## 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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2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

		• •	Complete all entries in actions and actions are actions.	ccordance with the instru	ctions to the Form 550	10-5F.	
	art I		Identification Information				
For	calenda	ar plan year 2012 or fis		/2012	and ending	12/31/2	<u>2012</u>
Α	This retu	urn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer)		a one-participant plan
В	This retu	urn/report is:	the first return/report	the final return/report			
			an amended return/report	a short plan year retur	n/report (less than 12 m	onths)	
С	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC program
		3	special extension (enter desc	cription)			
Pa	art II	Basic Plan Info	rmation—enter all requested in				
	Name		Titation onto an requested in	Tomacon		1b	Three-digit
		AR CARE INC. 401(K)	PLAN				plan number
							(PN) ▶ 001
						1c	Effective date of plan
2-	D:					01	02/01/2007
<b>∠a</b> BRO	Plan sp WNS C	onsor's name and add	dress; include room or suite numb	er (employer, if for a single	-employer plan)	20	Employer Identification Number (FIN) 45-0489641
						20	-
1651	0 106TL	H AVENUE SE				20	Sponsor's telephone number 360-458-1421
		98597-8636				2d	Business code (see instructions)
							811190
3a	Plan ac	dministrator's name an	nd address XSame as Plan Spon	sor Name Same as Pla	n Sponsor Address	3b	Administrator's EIN
				Ц			
						3с	Administrator's telephone number
4	If the n	name and/or EIN of the	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4h	EIN
-			mber from the last return/report.		p,		
а	Sponso	or's name				4c	PN
5a	Total n	number of participants	at the beginning of the plan year $\!.\!$			5a	7
b	Total n	number of participants	at the end of the plan year			5b	7
С	Numbe	er of participants with a	account balances as of the end of	the plan year (defined bene	efit plans do not		
		,				5c	4
			s during the plan year invested in e				X Yes   No
b			the annual examination and repo (See instructions on waiver eligit				X Yes ☐ No
			ther line 6a or line 6b, the plan				
Cau			or incomplete filing of this retur				
			her penalties set forth in the instru				
SB	or Sche	dule MB completed ar	nd signed by an enrolled actuary, a				
beli	ef, it is t	rue, correct, and comp	Diete.				
SIG	iN	Filed with authorized/	valid electronic signature.	09/14/2013	MICHAEL J BROWN		
HEF		Signature of plan a	dministrator	Date	Enter name of individ	lual sin	ning as plan administrator
CIC			valid electronic signature.	09/14/2013	MICHAEL J BROWN	iuai sig	ming as plan administrator
SIG							<del>-</del>
		Signature of emplo	yer/plan sponsor ame, if applicable) and address; ir	Date		1	ning as employer or plan sponsor parer's telephone number (optional)
		GROUP NORTHWEST		iolade room of Suite Hullibe	η (οριιοπαι)	Fieb	, , ,
2383	80 PACII	FIC HIGHWAY S.					206-878-0688
	ΓΕ 332 Τ. WA 9	98032-7734					
LIN	., **/*	,000 <u>2</u> 1104					

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Pa	rt III   Financial Information	ı	ı							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of	Year		
	Total plan assets	. 7a	16847	<b>'</b> 5				1854	90	
	Total plan liabilities	7b		0			0			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c	16847	<b>'</b> 5	_		185490		90	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al		
а	Contributions received or receivable from:  (1) Employers	8a(1)		0						
	(2) Participants	8a(2)	1274							
	(3) Others (including rollovers)	8a(3)		0						
	Other income (loss)	8b	816							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	010					2090	7	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	389	)2				203	<u>, , , , , , , , , , , , , , , , , , , </u>	
e	Certain deemed and/or corrective distributions (see instructions)	. 8e		0						
f	Administrative service providers (salaries, fees, commissions)	8f		0						
q	Other expenses	8g		0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						38	92	
ī	Net income (loss) (subtract line 8h from line 8c)							170		
j	Transfers to (from) the plan (see instructions)	8j		0						
Pai	rt IV Plan Characteristics	<u> </u>		0						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2T 2J 3D 2B 2F	feature co	odes from the List of Plan Char	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 Chara	cterist	ic Cod	les in t	he instructior	s:		
Par				1			I			
10	During the plan year:	C 20-2	South and the second se	ı	Yes	No	Α	mount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	uciary Cor	rection Program)	10a		X				
b	on line 10a.)			10b		X				
				10c	X				0	0000
	Did the plan have a loss, whether or not reimbursed by the plan's			100						0000
	or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all or									
	instructions.)		• ,	10e	X					1325
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g	X				19	9733
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
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			10i						
Part	i i i i i i i i i i i i i i i i i i i									
11										
11:	Enter the amount from Schedule SB line 39					11a		<u> </u>	- 1	
12	Is this a defined contribution plan subject to the minimum funding						ERISA2	Ye	s Y	No
		-		OI 56	CUUII .	JUZ UI	LNISA!	⊔ 'с	^	.40
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th		letter i	uling	1
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					⊔ay		<u> Саі</u>		
	Enter the minimum required contribution for this plan year	•				12b				

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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 No
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

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 section 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

	Security Administration	► Complete all entries in accordan	ce with the instruction	ns to the Form 5500-	SF.		
	Guaranty Corporation	Complete all entries in accordant	GC WILLI LIIO HIGHGORO				
Part I A	nnual Report Ic	lentification Information	01/01/2012	and ending	12/31/2012		
	Г	al plan year beginning	multiple-employer plan	(not multiemployer)	a one-participant p	olan	
A This return/r	report is for:	X a single company to pro-	e final return/report				
3 This return/r	report is:		short plan year return/re	anort (less than 12 mo	onths)		
		an annone		sport (leas than 12 me	DFVC program		
C Check box i	if filing under:	x Form 5558	tomatic extension				
<b>O</b> Oncon som	5	special extension (enter description)					
	Pagio Plan Infor	mation enter all requested information	ation		4h Thurs digit		
Part II E		madon Sur			<b>1b</b> Three-digit plan number		
		401 (Ir) Dlan			(PN) ► 00		
Browns	Car Care Inc	. 401(k) Plan			1c Effective date of pla	n	
					02/01/2007	ion Number	
2c Plan and	ncor's name and ad	dress: include room or suite number (em	ployer, if for a single-e	mployer plan)	2b Employer Identificat (EIN) 45-04896	ION NUMBER	
Browns	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) Browns Car Care Inc.						
					2c Sponsor's telephon (360) 458-142	e number :1	
	10Cth 3	Q.F.			2d Business code (see		
16510	106th Avenue	20			811190	•	
US Yelm		WA 98597-8636		an Changar Address	3b Administrator's EIN		
3a Plan adn	ministrator's name a	nd address X Same as Plan Sponsor	Name [_] Same as Pi	all Spollsol Addiess			
					3c Administrator's tele	enhone number	
					JC Administrator o tolo	<b>-</b>	
				r this plan enter the	4b EIN		
4 If the na	ame and/or EIN of th	ne plan sponsor has changed since the li	ast return/report med to	this plant ever			
		mber from the last return/report.			4c PN		
<b>a</b> Sponso	or's name	s at the beginning of the plan year			5a	7	
_		the and of the plan Vear		***************************************	5b	7	
		the terms of the end of the i	Hall Vedi (delilica pono	116 - 100.	5c	4	
						X Yes No	
		tluming the plan year invested in Cildibi	6 922672; /Occ manac				
	t to to a majuor	of the annual examination and report of a	an independent qualine	a public account	QPA)	X Yes No	
			At 1156 FORIN 2000-01	and must mstead da	cause is established.		
Caution: A	a penalty for the lat	te or incomplete filing of this return/re	port will be assessed	t dilicas rodo citata	transet including if applica	able, a Schedule	
Under pen	alties of perjury and	te or incomplete filing of this return/re other penalties set forth in the instruction of and signed by an enrolled actuary, as we	ns, I declare that I have	ersion of this return/rep	port, and to the best of my	knowledge and	
SB or Sche	edule MB completed	alla signed by all cilionou determine	well as the electronic ve				
belief, it is	true, correct, and co	miplete.		Michael J. Bro	own		
SIGN	1		Date Ser 13	Enter name of individ	dual signing as plan admin	istrator	
HERE	Signature of plan ac	dministrator	Date Jeff 12	Entor Hame			
SIGN Date Enter name of individual signing as employer or							
16 april 10 miles (1880)	Signature of emplo	yer/plan sponsor	Date		Preparer's telephone number (option		
Preparer's	s name (including fir	m name, if applicable) and address; incl	ude room or suite num	per (optional)	(206) 878-068		
		Northwest, Inc.			(200) 8/8-080	<i></i>	
238	830 Pacific H	ighway S.					
1	ite 332						
	. <del>-</del>						
170	Kent	WA 98032-7734				orm 5500-SE (20	

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Part III Financial Information		(a) Beginning of Year			(b)	End of Year		
Plan Assets and Liabilities	7a	168,475				185,490		
a Total plan assets	7b	0				0		
O Total plan liabilities	7c	168,475	185,490					
Net plan assets (subtract line 7b from line 7a)	70	(a) Amount		(b) Total				
Income, Expenses, and Transfers for this Plan Year		0						
Contributions received or receivable from:     (1) Employers	8a(1)		48					
(2) Participants	8a(2)	12,742	\$6 \$8					
(3) Others (including rollovers)	8a(3)	0						
	8b	8,165	akista.		NAMES AND	20,907		
Titlings 8a(1) 8a(2) 8a(3), and 8b)	8c					20,507		
Benefits poid (including direct rollovers and insurance premiamo	04	3,892				School State of the Control of the C		
to provide benefits)	8d	0	à					
e Certain deemed and/or corrective distributions (see instructions)	8e	0	)					
f Administrative service providers (salaries, fees, commissions)	01							
d Other expenses	. 8g			enger anne.	amayar estri jaka	3,892		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h		September 1			17,015		
i Net income (loss) (subtract line 8h from line 8c)	. 8i		)					
Transfers to (from) the plan (see instructions)	. 8j			STREET,		A THE STATE OF THE		
Part IV Plan Characteristics  9a If the plan provides pension benefits, enter the applicable pension						instructions:		
b If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Character	istic (	Codes	in the	instructions.		
Part V Compliance Questions			<del></del> 1	Yes	No	Amount		
a Was there a failure to transmit to the plan any participant contrib	outions with	rection Program)	10a		x			
b Were there any nonexempt transactions with any party-in-interes			10b 10c	х	x	20,000		
on line 10a.)  C Was the plan covered by a fidelity bond?		and that was caused by fraud						
d Did the plan have a loss, whether or not reimbursed by the plan	rs flaelity t	ond, that was caused by him	10d		x			
e Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or a service.	ither perso all of the be	enefits under the plan? (See	10e	+		1,325		
- tull a reside only benefit when due under the	olan?	***************************************	10f		X	10.50		
g Did the plan have any participant loans? (If "Yes," enter amoun	nt as of vea	ar end.)	10g	y X		19,733		
g Did the plan have any participant loans? (If Tes, cites arrows	d2 (See in	structions and 29 CFR			1			
h If this is an individual account plan, was there a blackout perio 2520.101-3.)	d the record	ired notice or one of the		1	X			
	eu ille redu	II CO HOUGH OF THE	10i					
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	.101-3							
exceptions to providing the notice applied under 23 CT N 2011				e Sch	edule S	SB (Form		
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requ	irements?	(If "Yes," see instructions and cor	mplet		edule S	SB (Form		
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requestions and line 11a below)	irements?	(If "Yes," see instructions and cor	mplete		11a			
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding required 5500) and line 11a below)  11a Enter the amount from Schedule SB line 39  12 Is this a defined contribution plan subject to the minimum funding required to the minimum funding requ	irements? ding requir	(If "Yes," see instructions and cor	mplete		11a			
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requision 5500) and line 11a below)  11a Enter the amount from Schedule SB line 39	irements? ding requin	(If "Yes," see instructions and cor	mpleto	ection	11a 302 o	f ERISA? Yes X N		
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requipments and line 11a below)  11a Enter the amount from Schedule SB line 39	irements?  ding requirelow, as are being am	(If "Yes," see instructions and cor ements of section 412 of the Code oplicable.) ortized in this plan year, see instru	mpletone or s	ection	11a 302 o	f ERISA? Yes 🗓 N		
Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requision 5500) and line 11a below)  11a Enter the amount from Schedule SB line 39	irements?  ding requirelow, as application as appli	(If "Yes," see instructions and corements of section 412 of the Code oplicable.) ortized in this plan year, see instructions of the Code oplicable.	e or suction	ection	11a 302 o	f ERISA? Yes X N the date of the letter ruling ay Year		

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			12c			
С	Enter the amount contributed by the employer to the plan for this plan year		120			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	ora	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		🔲	Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets			s X	l No	
13a	Has a resolution to terminate the plan been adopted in any plan year?		13a	es in	] 140	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				······································	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?					
С	of the PBGC?	ne plan(s) to			10.15	N DN/-)
	13c(1) Name of plan(s):	13c	(2) EIN	(s)	130(3	3) PN(s)
Dar	t VIII Trust Information (optional)					
		14b 1	14b Trust's EIN			
14a	Name of trust					