inform	nation	· · · · · · · · · · · · · · · · · · ·						
1a Name of plan		·	1b	Three-digit				
Strouds Auto Rebuild 401(k) Plan				plan number (PN) 001				
			1c	Effective date of plan				
				07/01/1988				
2a Plan sponsor's name and address; include room or suite number (employer, if	for a single-employer plan)	2b	Employer Identification Number				
Strouds Auto Rebuild, Inc.				(EIN) 91-1383546				
			2c	Sponsor's telephone number				
3822 S. Union, Ste C			0.1					
3822 S. 01101, Ste C			20	Business code (see instructions) 811120				
Tacoma	ntor "Com	WA 98409-4633	3h	Administrator's EIN				
3a Plan administrator's name and address (if same as plan sponsor, e Same	enter Same	?)	00	Administration of Env				
			3c	Administrator's telephone number				
			A 10					
4 If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	last return/	report filed for this plan, enter the	40	EIN				
a Sponsor's name	· .		4c	PN				
5a Total number of participants at the beginning of the plan year			5a					
b Total number of participants at the end of the plan year			5b					
C Number of participants with account balances as of the end of the				· · · · · · · · · · · · · · · · · · ·				
complete this item)	<u></u>		5c					
6a Were all of the plan's assets during the plan year invested in eligit	ble assets?	(See instructions.)		X Yes No				
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	ndent qualified public accountant (IQ	PA)	X Yes 🗌 No				
If you answered "No" to either 6a or 6b, the plan cannot use F	-and condit -orm 5500-	SF and must instead use Form 55	00.					
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning of Year	_	(b) End of Year				
a Total plan assets	7a	259,08	30					
b Total plan liabilities			0	· · · · · · · · · · · · · · · · · · ·				
C Net plan assets (subtract line 7b from line 7a)		259,08	30					
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
a Contributions received or receivable from:				신하는 말 한국을 속한다. 이상에 전신을 알려갔는다. 전 이상에는 이상에 가지 않는 것이 있는 것이 같은 것이다.				
(1) Employers	1	2.66		에는 것은 것은 것은 것은 것은 것을 가지 않는다. 이는 것은				
(2) Participants	· · ·	2,60						
(3) Others (including rollovers)	t	10.75	<u></u>					
b Other income (loss)	<u>8b</u>	12,77	9	15 37				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. <u> </u>			15,37				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		273,85	59					
			0					
 e Certain deemed and/or corrective distributions (see instructions) f Administrative service providers (salaries, fees, commissions) 		60	्रव					
			0	사용은 가장 가장 가장 가장을 받으며 있다. 이 가장 가장 같은 것이 가장 가장을 받으며 있다. 이 가장 가장 같은 것이 가장 가장을 받으며 있다.				
g Other expenses				274,45				
h Total expenses (add lines 8d, 8e, 8f, and 8g)			5	(259,080				
Net income (loss) (subtract line 8h from line 8c)			0					
j Transfers to (from) the plan (see instructions)		<u>l</u>	~	Form 5500-SF (2011)				

• •

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-5

· · ·

••••

0110000001 (2011)

Form 5500-SF 2011

• •

•• •

Page 2 - [

Par	IV Plan Characteristics							<u></u>		
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T	feature codes from the	List of Plan Chara	cteris	tic Co	des in	the instruc	tions:	:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature codes from the L	ist of Plan Charac	teristi	ic Cod	es in tl	ne instructi	ions:		
Part	V Compliance Questions		····=							
10	During the plan year:				Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correction Progra	am)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not include trans	actions reported	10b		X				
C	Was the plan covered by a fidelity bond?			10c	X		1		30	,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond, that was	caused by fraud	10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or instructions.)	of the benefits under the	e plan? (See 🛛 🛔	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	<u> </u>	;		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year end.)	······	10g		Х				
.h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne required notice or or 1-3	e of the	10i						
Part	VI Pension Funding Compliance		<u> </u>							
11	Is this a defined benefit plan subject to minimum funding requirem 5500))	ents? (If "Yes," see ins	tructions and com	plete	Schec	lule SE	3 (Form		Yes	
12	Is this a defined contribution plan subject to the minimum funding							Ľ	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applic	able.)								
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortized in this pla	Mont	tions	, and e	enter th Day	e date of t	the let Yea	tter rulin r	ig
	you completed line 12a, complete lines 3, 9, and 10 of Schedul	e MB (Form 5500), and	d skip to line 13.		r		T			
	Enter the minimum required contribution for this plan year					12b	<u> </u>			
С	Enter the amount contributed by the employer to the plan for this plan year					12c		<u>.</u>		
	Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)					12d		Π.	<u> </u>	N1/0
	Will the minimum funding amount reported on line 12d be met by	the funding deadline?					Yes		Vo 🗌	N/A
Part	VII Plan Terminations and Transfers of Assets		·			<u> </u>				
13a	Has a resolution to terminate the plan been adopted in any plan year?				·····	X	Yes	No	<u> </u>	
	If "Yes," enter the amount of any plan assets that reverted to the e				l3à	_				0
b	Were all the plan assets distributed to participants or beneficiaries of the PBGC?		•••••	•••••	•••••	• • • • • •		X	Yes [] No
С	If during this plan year, any assets or liabilities were transferred fr which assets or liabilities were transferred. (See instructions.)	om this plan to another	plan(s), identify th	ne pla		<u></u>			40-(0) 1	
1	3c(1) Name of plan(s):		· · · · · · · · · · · · · · · ·		13	c(2) El	IN(s)		13c(3) F	PN(S)
		· · ·							•	
Caut	ion: A penalty for the late or incomplete filing of this return/re	oort will be assessed	unless reasonab	le ca	use is	estab	lished.			
Unde SB o	r penalties of perjury and other penalties set forth in the instruction r Schedule <u>MB completed</u> and signed by an enrolled actuary, as w f, it is true, correct, and complete	s. I declare that I have	examined this retu	urn/re	port, ir	ncludin	ng, if applic	able, / knov	a Scheo vledge a	dule and
	A IL	8-6-12	DARRELL M	HAR	BER					
SIG HER		Date	Enter name of ir	ıdivid	ual sig	ining a	s plan adn	ninist	rator	
								_		

Date

Enter name of individual signing as employer or plan sponsor

SIGN		
001		
HERE	Signature of employer/plan sponsor	