## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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OMB Nos. 1210-0110 1210-0089

2012

the Internal Revenue Code (the Code).

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF.

Part I	Annual Report Identification Information						
For calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	12/31/2	2012		
A This ret	urn/report is for: a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	oant plan	
<b>B</b> This ret	urn/report is: the first return/report	the final return/report					
	an amended return/report	short plan year retur	n/report (less than 12 m	onths	)		
C Check b	pox if filing under: Form 5558	automatic extension			DFVC progra	ım	
	special extension (enter description	n)			<b>—</b>		
Part II	Basic Plan Information—enter all requested informa	tion					
1a Name				1b	Three-digit		
	TRUCK CENTERS, INC. 401(K) PLAN				plan number		
					(PN) ▶	002	
				1c	Effective date of 01/01/	•	
	oonsor's name and address; include room or suite number (en TRUCK CENTERS, INC.	nployer, if for a single-	employer plan)	2b	Employer Identif	fication Number	
				2c	hone number		
10310 WES					509-744	4-0390	
SPOKANE, \	WA 99224			2d	Business code ( 48412	` '	
	dministrator's name and address Same as Plan Sponsor Na	_	Sponsor Address	3b	Administrator's I	EIN 69216	
KEEDOM IF	RUCK CENTERS, INC. 10310 WESTBO SPOKANE, WA			3с	Administrator's 1	telephone number	
					509-744	1-0390	
4 16.0			4	41			
	name and/or EIN of the plan sponsor has changed since the la , EIN, and the plan number from the last return/report.	st return/report filed to	or this plan, enter the	4b	EIN 91-11	69216	
a Sponsor's nameSPOKANE FREIGHTLINER, INC. 401(K) PLAN					PN	002	
5a Total number of participants at the beginning of the plan year				5a	5a 73		
<b>b</b> Total number of participants at the end of the plan year						63	
C Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)						47	
	all of the plan's assets during the plan year invested in eligible					X Yes No	
<b>b</b> Are yo	ou claiming a waiver of the annual examination and report of a	n independent qualifie	ed public accountant (IC	PA)			
	29 CFR 2520.104-46? (See instructions on waiver eligibility a	,				X Yes   No	
	answered "No" to either line 6a or line 6b, the plan canno						
	a penalty for the late or incomplete filing of this return/repositions of perjury and other penalties set forth in the instructions					able a Cabadula	
SB or Sche	ances of perjury and other penalties set forth in the instructions adule MB completed and signed by an enrolled actuary, as well true, correct, and complete.						
SIGN Filed with authorized/valid electronic signature. 05/17/2013 LARRY PEARSON							
HERE	Signature of plan administrator	Date	Enter name of individ	lual signing as plan administrator			
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	lual sid	ning as emplove	er or plan sponsor	
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)					<del>, , , , , , , , , , , , , , , , , , , </del>	number (optional)	
JODI CALHOUN RANDALL & HURLEY, INC. 509-838-						3-5500	
601 W. RIVE					220 000		
<b>SUITE 1600</b>							
SPOKANE,	VVA 99201						

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7 Plan Assets and Labilities	Par	t III Financial Information										
a Total plan assets. 7a   1634192   2009781   b Total plan tabilities. 7b   91   13537   c Net plan assets (subtract line 7b from line 7e). 7c   1534101   1995924   8 Income, Expenses, and Transfers for this Plan Year   (a) Amount (b) Total   8 Contributions reserved or receivable from: (1) Employers   8a(1)   36586   (2) Participants   8a(2)   189333   (2) 200927   c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8b   200927   b Other income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c   244478   c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c   244478   d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8c   244478   e Contrain deemed and/or corrective distributions (see instructions). 8c   244478   d Contrain deemed and/or corrective distributions (see instructions). 8c   244478   d Contrain deemed and/or corrective distributions (see instructions). 8c   244478   d Contrain deemed and/or corrective distributions (see instructions). 8c   244478   d Contrain deemed and/or corrective distributions (see instructions). 8c   300927   d Contrain deemed and/or corrective distributions (see instructions). 8c   300927   d Contrain deemed and/or corrective distributions (see instructions). 8c   300927   d Contrain deemed and/or corrective distributions (see instructions). 8c   300927   d Contrain deemed and/or corrective distributions (see instructions). 8c   300927   d Contrain deemed and/or corrective distributions (see instructions). 8c   300927   d Not inscrepanses (add lines 8d, 8e, 8f, and 8g). 8d   300927   d Not inscrepanses (add lines 8d, 8e, 8f, and 8g). 8d   300927   d Not inscrepanses (add lines 8d, 8e, 8f, and 8g). 8d   300927   d Not inscrepanses (add lines 8d, 8e, 8f, and 8g). 8d   300927   d Not inscrepanses (add lines 8d, 8e, 8f, and 8g). 8d   300927   d Not inscrepanses (add lines 8d, 8e, 8f, and 8g). 8d   300927   d Not inscrepanses (add lines 8d, 8e, 8f, and 8g). 8d   300927   d Not plan provides pension benefits, enter the applicable pension fe				(a) Beginning of Yea	ar			(b) En	d of Y	ear		
b Total plan liabilities.  7b			7a				` '					
C Net plan assets (subtract line 7b from line 7a). 7c (s.34101 (p.) Total 8 n. comes, Expenses, and Transfers for his Plan Year (p.) Amount (b.) Total (p.) Total 8 n. comes, Expenses, and Transfers for his Plan Year (p.) Amount (b.) Total 8 n. comes, expenses, and Transfers for his Plan Year (p.) Total 8 n. comes, expenses, and transfers for his Plan Year (p.) Total 1 n. comes,												
8 Income. Expenses, and Transfers for this Plan Year  8 Contributions received or receivable from: (1) Employers. (2) Participants. (3) Others (including pollowers). (3) Others (including pollowers). (4) Employers. (5) Participants. (6) 1884(3) 188579  8 (4) 188679  8 (5) 188679  8 (6) 188679  8 (7) 188679  8 (8) 188679  8 (8) 188679  8 (8) 188679  8 (9) 188679  8 (10) 188679  8		·										
a Contributions received or receivable from:  (1) Employers: (2) Participants. (3) Others (including relievers). (3) Others (including relievers). (4) Employers: (5) Other (including relievers). (6) Other (including relievers). (6) Other (including relievers). (7) Other (including relievers). (8) Other (including relievers). (8) Other (including relievers). (8) Other (including direct relievers and insurance premiums to provide benefits; paid (including direct relievers and insurance premiums to provide benefits. (8) Other (including direct relievers and insurance premiums to provide benefits). (8) Other expenses. (8) Other expenses. (9)												
(2) Participants.		·		(u) / inio ant				(2)	Total			
(3) Others (including rollovers)		(1) Employers	8a(1)	3588	85							
b Cther income (loss)		(2) Participants	8a(2)	18893	33							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)	18657	79							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).   8d   244478	b	Other income (loss)	8b	20992	27							
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						6	321324	ļ	
f Administrative service providers (salaries, fees, commissions)		• • •	8d	24447	<b>'</b> 8							
g Other expenses (add lines 8d, 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions)	8e									
n Total expenses (add lines 8d. 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f	1502	23							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	g	Other expenses	8g									
i Net income (loss) (subtract line 8h from line 8c)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							25950	1	
Transfers to (from) the plan (see instructions)   8     Part IV   Plan Characteristics			8i							36182	3	
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  2E 2J 2K 30 2F 26 2T  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:  Part V Compliance Questions  10 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 (See instructions and DOL's Voluntary Fiduciary Correction Program)		, , ,	8i									
9a	Par	t IV Plan Characteristics	<u> </u>	l								
But the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Part V   Compliance Questions		If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uctions	S:		
10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).  f Has the plan have any participant loans? (If "Yes," enter amount as of year end.).  100	b		eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions:			
10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions).  f Has the plan have any participant loans? (If "Yes," enter amount as of year end.).  100	Dort	V Compliance Questions										
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a		<u> </u>				Vac	Na					
29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a			tiono with:	n the time period described in	1	res	NO		Am	ount		
on line 10a.)		29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					X					
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							X					
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	С	Was the plan covered by a fidelity bond?				X					100	000
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	d		-	•	10d		X					
f Has the plan failed to provide any benefit when due under the plan?	е	insurance service or other organization that provides some or all or	of the bene	efits under the plan? (See			X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		· · · · · · · · · · · · · · · · · · ·			10e							
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		Has the plan failed to provide any benefit when due under the plan	n?		10f		Х					
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Χ					
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	h		•		10h		X					
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	·			10i							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Part	VI Pension Funding Compliance										
11a Enter the amount from Schedule SB line 39	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form											
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?  Yes No (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	11a											
If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver.  Month Day Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	12								No			
granting the waiver		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
	a	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_	ne date o			ling	
b Enter the minimum required contribution for this plan year	If	you completed line 12a, complete lines 3, 9, and 10 of Schedulo	e MB (For	m 5500), and skip to line 13.								
	b	b Enter the minimum required contribution for this plan year										

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control Yes X		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 <b>3c(2)</b> E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Benefit Guaranty Corporation  • Complete all entries in accor	dance with the instruc	tions to the Form 5500	)-SF.				
Part I Annual Report Identification Information							
For calendar plan year 2012 or fiscal plan year beginning 01	/01/2012	and ending	12/31/2	012			
A This return/report is for:	a multiple-employer pl	an (not multiemployer)	a one-pa	articipant plan			
B This return/report is:	the final return/report						
an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
H	automatic extension		☐ DFVC p	rogram			
C Check box if filing under: ☐ Form 5558 ☐ special extension (enter description			L '				
Part II Basic Plan Information—enter all requested inform	ation		1b Three-digit				
<b>1a</b> Name of plan Freedom Truck Centers, Inc. 401(k) Plan			plan numb	er			
Fleedom Huck Centers, The. 101(h) 11ah			(PN) ▶	002			
			1c Effective date of plan 01/01/1985				
2a Plan sponsor's name and address; include room or suite number (e	employer, if for a single-	employer plan)	2b Employer Identification Number				
Freedom Truck Centers, Inc.				1169216			
10210 Marchan			2C Sponsor's 509-744	telephone number			
10310 Westbow				ode (see instructions)			
Spokane WA 99224			484120	ode (see mondonom)			
3a Plan administrator's name and address Same as Plan Sponsor I	Name	Sponsor Address	3b Administrat	or's EIN			
Freedom Truck Centers, Inc.		<b></b>	91-1169	9216			
Freedom frack Centers, inc.			3c Administrator's telephone number				
10310 Westbow			509-744-0390				
10310 Webcbow							
Spokane WA 99224							
4 If the name and/or EIN of the plan sponsor has changed since the	last return/report filed for	or this plan, enter the	<b>4b</b> EIN 91-1	169216			
name, EIN, and the plan number from the last return/report.							
a Sponsor's name Spokane Freightliner			4c PN 002				
5a Total number of participants at the beginning of the plan year			5a	73			
<b>b</b> Total number of participants at the end of the plan year			5b	63			
c Number of participants with account balances as of the end of the	plan year (defined bene	efit plans do not		4.77			
complete this item)				47			
6a Were all of the plan's assets during the plan year invested in eligit	ole assets? (See instruc	ctions.)		X Yes No			
<b>b</b> Are you claiming a waiver of the annual examination and report of	an independent qualific	ed public accountant (IQ	(PA)	X Yes No			
under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form 5500.				
Caution: A penalty for the late or incomplete filing of this return/re				d.			
Under repulting of parity, and other papalting set forth in the instruction	ns. I declare that I have	examined this return/ret	port, including, if a	applicable, a Schedule			
SB or Schedule MB completed and signed by an enrolled actuary, as w	vell as the electronic ve	rsion of this return/report	t, and to the best	of my knowledge and			
belief, it is true, correct, and complete.							
SIGN Jun 3	5-16-13	Larry Pearson					
HERE ////		Enter name of individ	lual signing as pla	n administrator			
Signature of plan administrator	Date			Tr duriminotrator			
SIGN	Larry Pearson						
HERE Signature of employer/plan' sponsor	Date		lual signing as em	ployer or plan sponsor hone number (optional)			
Preparer's name (including firm name, if applicable) and address; included Jodi Calhoun	ide room of suite numb	ει (υμιιστιαι)					
Randall & Hurley, Inc.			509-	838-5500			
601 W. Riverside							
Suite 1600							
Spokane WA 99201							

Par	t III Financial Information								
	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of \	⁄ear	
	Total plan assets	7a	163	3419	2			2009761	
	Total plan liabilities	7b		9	1			13837	
	Net plan assets (subtract line 7b from line 7a)	7c	163	1634101			1 19959		
	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
	Contributions received or receivable from:								
	(1) Employers	8a(1)		3588					
	(2) Participants	8a(2)		8893	_				
	(3) Others (including rollovers)	8a(3)		3657	_				
	Other income (loss)	8b	21	0992	: /			(21224	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			+-		<del>,</del>	621324	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	24	4447	18				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		1 5 0 0	<del>  </del>				
f	Administrative service providers (salaries, fees, commissions)	8f		1502	3				
g	Other expenses	8g			_			050501	
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-			259501	
	Net income (loss) (subtract line 8h from line 8c)	8i			-			361823	
_ <u>j</u> _	Transfers to (from) the plan (see instructions)	8j							
Par								···	
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2F 2G 2T	feature co	odes from the List of Plan Chara	acteris	stic Co	des in	the instruction	ns:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Charac	cterist	ic Cod	les in th	ne instructions	:	
Part	V Compliance Questions					I			
10	During the plan year:				Yes	No	An	nount	
a	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Х			
b	<b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х			
С	Was the plan covered by a fidelity bond?			10c	Х			100000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	ond, that was caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other	ner person	ns by an insurance carrier,						
	insurance service or other organization that provides some or all of instructions.)	of the ben	efits under the plan? (See	10e		х			
f	Has the plan failed to provide any benefit when due under the pla			10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i					
Part					L			********	
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form								
	5500) and line 11a below)  11a Enter the amount from Schedule SB line 39.								
12	Von W No								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz	zed in this plan year, see instru Mor	nth	, and	enter th Day	ne date of the	letter ruling ear	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul	le MB (Fo	rm 5500), and skip to line 13.				T		
b Enter the minimum required contribution for this plan year									