	Form 5500-SF		Return/l Benefit	Report of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service			. <b>FIGII</b> actions 104 and 4065 of the Employe	•	2	2011
Er	Department of Labor mployee Benefits Security Administration	Retirement Income Security Act of	of 1974 (ER	ISA), and sections 6057(b) and 6058 Code (the Code).		This Form i	s Open to Public
P	ension Benefit Guaranty Corporation	Complete all entries in acco	rdance witl	h the instructions to the Form 550	0-SF.	1112	pection
		lentification Information		and an Para d	0/04/		
	calendar plan year 2011 or fisca		7		2/31/2		
	This return/report is for:	a single-employer plan		e-employer plan (not multiemployer)		a one-partici	bant plan
B	This return/report is:	the first return/report		eturn/report			
		an amended return/report	a short pla	an year return/report (less than 12 me	onths)	)	
C	Check box if filing under:	× Form 5558	automatic	extension		DFVC progra	im
		special extension (enter descript					
		nation—enter all requested inform	nation		1		
	Name of plan				1b	Three-digit plan number	
CAR	OUSEL GAS & TIRE, INC. PRO	FIT SHARING PLAN				(PN)	001
					1c	Effective date o	f plan
						01/01	/1991
	Plan sponsor's name and addrough OUSEL GAS & TIRE, INC.	ess; include room or suite number (	employer, if	for a single-employer plan)	2b	Employer Identi (EIN) 82-04	fication Number 40850
402 1	J. DIVISION ST.				2c	Sponsor's telep 208-68	
	HURST, ID 83850				2d	Business code ( 44710	,
	Plan administrator's name and DUSEL GAS & TIRE, INC.	address (if same as plan sponsor, e 402 N. DIVIS	SION ST.	2")	3b	Administrator's 82-04	EIN 40850
		PINEHURS	I, ID 83850		3c	Administrator's 208-682	elephone number 2-2316
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name				4c	PN	
	•	the beginning of the plan year			5a		9
b	Total number of participants at	the end of the plan year			5b		9
C		count balances as of the end of the			5c		9
6a	Were all of the plan's assets d	luring the plan year invested in eligi	ble assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of th	ne annual examination and report of	an indeper	ndent qualified public accountant (IQ	PA)		X Yes No
_			Form 5500-	SF and must instead use Form 55	00.		
	rt III Financial Informa	ation		[			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year 583768
a	•			606795			303700
b	•			606795			583768
		7b from line 7a)				(1)	
8 a	Income, Expenses, and Transf Contributions received or received			(a) Amount		(0)	Total
u			8a(1)	11634			
	(2) Participants		8a(2)				
	(3) Others (including rollovers)	)	8a(3)				
b	Other income (loss)		8b	-10549			
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				1085
d		rollovers and insurance premiums	8d	24112			
е	Certain deemed and/or correct	ive distributions (see instructions)	8e				
f	Administrative service provider	s (salaries, fees, commissions)	8f				
g		· · · · · · · · · · · · · · · · · · ·					
ĥ	Total expenses (add lines 8d, a	8e, 8f, and 8g)					24112
i		e 8h from line 8c)					-23027
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: 2E 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	Amount
<ul> <li>a 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)</li> </ul>	1	x	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		x	
C Was the plan covered by a fidelity bond?	X		60000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	I	x	
<ul> <li>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.)</li> </ul>	X		1548
f Has the plan failed to provide any benefit when due under the plan? 10	:	X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	1	Х	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	•	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			
Part VI Pension Funding Compliance			
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complet 5500))			
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s			
(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 instruction granting the waiver			
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	F		r
<b>b</b> Enter the minimum required contribution for this plan year		12b	
C Enter the amount contributed by the employer to the plan for this plan year		12c	
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a 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?		١	res X No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?			Yes X No
<b>C</b> If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	an(s) te	D	
13c(1) Name of plan(s):	13	s <b>c(2)</b> El	N(s) <b>13c(3)</b> PN(s)
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable ca	iuse is	establ	ished.
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/r			

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.	10/01/2012	DALE STEVENS
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

		Short Form Annual	Return/F Benefit	Report of Small Emplo	yee	OMB Nos. 1210-01 1210-00
	Depertment of the Treasury Internal Revenue Service	This form is required to be f		ctions 104 and 4065 of the Employe		2011
	Department of Labor mployee Banafits Security Administration	Retirement Income Security Act	of 1974 (ERI	SA), and sections 6057(b) and 605		This Form is Open to Publi
	Pension Benefit Guaranty Corporation			Code (the Code). the instructions to the Form 550	ILSE	Inspection
	art I Annual Report Ide				0-01	<u> </u>
For	calendar plan year 2011 or fiscal p		01/01/2	2011 and ending		12/31/2011
A	This return/report is for:	a single-employer plan	a multiple	-employer plan (not multiemployer)	[	a one-participant plan
B	9172011 TEV 831(60) H	the first return/report		eturn/report	1	
1	H	an amended return/report	H	n year return/report (less than 12 m	ionth;s),	22 J - 102
C	Check box if filing under:	Form 5558	لبط	extension	Ĩ	DFVC program
	and the second	special extension (enter descrip				
	art II Basic Plan Informa	ation—enter all requested infor	mation		th	Three-digit
4	Name of plan AROUSEL GAS & TIRE, I	NC. PROFIT SHARING	PLAN			plan number
	General General Contraction (Contraction Contraction) (Contraction) (Co					(PN) 001
		х.				Effective date of plan
2a	Plan sponsor's name and address	s: include room or suite number	(employer, if	for a single-employer plan)	1	Employer Identification Number
	ROUSEL GAS & TIRE, I			,		(EIN) 82~0440850
	A N DIVISION CO			ź		Sponsor's telephone number
40	2 N. DIVISION ST.					208-682-2316
PI	NEHURST	ID 83850				Business code (see instructions) 447100
-	Plan administrator's name and ac ROUSEL GAS & TIRE, I		enter "Same	")		Administrator's EIN
CA	ROUSEL GAS & TIRE, I	NC.			L	82-0440850
	2 N. DIVISION ST. NEHURST	ID 83850		,	30	Administrator's telephone number 208-682-2316
4	If the name and/or EIN of the plan		e last return/r	report filed for this plan, enter the	4b	
_	name, EIN, and the plan number	from the last return/report.			4c	DN
	Sponsor's name Total number of participants at th	e beginning of the plan year			5a	
		• • •			5b	
	Number of participants with acco					
					5C	
				(See instructions.)		X Yes
D	Are you claiming a waiver of the under 29 CFR 2520.104-46? (Se	annual examination and report ( e instructions on waiver eligibili	of an indepen tv and conditi	ident qualified public accountant (IC ons.)	(PA)	X Yes
	If you answered "No" to either	6a or 6b, the plan cannot use		SF and must instead use Form 5		
11.26	Int III Financial Informat	ion		· · · · · · · · · · · · · · · · · · ·		
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year
8				6067	95	5831
	Total plan liabilities Net plan assets (subtract line 7b			6067	95	583
8	Income, Expenses, and Transfer			(a) Amount	<u></u>	(b) Total
-	Contributions received or receiva					
	(1) Employers			116	34	
	(2) Participants				2008208 P	and the second states in
	(3) Others (including rollovers)			105		
	Other income (loss)			-105	49	1
C	Total income (add lines 8a(1), 8a Benefits paid (including direct rol					
h	to provide benefits)			241	12	el el la companya de
d	Certain deemed and/or corrective	e distributions (see instructions)	8e			
	Administrative coolies providers	(salaries, fees, commissions)				
е	Automisti auve service providers		8g			
e f g	Other expenses				318.5	24
e f g	Other expenses Total expenses (add lines 8d, 8e	, 8f, and 8g)			A	55
e f g	Other expenses	, 8f, and 8g) Sh from line 8c)	81			-23

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SICN HERE Signature of employer/plan sponsor

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Par	HIV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char. 2E 3D	acteris	tic Co	des in	the instru	ictions		
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	ic Cod	es in ti	ne instruc	tions:		
Pari	V Compliance Questions							
10	During the plan year:		Yes	No		Amo	ount	
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not Include transactions reported on line 10a.)	10b		х				
C	Was the plan covered by a fidelity bond?	10c	х				6	000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or distionesty?	10d		х				
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.)	10e	x					154
f	Has the plan failed to provide any benefit when due under the plan?	101		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	100		X				
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	101						
1011	VI Pension Funding Compliance	-						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					. []	Yes [	
40					,			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3	02 of			Yes	X No
. –	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)				ERISA?.			-1
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 amortized in this plan year, see instru- granting the waiver	ctions	, and e	nter th	ERISA?.	f the le		ıg
a If	(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 amortized in this plan year, see instru- granting the waiver	ctions	, and e	nter th Day	ERISA?.	f the le	tter rulir	ıg
a If b	(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 amortized in this plan year, see instru- granting the waiver	ctions	, and e	nter th Day 12b	ERISA?.	f the le	tter rulir	ıg
a If	(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 amortized in this plan year, see instru- granting the waiver	ctions hth of a	, and e	nter th Day	ERISA?.	f the le	tter rulir	ıg
a If b c d	(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 amortized in this plan year, see instru- granting the waiver	ctions hth of a	, and e	nter th Day 12b 12c 12d	ERISA? .	f the le Yea	tter rulir	
a lf b c d	(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 amortized in this plan year, see instru- granting the waiver	ctions hth of a	, and e	nter th Day 12b 12c 12d	ERISA?.	f the le Yea	tter rulir	
a If b c d e <b>2</b> art	(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 amortized in this plan year, see instrugranting the waiver.         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.         Enter the amount contributed by the employer to the plan for this plan year.         Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).         Will the minimum funding amount reported on line 12d be met by the funding deadline?         YII       Plan Terminations and Transfers of Assets	ctions hth of a	, and e	nter th Day 12b 12c 12d	ERISA? .	f the le Yea	tter rulir	lg
a If b c d e <b>2</b> art	(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 amortized in this plan year, see instrugranting the waiver.         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.         Enter the amount contributed by the employer to the plan for this plan year.         Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount).         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will         Plan Terminations and Transfers of Assets         Has a resolution to terminate the plan been adopted in any plan year?	ctions hth of a	, and e	nter th Day 12b 12c 12d	ERISA? .	f the le Yea	tter rulir	
a lf b c d e art 13a	(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 amortized in this plan year, see instrugranting the waiver.         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.         Enter the amount contributed by the employer to the plan for this plan year.         Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will the 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	of a	, and e	nter th Day 12b 12c 12d	ERISA? .	f the le Yea	tter rulir r	N/A
a If b c d e <sup>2</sup> art 13a b	(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 amortized in this plan year, see instrugranting the waiver.         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.         Enter the amount contributed by the employer to the plan for this plan year.         Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will         Plan Terminations and Transfers of Assets         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	of a	, and e	nter th Day 12b 12c 12d 	ERISA? .	f the le Yea	tter rulir	Ig   
a lf b c d e Part 13a b c	(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 amortized in this plan year, see instrugranting the waiver.         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.         Enter the amount contributed by the employer to the plan for this plan year.         Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will         Plan Terminations and Transfers of Assets         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         Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?         If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	of a	, and e	nter th Day 12b 12c 12d 	e date of	f the le Yea	tter rulir r No	N/A
a lf b c d e Part 13a b c	(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 amortized in this plan year, see instrugranting the waiver.         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.         Enter the amount contributed by the employer to the plan for this plan year.         Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will         Plan Terminations and Transfers of Assets         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	of a	, and e	nter th Day 12b 12c 12d 	e date of	f the le Yea	tter rulir r	N/A
a lf b c d e Part 13a b c	(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 amortized in this plan year, see instrugranting the waiver.         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.         Enter the amount contributed by the employer to the plan for this plan year.         Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will         Plan Terminations and Transfers of Assets         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         Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?         If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	of a	, and e	nter th Day 12b 12c 12d 	e date of	f the le Yea	tter rulir r No	N/A
a if b c d e Part 13a b c	(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 amortized in this plan year, see instrugranting the waiver.         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.         Enter the amount contributed by the employer to the plan for this plan year.         Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will the minimum funding amount reported on line 12d be met by the funding deadline?         Will Terminations and Transfers of Assets         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         Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?         If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ctions ith of a 1 under he pla	, and e	nter th Day 12b 12c 12d 	e date of Yes Yes X	f the le Yea	tter rulir r No	ng       
a If b c d e art 13a b c C C aut	<ul> <li>(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver</li></ul>	ctions th of a of a under he pla ble car	, and e	nter th Day 12b 12c 12d  ntrol 	ERISA? . e date of Yes Yes X N(s) Ished. g, if appli	ithe le Yea	tter rulir r No ] Yes ] 13c(3) f	ng N/A X N
a If b c d art 13a b c C Caul	<ul> <li>(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)</li> <li>If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver</li></ul>	ctions ith of a 1 under he pla ble car urn/repor	, and e	nter th Day 12b 12c 12d  ntrol 	ERISA? . e date of Yes Yes X N(s) Ished. g, if appli	ithe le Yea	tter rulir r No ] Yes ] 13c(3) f	ng N// N// X N

Date

Enter name of individual signing as employer or plan sponsor