Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions 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 12/31/2012 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a B This return/report is: the first return/report a short plan year return/report (less than 12 months) D C Check box if filing under: Form 5558 automatic extension DI gencial extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three plan (PN) (C Effect Part II Basic Plan Information—enter all requested information 1b Three plan (PN) (EIN) (PN) (EIN) P.o. BOX 11699 OLYMPIA, WA 98508 (Z Spor (A manu administrator's name and address (Same as Plan Sponsor Address (A dminis	2012 This Form is Open to Public Inspection
Department of Labor Entirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). T Pension Benefit Guarany Corporation Pension Benefit Guarany Corporation > Complete all entries in accordance with the Instructions to the Form 5500-SF. Part I Annual Report Identification Information For calendar plan year 2012 or fiscal plan year beginning 0.101/2012 and ending 12/31/2012 A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a single-form plan (not multiemployer) a single-employer plan (not multiemployer) a single-employer plan (not multiemployer) a single-employer plan (not multiemployer) a short plan year return/report (less than 12 months) D C Check box if filing under: Special extension (enter description) guarantic extension D Part II Basic Plan Information—enter all requested information 1b The plan (PN) 1c Effect LISTAR FORD AU(K) PLAN 1b Three plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2c Specific Plan (PN) LISTAR FORD, LLC P.O. BOX 11699 OLYMPIA, WA 98508 3b Admi Sponso	This Form is Open to Public
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SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the belief, it is true, correct, and complete.	ling, if applicable, a Schedule
SIGN Filed with authorized/valid electronic signature. 05/23/2013 VICTORIA DICKERSON	
HERE Signature of plan administrator Date Enter name of individual signing a	as plan administrator
SIGN	
HERE Signature of employer/plan sponsor Date Enter name of individual signing a	
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's	as employer or plan sponsor

Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Yea	ır		(1	o) End of Year
a Total plan assets	7a	55746				684944
b Total plan liabilities	7b	58	3			581
C Net plan assets (subtract line 7b from line 7a)	7c	55688	3			684363
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:						
(1) Employers		0504	-	_		
(2) Participants		6564	-5			
(3) Others (including rollovers)		70.40	_	_		
b Other income (loss)		7842	1	-		
 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) d Benefits paid (including direct rollovers and insurance premiums) 	8c			_		144072
to provide benefits)	8d	1026	1			
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f	633	1			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					16592
i Net income (loss) (subtract line 8h from line 8c)	8i					127480
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
2E 2F 2G 2J 2K 3D 2T b If the plan provides welfare benefits, enter the applicable welfare Part V Compliance Questions	feature codes	from the List of Plan Charac	cterist	ic Coc	les in the i	nstructions:
Part V Compliance Questions 10 During the plan year:				Yes	No	• •
 During the plan year: a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fig 			40-	162	X	Amount
 b Were there any nonexempt transactions with any party-in-interes on line 10a.) 	st? (Do not inc	lude transactions reported	10a 10b		x	
C Was the plan covered by a fidelity bond?				Х		
			10c			200000
d Did the plan have a loss, whether or not reimbursed by the plan' or dishonesty?		, 	10d		X	
e Were any fees or commissions paid to any brokers, agents, or o insurance service or other organization that provides some or all instructions.)	of the benefits	s under the plan? (See	10e	x		3531
f Has the plan failed to provide any benefit when due under the pl			10f	Х		6311
g Did the plan have any participant loans? (If "Yes," enter amount			10g	Х		
 bit the plan have any participant rearies (in real, order amount) h If this is an individual account plan, was there a blackout period? 2520.101-3.) 	? (See instructi	ons and 29 CFR	10g		x	30755
 If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1 	the required n	otice or one of the	10i			
Part VI Pension Funding Compliance			-			
 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below) 	ments? (If "Yes	s," see instructions and com	plete	Scheo	lule SB (F	orm
11a Enter the amount from Schedule SB line 39					11a	
						SA? Yes X No
12 Is this a defined contribution plan subject to the minimum fundin	u leunement		00			- · · · · · · · · · · · · · · · · · · ·
12 Is this a defined contribution plan subject to the minimum fundin (If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below		e.)				
 12 Is this a defined contribution plan subject to the minimum fundin (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is be granting the waiver. 	v, as applicable	in this plan year, see instruc		, and e	enter the d Day	ate of the letter ruling Year
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below a If a waiver of the minimum funding standard for a prior year is be	v, as applicabl	in this plan year, see instruc		, and e		-

С	Enter	the amount contributed by the employer to the plan for this plan year	12c		
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a tive amount)	12d		
е		he 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	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No	
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a		
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the pBGC?	control		Yes X No
С		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) n assets or liabilities were transferred. (See instructions.)	to	_	
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII	Trust Information (optional)			

14a Name of trust	14b Trust's EIN