

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>04/30/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☒ the final return/report; ☐ an amended return/report; ☒ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>CARSTAR, INC 401(K) PLAN FKA CARSTAR, INC 401(K) PROFIT SHARI</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1995</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1995</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1995</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>CARSTAR, INC.</u> <u>8400 W 110TH ST SUITE 200</u> <u>OVERLAND PARK, KS 66210</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>48-1072271</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>913-451-1294</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>811120</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>48-1072271</u>	2c Sponsor's telephone number <u>913-451-1294</u>	2d Business code (see instructions) <u>811120</u>	
2b Employer Identification Number (EIN) <u>48-1072271</u>					
2c Sponsor's telephone number <u>913-451-1294</u>					
2d Business code (see instructions) <u>811120</u>					

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	<u>02/25/2013</u> Date	<u>WILLIE RAMIREZ</u> 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
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN
		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: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 134
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2F 2G 2J 2K 2S 2T 3D 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning **01/01/2012** and ending **04/30/2012**

A Name of plan CARSTAR, INC 401(K) PLAN FKA CARSTAR, INC 401(K) PROFIT SHARI	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CARSTAR, INC.	D Employer Identification Number (EIN) 48-1072271

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ALLIANZ GLOBAL INVESTORS DISTRIBUTO **1345 AVENUE OF THE AMERICAS**
NEW YORK, NY 10105

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
AMERICAN CENTURY INVESTMENT SERVICE

44-0640487

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK INVESTMENTS, INC.

23-2784752

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DWS INVESTMENTS DISTRIBUTOR, INC.

36-3976708

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FRED ALGER & COMPANY, INCORPORATED

13-2510833

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

INVESCO DISTRIBUTORS, INC.

74-1894784

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

MFS FUND DISTRIBUTORS, INC.

04-2747644

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NUVEEN INVESTMENTS

333 W. WACKER DR
CHICAGO, IL 60606

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

NYLIFE DISTRIBUTORS, LLC

169 LACKAWANNA AVENUE
PARSIPPANY, NJ 07054

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PHOENIX - VIRTUS

56 PROSPECT STREET
PO BOX 150480
HARTFORD, CT 06115

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

PRUDENTIAL INVESTMENTS LLC

22-3468527

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

STATE STREET CORPORATION

04-1867445

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

VICTORY CAPITAL MANAGEMENT

13-2700161

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ADP, INC.

22-1467904

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64 49 50	RECORD KEEPER	250	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

ADP BROKER-DEALER

22-3319984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
63 60 59 49 99	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00200 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY INVESTMENT SERVICE 44-0640487	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00350 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK INVESTMENTS, INC. 23-2784752	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 59	0
(d) Enter name and EIN (address) of source of indirect compensation DWS INVESTMENTS DISTRIBUTOR, INC. 36-3976708 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS		
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS		
ADP BROKER-DEALER	60 59 99	0
(d) Enter name and EIN (address) of source of indirect compensation FRED ALGER & COMPANY, INCORPORATED 13-2510833 (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS		

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59 99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVESCO DISTRIBUTORS, INC. 74-1894784	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00780 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MFS FUND DISTRIBUTORS, INC. 04-2747644	ANNUAL RATE 0.00500 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00150 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NUVEEN INVESTMENTS 333 W. WACKER DR CHICAGO, IL 60606	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NYLIFE DISTRIBUTORS, LLC 169 LACKAWANNA AVENUE PARSIPPANY, NJ 07054	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PHOENIX - VIRTUS 56 PROSPECT STREET PO BOX 150480 HARTFORD, CT 06115	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PRUDENTIAL INVESTMENTS LLC 22-3468527	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.00670 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00620 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00870 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00550 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00550 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63 60 59	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY CAPITAL MANAGEMENT 13-2700161	ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS ANNUAL RATE 0.00250 OF AVERAGE DAILY ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 04/30/2012

A Name of plan <u>CARSTAR, INC 401(K) PLAN FKA CARSTAR, INC 401(K) PROFIT SHARI</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CARSTAR, INC.</u>	D Employer Identification Number (EIN) <u>48-1072271</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S & P 500 INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST CO</u>		
c EIN-PN <u>04-0025081-065</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA US BOND INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST CO</u>		
c EIN-PN <u>04-0025081-071</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA US INFL PRTC BOND INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST CO</u>		
c EIN-PN <u>04-0025081-076</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA RUSSELL SMALL CAP INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST CO</u>		
c EIN-PN <u>04-0025081-084</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S & P MIDCAP INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET BANK AND TRUST CO</u>		
c EIN-PN <u>04-0025081-089</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INVESCO STABLE ASSET ADP85</u>		
b Name of sponsor of entity listed in (a): <u>INVESCO NATIONAL TRUST COMPANY</u>		
c EIN-PN <u>27-3884161-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 04/30/2012		
A Name of plan CARSTAR, INC 401(K) PLAN FKA CARSTAR, INC 401(K) PROFIT SHARI		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 CARSTAR, INC.		D Employer Identification Number (EIN) 48-1072271

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	2668	
	(2) Participant contributions	1b(2)	10237	
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)	62540	
	(9) Value of interest in common/collective trusts.....	1c(9)	274751	
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	2263480	
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	2613676	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2613676	0
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	634	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		634
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5187	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5187
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		3109
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		207782
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		216712

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	312346	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		312346
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		595
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	250	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		250
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		313191

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-96479
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		2517197

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PICKETT, CHANEY & MCMULLEN LLP

(2) EIN: 48-1246310

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		258000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

5b 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.)

5b(1) Name of plan(s)

INSPERITY 401K PLAN

5b(2) EIN(s)	5b(3) PN(s)
76-0178498	001

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 04/30/2012

A Name of plan <u>CARSTAR, INC 401(K) PLAN FKA CARSTAR, INC 401(K) PROFIT SHARI</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CARSTAR, INC.</u>	D Employer Identification Number (EIN) <u>48-1072271</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>57-1198022</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 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 ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

CARSTAR, INC. 401(k) PLAN

FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT
APRIL 30, 2012 AND DECEMBER 31, 2011

CARSTAR, INC. 401(k) PLAN

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Note - Certain supplemental schedules required by the rules and regulations of the Department of Labor are omitted because of the absence of the conditions under which they are required.



INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of CARSTAR, Inc. 401(k) Plan
Overland Park, Kansas

We were engaged to audit the financial statements and supplemental schedule of CARSTAR, Inc. 401(k) Plan as of April 30, 2012, and December 31, 2011, and for the period January 1, 2012, to April 30, 2012, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of April 30, 2012, and December 31, 2011, and for the period January 1, 2012, to April 30, 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and do not, express an opinion on these accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America, and in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As discussed in Note 1 to the financial statements, this Plan was merged into the Insperity 401(k) Plan in April 2012.

Pickett, Chaney & McMullen LLP

February 14, 2013

CARSTAR, INC. 401(k) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS APRIL 30, 2012 AND DECEMBER 31, 2011

	2012	2011
ASSETS		
Investments, at fair value:		
Mutual funds	\$ -	\$ 2,263,480
Common/collective trust funds	<u> </u>	<u>274,751</u>
Total investments		2,538,231
Receivables:		
Notes receivable from participants		62,540
Participant contributions		10,237
Employer contributions	<u> </u>	<u>2,668</u>
Total receivables	<u> </u>	<u>75,445</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ -</u></u>	<u><u>\$ 2,613,676</u></u>

See notes to financial statements.

CARSTAR, INC. 401(k) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS PERIOD FROM JANUARY 1, 2012 TO APRIL 30, 2012

ADDITIONS TO NET ASSETS ATTRIBUTED TO:

Income:

Interest and dividend income	\$ 5,187
Interest on notes receivable from participants	634
Net appreciation in fair value of investments	<u>210,891</u>
Total income	216,712

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:

Benefits paid to participants	312,941
Administrative expenses	<u>250</u>
Total deductions	<u>313,191</u>

NET DECREASE (96,479)

TRANSFER TO INSPERITY 401(k) PLAN (2,517,197)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year	<u>2,613,676</u>
End of year	<u><u>\$ -</u></u>

See notes to financial statements.

CARSTAR, INC. 401(k) PLAN

NOTES TO FINANCIAL STATEMENTS FOR THE PERIOD JANUARY 1, 2012 TO APRIL 30, 2012 AND THE YEAR ENDED DECEMBER 31, 2011

1. DESCRIPTION OF THE PLAN

The following description of the CARSTAR, Inc. 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution plan which covers substantially all employees of CARSTAR, Inc. ("CARSTAR") and its wholly owned subsidiaries, collectively, the "Company."

State Street Bank and Trust Company ("State Street") is the trustee and custodian of the Plan's assets and the Plan's recordkeeper is Automatic Data Processing ("ADP") Retirement Services.

Plan Transfer – The Plan assets were merged into the Insperity 401(k) Plan in April 2012.

Prior to April 30, 2012, the following provisions applied:

Eligibility – Employees who were not members of a union, who were at least 18 years of age, and had completed two months of service, were eligible to participate in the Plan. Participants were eligible to enter the plan on the first day of the month after meeting the above requirements.

Contributions – Participants could elect to contribute any amount of their annual compensation subject to certain Internal Revenue Code ("IRC") limitations. Effective April 1, 2010, once participants had met the eligibility requirements, automatic deferrals equal to 2% of compensation would be made to the Plan, unless the participant stated in writing to defer more or less than the automatic deferral percentage.

The Company matched participant contributions at an amount equal to 30% of each eligible contribution, not to exceed 10% of compensation. The Company could also make a discretionary contribution. No such contribution was made.

Participant Accounts – Each participant's account was credited with the participant's contribution, Company contributions, and allocations of Plan earnings, and was charged with the participant's withdrawals and distributions. Allocations were based on account balances. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Investment Options – The Plan offered various mutual funds and common/collective trust funds as investment options.

Vesting – Participants' contributions were fully vested at all times. Company contributions vested in 25% increments, with 25% vested after the first year, 50% vested after the second year, etc. Company contributions became fully vested after 4 years. In the event of permanent disability or death of a participant, the Company contributions would become fully vested.

Forfeitures – Forfeitures occur upon termination of employment by a participant who was not fully vested in the Plan. Forfeiture amounts were used to reduce future Company contributions.

Payment of Benefits – Upon termination of service, a participant could elect to receive either a lump-sum amount equal to their vested account balance, or monthly, quarterly, or annual installments over a fixed, reasonable period of time, as defined by the Plan document. If the account balance did not exceed \$5,000, a lump-sum payment was the only form of disbursement available. For distributions greater than \$1,000 but not exceeding \$5,000, the account balance was rolled over into an individual retirement account, unless otherwise directed by the participant.

Notes Receivable from Participants – Loans were permitted by the Plan. Participants could borrow from their fund accounts a minimum of \$500 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. The loans were secured by the balance in the participant's account and interest on the loans was prime rate plus 2%. The maximum term for a loan was 5 years, except if the loan was to acquire the participant's principal residence, which had a maximum term of 30 years. Loan repayments were made ratably through payroll deductions.

In-Service Withdrawals – As described below, certain participants could make withdrawals prior to termination of employment. Hardship withdrawals were available to Plan participants, as defined by the Plan and permitted by the IRC. Hardship withdrawals were limited to the participant's account balance that was 100% vested. Upon making such a withdrawal, the participant was suspended from making deferrals for six months.

Participants who had obtained the age of 59 ½ are allowed to receive a distribution of all or any portion of their vested account balances in a single sum payment.

Administrative Expenses – Administrative expenses could be paid by the Plan or the Company. During the period ended April 30, 2012, the Plan paid \$250 in administrative expenses.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis. There is no adjustment to the net assets available for benefits as contract value approximates fair value.

Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities. Actual results could differ from those estimates.

Contributions – Company and employee contributions are reported in the year services are rendered to the Company by the Plan participants.

Investment Valuation and Income Recognition – The Plan’s investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis.

The Stable Value Trust is a stable value fund that is a common/collective trust fund (“CCT”) of the Invesco National Trust Company for employee benefit plans. The fund invests primarily in guaranteed investment contracts, bank investment contracts and synthetic investment contracts issued by third-parties. Participants may ordinarily direct the withdrawals or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals.

Management fees and operating expenses charged to the Plan for investments in the mutual funds and CCTs are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

Notes Receivable from Participants – Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document. No allowance for doubtful accounts is considered necessary.

Payment of Benefits – Benefit payments are reported in the year paid.

Date of Management’s Review – Subsequent events have been evaluated through February 14, 2013, which is the date the financial statements were available to be issued.

3. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs consist of unadjusted quoted prices for identical assets in active markets that the plan has the ability to access.

Level 2 – Inputs consist of 1) quoted prices for similar assets in active markets, 2) quoted prices for identical or similar assets in inactive markets, 3) inputs other than quoted prices that are observable, and 4) inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term.

Level 3 – Inputs consist of unobservable inputs where there is little or no market activity, and the reporting entity makes estimates and assumptions related to the pricing of the asset including assumptions regarding risk.

The assets fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies at April 30, 2012, and December 31, 2011:

Mutual funds and Money Market Fund – Valued at the net asset value (NAV) of shares held by the plan at year end based on published quoted prices.

Common/collective trust funds – Valued at the trust NAV per unit based on fair value of the underlying investments, adjusted for trustee fees accrued daily. The CCTs are valued daily, and there are no restrictions on redemptions and no unfunded commitments.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

There were no Plan investments at April 30, 2012. The Plan's investments are reported at fair value as follows at December 31, 2011:

	Fair Value	Fair Value Measurements Using:		
		Level 1	Level 2	Level 3
December 31, 2011:				
Mutual funds:				
Fixed income funds	\$ 333,422	\$ 333,422		
Allocation/target funds	404,537	404,537		
Value funds	330,985	330,985		
Growth funds	448,682	448,682		
Global funds	597,746	597,746		
Specialty funds	148,108	148,108		
Common/collective trust funds	<u>274,751</u>		<u>\$ 274,751</u>	
	<u>\$ 2,538,231</u>	<u>\$ 2,263,480</u>	<u>\$ 274,751</u>	<u>\$ -</u>

4. INVESTMENTS

The following represents the fair value of investments that represent 5% or more of net assets available for benefits of the Plan at December 31, 2011. There were no investments at April 30, 2012.

Victory Established Value Fund	\$ 263,724
Alger Capital Appreciation	225,284
Blackrock Global Allocation	242,925
PIMCO Total Return Fund	238,082
Invesco Stable Value fund	205,116
American Century Livestrong 2025	175,138
Invesco Developing Markets	157,517

During the period January 1, 2012, to April 30, 2012, the Plan's investments in mutual funds (including gains and losses on investments bought, sold, as well as held during the year) appreciated in value as follows:

Mutual funds	\$ 207,782
Common/collective trust funds	<u>3,109</u>
	<u>\$ 210,891</u>

The Plan invested in various investments which hold securities such as U.S. Government securities, corporate debt instruments and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

5. INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, State Street Bank and Trust Company, the trustee of the Plan, has certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate with respect to investments as of April 30, 2012, and December 31, 2011, and for the period January 1, 2012, to April 30, 2012:

- Investments, at fair value
- Notes receivable from participants and related interest
- Net appreciation in fair value of investments
- Interest and dividend income
- Schedule of Assets (Held at End of Year)

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

6. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments were common/collective trust funds managed by State Street Bank and Trust Company. State Street Bank and Trust Company was trustee and custodian of the Plan, and therefore, these transactions qualified as party-in-interest.

7. TAX STATUS

The Company adopted a Prototype Standardized Profit Sharing Plan with a deferral arrangement that received a favorable opinion letter from the Internal Revenue Service on March 31, 2008, that stated that the Plan and related trust are designed in accordance with applicable sections of the IRC. The Plan has been amended since the date of the opinion letter. However, the Company believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC and that, therefore, the Plan qualifies under Section 401(a) and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Company has taken an uncertain position that more likely than not would not be

sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of April 30, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no IRS audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

* * * * *

CARSTAR, INC. 401(k) PLAN

FORM 5500, SCHEDULE H, PART IV, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF APRIL 30, 2012

EIN: 48-1072271 PLAN IDENTIFICATION NUMBER: 001

(a)	(b)	(c)	(e)
	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Current Value

NONE

Schedule C, Line 2(h) Formula Description

For those service providers listed on Line 2 for which Line 2(h) has been checked “yes”:

For a description of indirect compensation received by service providers listed on Line 2 that was disclosed as a formula, please see Line 3(e). Please note: If indirect compensation disclosed as a formula was received by a service provider from more than one source, there will be multiple Lines 3(e) for that service provider.

Schedule C

Guide to ADP's preparation of your Form 5500 Schedule C

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Reporting how your retirement plan's Service Providers are paid

Filing an accurate and complete Form 5500 is your legal duty as your retirement plan's administrator. Schedule C of Form 5500 now requires much more information about Compensation received by your plan's Service Providers.

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So what's this Guide about?

ADP Retirement Services ("ADP") wants you to understand what we did with the information we collected in order to present the Service Provider information on your Schedule C.

ADP has prepared Schedule C in accordance with the Schedule C Instructions. In particular, we want you to know about our work methods and assumptions in preparing Schedule C, as well as how we prepared estimates or allocations (if any). This booklet also contains further information about your responsibilities concerning your Schedule C.

In this Guide, we use specially capitalized words the same way they're explained in the booklet entitled "*Words defined for Schedule C reporting*" that we sent you earlier this year.

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A reminder about our Schedule C information-collection methods

As explained in the booklet entitled "*Guide to Collecting and Providing Schedule C Service Provider Information to ADP*" that we sent you earlier this year, ADP either has in its records, or received, information about Compensation paid by ADP or its affiliates, received by ADP or its affiliates, received by a Service Provider for services you arrange through the ADP service offering, or paid from your plan's trust directly to a payee other than you. We also explained that you would need to ask for Compensation information from any Service Provider that you (as plan sponsor) paid if your plan's trust reimbursed you for that payment; that you hired on your own (not through the ADP service offering) for any service to your plan; that was an employee of your company; or that you, as a plan fiduciary, believed you should ask.

The "*Guide to Collecting and Providing Schedule C Service Provider Information to ADP*" also explained that while ADP was working with the third-party broker or other firm through which ADP's services were sold to your company to arrange to receive their Compensation information directly, in some cases the firm and its professionals might wish to furnish certain information directly to you. We thus encouraged you to contact that firm to have it complete an Indirect Compensation Request Form. Finally, the booklet discussed certain situations for which you might need to seek out additional Compensation information or collect information from your records.

To prepare your plan's Schedule C, we combined information in our records with information provided directly to us by Service Providers, information provided by Investment Fund groups whose Investment Funds are made available through the ADP service offering (this information is discussed in detail below), and information you provided in response to our previous request for Schedule C information.

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Figuring out which Service Providers to report

Schedule C doesn't require you to report on every Service Provider. Service Providers that receive Compensation less than a specified amount may be omitted.

In applying thresholds to what does or doesn't need to be reported on your Schedule C, ADP used the following aggregation approach.

\$5,000 THRESHOLD FOR INCLUSION ON SCHEDULE C

ADP looked at a Service Provider's total Compensation from a plan – counting Direct Compensation, Eligible Indirect Compensation, and Non-eligible Indirect Compensation. (Remember, for Schedule C reporting purposes, Compensation doesn't

include any amount your company paid to a Service Provider using your company's money if your company wasn't reimbursed from your plan's assets for the payment.) We generally did not include on your Schedule C report any Service Provider that received less than \$5000 in total Compensation. However, if any Compensation was reported to us as a formula, we assumed, in accordance with the Schedule C instructions, that the \$5,000 threshold was met.

In addition, if the Compensation information provided to ADP indicated that a Service Provider (which may have provided services through one or more affiliates) received compensation under more than one Employer Identification Number ("EIN"), ADP aggregated the compensation received under all of these EINs to see whether it exceeded \$5,000. If it did, we treated the Service Provider as having received compensation over the \$5000 threshold that should be reported, and reported the compensation by separate EINs (treating each EIN as a Service Provider), even if the compensation reported for an EIN was less than \$5,000. In performing this review, we generally didn't aggregate amounts paid from Investment Funds to an Investment Fund's manager or distributor affiliated with a Service Provider, unless the Service Provider specifically reported such amounts to ADP as part of its Compensation for plan services. We also did not aggregate EINs in determining whether a Service Provider *only* received Eligible Indirect Compensation.

\$1,000 THRESHOLD FOR DETAILED REPORTING OF A KEY SERVICE PROVIDER'S INDIRECT COMPENSATION

ADP looked only at Non-eligible Indirect Compensation.

We show each Key Service Provider (by EIN) that received Indirect Compensation of more than \$1,000 from one source. If any Compensation received by a Key Service Provider from a single source was reported to us as a formula, we assumed the \$1,000 threshold was met, in accordance with the Schedule C instructions. ADP didn't aggregate Service Providers operating under more than one EIN to count whether Indirect Compensation was more than this \$1,000 threshold.

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About Direct, Indirect, and Eligible Indirect Compensation

The following subparts describe some work methods we use in putting information about different kinds of Compensation on your Schedule C.

DIRECT COMPENSATION PAID FROM YOUR PLAN'S TRUST

We put on your Schedule C all payments of Direct Compensation (payments from your plan's trust to a Service Provider) in ADP's records, provided the Service Provider that received the Direct Compensation exceeded the thresholds for inclusion on Schedule C. Where ADP has collected Compensation from your Plan for a Service Provider and paid that Compensation over to the Service Provider, we have reported the payments as Direct Compensation from your plan to the Service Provider. Direct Compensation is reported based on your plan year.

If, during the plan year being reported, you (as plan sponsor) made a payment to a Service Provider out of your own assets and your plan's trust reimbursed you for this payment, you must report this reimbursed payment on Schedule C as a payment of Direct Compensation from your plan to the Service Provider. As we explained in the "*Guide to Collecting and Providing Schedule C Service Provider Information to ADP*" sent to you earlier this year, while ADP's records show the amount of such a payment in this situation, our records don't show which Service Provider you paid, and they don't contain all information needed to report these payments as payments to the Service Provider. If you provided this information to ADP as we requested, we have used it in reflecting Direct Compensation on your plan's Schedule C. If not, you should provide this information to ADP so that your Schedule C will accurately reflect these Direct Compensation payments as received by your Service Provider instead of by you.

ABOUT INDIRECT COMPENSATION

Indirect Compensation generally

ADP used the calendar year ending with or within the plan year to compile Indirect Compensation information from our records. We asked the Service Providers that provided Indirect Compensation information directly to ADP (including Investment Funds made available through the ADP service offering) to provide Indirect Compensation data based on the calendar year. The forms we provided to you to help you collect information from other Service Providers also requested information based on the calendar year.

Indirect Compensation that ADP pays

In some circumstances, ADP makes payments to other Service Providers in connection with services provided to your plan. If we make such a payment, we do so from ADP's assets, which might include ADP's revenue from you or your plan, but there are no additional charges to your plan. If the applicable requirements for Schedule C reporting were met, we put the payments on Schedule C as Indirect Compensation that ADP paid to that Service Provider. (But see above regarding payments collected by ADP from your plan's trust if ADP merely paid those amounts over to the Service Provider.)

ABOUT ELIGIBLE INDIRECT COMPENSATION

Some kinds of Indirect Compensation are eligible for limited reporting on Schedule C; the Department of Labor calls this Eligible Indirect Compensation. For Indirect Compensation to be Eligible Indirect Compensation or "EIC", it must be the right kind of Indirect Compensation, and you must have received the right disclosures. (For more background, read ADP's "*Words defined for Schedule C reporting*" and "*Eligible Indirect Compensation Disclosures for Form 5500 Schedule C filers.*") ADP has used the simplified reporting approach available for EIC in preparing Schedule C for your plan wherever possible.

To see ADP's EIC disclosures (if any) and the disclosures that Service Providers whose services are made available through the ADP service offering or who sold ADP's service offering to your company and Investment Fund groups made available through the ADP service offering provided to ADP to forward to you, see the booklet entitled "*Eligible Indirect Compensation Disclosures for Form 5500 Schedule C Filers.*" Also, read that booklet to understand the assumptions ADP has used about whether to treat a Compensation item as EIC when preparing your Schedule C. If you directed ADP to treat certain Indirect Compensation as EIC based on disclosures provided directly to you by a Service Provider you contacted, ADP has followed your direction.

Other than its own Indirect Compensation, ADP has **not** reviewed any Service Provider's or Investment Fund group's characterization of any Indirect Compensation as EIC. ADP likewise has not reviewed any of these disclosures other than its own to check for accuracy or completeness in terms of what an EIC disclosure has to contain. For our preparation of a Schedule C, we relied on the Service Providers and Investment Fund groups to make these characterizations and to provide EIC disclosures that they believe are sufficient, accurate, and complete.

While we have assumed each Service Provider's or Investment Fund group's disclosures in the EIC disclosure booklet are sufficient to allow simplified reporting of EIC, you must make this decision yourself. If you decide a particular disclosure is not sufficient, you'll need to request more information from the Service Provider or Investment Fund group before you sign your Form 5500. Unless you instruct us differently, ADP assumes that you approve treating each Indirect Compensation item covered by these disclosures as EIC in preparing your Schedule C. If you decide that any Indirect Compensation item covered by a Service Provider's or Investment Fund group's EIC disclosure should not be treated as EIC, you must give ADP detailed instructions about exactly what you want to put on Schedule C.

If ADP is listed on a Schedule C as a person furnishing disclosures relating to Compensation as Eligible Indirect Compensation, ADP does **not** make any representation about the accuracy or completeness of information that was prepared by a person other than ADP. This includes information about Investment Funds and about Compensation that relates to Investment Funds.

ABOUT COMPENSATION AMONG AFFILIATES AND SUBCONTRACTOR PAYMENTS

ADP, Inc. may use affiliates and divisions, including ADP Broker-Dealer, Inc., to perform services for your plan. ADP, Inc. and its affiliates may make "intra-company" payments to one another. ADP also may use the services of subcontractors in the course of performing certain services for your plan or, in limited circumstances, act as a subcontractor to another Service Provider to your plan. Under the Schedule C Instructions' bundled-reporting exception, payments between affiliates or to a subcontractor need not be reported on Schedule C except in certain specific situations. ADP's preparation of your Schedule C doesn't report payments between or among ADP, Inc. and its affiliates or subcontractor payments unless specifically required. Other Service Providers also may have applied the bundled-reporting exception in providing their Compensation information.

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Estimates and allocations

Some Compensation amounts we put on your Schedule C might reflect an estimate or an allocation to your plan of a share of a larger amount of Compensation that isn't attributable only to your plan. While the assumptions used in preparing an estimate and any allocation methods used need not be reported on Schedule C itself, they must be disclosed to you. Our allocation methods and any included in information provided by a Service Provider directly to ADP are described in an Appendix at the end of this booklet. This Appendix might include information provided by Service Providers your plan didn't use. You need only review information provided by Service Providers your plan used in the reporting year.

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About service/compensation codes and reportable relationships

Schedule C requires service and compensation codes for each Service Provider. (A list of these codes was provided to you when we sent you materials to use in collecting Schedule C information.) In preparing your Schedule C, ADP first used any codes provided by you or the Service Provider in question. If you and the Service Provider didn't provide any codes, we have included service and compensation codes based on what ADP knows about what the Service Provider does for your plan and the Service Provider's Compensation. Also, we assume that a Service Provider doesn't have a reportable relationship to an employer, employee organization, or a party-in-interest regarding your plan, unless you or a Service Provider instruct us with specific information.

You must review the service and compensation codes, and whether there's a relationship to be reported. If you wish to change any entries, you must give ADP detailed instructions about exactly what you want to put on Schedule C. As with everything in Schedule C and Form 5500, you're responsible for your report.

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Some practical limits on what ADP does for you

The Compensation information ADP put on your plan's Schedule C is based on information in ADP's records, information furnished to us by unaffiliated Service Providers and Investment Fund groups, or furnished by you, our client.

For information about ADP's Compensation, we believe that the information we put on Schedule C is accurate and complete to the best of ADP's knowledge. For every other Service Provider's Compensation or Compensation paid from an Investment Fund, if we used information in our records, it is accurate to the best of our knowledge and we relied on the service provider to tell us if it was complete. If ADP used information furnished by others, we relied on those others as to the accuracy or completeness of the information they provided without performing our own review.

As explained above, ADP has relied on you to request information from certain Service Providers. ADP used each Service Provider information form you sent us in preparing your plan's Schedule C. If you didn't send us a form or forms in response to our information request earlier this year, we assume you concluded there is nothing to report.

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Failure to furnish information needed to complete Schedule C

In the unlikely event a Service Provider fails or refuses to provide you information needed to complete Schedule C, Schedule C asks you to identify the Service Provider and explain what information the Service Provider failed or refused to furnish.

Please Note: The instructions to Schedule C include a reminder to Plan Administrators that "before identifying a Fiduciary or Service Provider as a person who failed or refused to provide information, you should contact the Fiduciary or Service Provider to request the necessary information and tell them that you will list them on the Schedule C as a Fiduciary or Service Provider who failed or refused to provide information if they do not provide the necessary information."

ADP's preparation of a Schedule C doesn't name any Service Provider as having failed to furnish necessary information. If you decide that a Service Provider failed to furnish necessary information, you must instruct ADP about exactly what you want to put on this part of Schedule C.

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Why you should read everything

While ADP prepares your Schedule C, you as your plan's administrator sign and file your Form 5500, and are responsible for its accuracy and completeness. Also, the Department of Labor expects you to review your plan's expenses periodically to find at least that all direct and indirect fee arrangements are appropriate, and that each Service Provider receives no more than reasonable compensation for the service that it provides. Reading carefully the information reported on Schedule C can help you meet these duties.

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Why you should keep records

ERISA § 107 requires everyone that's required to file a Form 5500 to keep at least enough records to support everything reported in the Form 5500 (including a decision about what need not be reported). You must keep these records for at least six years after the filing date.

Example: If you file your plan's 2010 calendar-plan-year Form 5500 on October 15, 2011, you must keep records to support that 2010 report until at least October 15, 2017.

A failure to keep records as required is an ERISA violation.

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Questions?

If you have a question or want more information, please contact your ADP Retirement Services Client Services Team.

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About this information

ADP Retirement Services provides information (but not advice) to help people use retirement plans. This overview isn't a substitute for getting your own advice. Any information is only a summary, and can't consider your specific situation.

This overview includes some explanations about relevant law as of the date we prepared it. Although we've tried to be careful, we don't warrant the accuracy or completeness of any information. You should consider that the law could change at any time. We don't give accounting, tax, or legal advice. If you need advice, you should consult your legal advisor.

ADP is **not** responsible for any information from a source other than ADP.

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Appendix: Estimate and Allocation Methods

Some items of reportable Indirect Compensation paid by ADP to, or received by ADP from, other Service Providers in connection with your Plan may be fixed fees or per-transaction charges based on transactions or services involving multiple plans. ADP estimates the dollar amount of such Indirect Compensation that is reportable with respect to your Plan by dividing the total dollar amount paid by the number of Plans as of December 31 benefitting from the transactions or services.

Some items of reportable Indirect Compensation ADP pays to or receives from other Service Providers in connection with your Plan may be expressed in dollars and determined based on the assets of multiple plans. ADP estimates the dollar amount of such Indirect Compensation that is reportable with respect to your Plan based on the value of your Plan's assets to which the compensation is attributable compared to the total assets to which the compensation is attributable as of December 31.

If ADP estimates reportable Indirect Compensation paid in connection with multiple plans on behalf of another Service Provider, we use these same methods.

* * * * *

If a Service Provider has utilized an estimate or allocation in providing Compensation information and provided an explanation of its methodology to ADP, that explanation is set forth below:

ADP has not received any estimate or allocation methodology explanations as part of the Compensation information provided to ADP by Service Providers.

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To whom it may concern,

This filing was delayed due to the following difficulties that were experienced with the electronic filing system used when trying to file timely:

- The 2012 short plan year 5500 was published on a 2011 form and not a 2012 form which did not allow the plan administrator to file a complete 5500 by the deadline date.
- Republishing the 2012 5500 on a 2012 form took a number of days to update in order to allow filing which made it so the republished 5500 was not ready until after the deadline date. The client did however notify ADP prior to the deadline date to try to get it republished so that she could file it on time.

I have every intention of complying with reporting and disclosure rules. I believe that the late filing of this Form 5500 is the result of reasonable cause, not willful neglect. I do not anticipate the same issues in the future and the filings in the future will be timely. I would ask for abatement of the purposed late filing penalty.

Thank you,

Alicia Worthey

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