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

This Form is Open to Public Inspection

Pension	Benefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	tions to the Form 5500	0-SF.				
Part I	Annual Report	Identification Information							
For calen	dar plan year 2012 or fi	scal plan year beginning 01/01/2	012	and ending 1	2/31/2012				
	eturn/report is for:	a single-employer plan		an (not multiemployer)	a one-partic	cipant plan			
B This r	eturn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)				
C Check	box if filing under:	X Form 5558	automatic extension		DFVC prog	ram			
		special extension (enter descrip	otion)						
Part II	Basic Plan Info	prmation—enter all requested info	rmation						
1a Nam	e of plan				1b Three-digit				
TIRES, INC	C. 401(K) PROFIT SHAF	RING PLAN			plan number				
					(PN) ▶	001			
					1c Effective date	•			
0						1/1974			
Za Plan TIRES, INC		ldress; include room or suite number	employer, if for a single-	employer plan)	2b Employer Iden (EIN) 91-0	tification Number 606870			
1283 NIM 9	STATE STREET				2c Sponsor's tele	phone number 48-6611			
	s, WA 98532				2d Business code	(see instructions)			
					441300				
3a Plan	administrator's name ar	nd address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b Administrator's	EIN			
					3c Administrator's	telephone number			
						•			
		e plan sponsor has changed since th	ne last return/report filed for	r this plan, enter the	4b EIN				
		mber from the last return/report.			40 DN				
	sor's name				4c PN				
		at the beginning of the plan year			5a	30			
b Tota	number of participants	at the end of the plan year			5b	22			
		account balances as of the end of th	. , ,	'	5c	22			
	,	s during the plan year invested in eli			l l	X Yes No			
_		f the annual examination and report							
	·	? (See instructions on waiver eligibili			,	X Yes No			
lf yo	u answered "No" to e	ither line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form 5500.				
Caution:	A penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable cau	se is established.				
Under pe	nalties of perjury and ot	her penalties set forth in the instructi	ions, I declare that I have	examined this return/rep	oort, including, if appl	cable, a Schedule			
	nedule MB completed a strue, correct, and com	nd signed by an enrolled actuary, as plete.	well as the electronic vers	sion of this return/report,	, and to the best of m	y knowledge and			
SIGN	Filed with authorized	/valid electronic signature.	10/03/2013	RALPH HUBBERT					
HERE	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as plan ad	Iministrator			
SIGN					<u> </u>				
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as employ	er or plan sponsor			
Preparer'		name, if applicable) and address; inc				e number (optional)			

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information										_
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) Er	d of Y	ear		_
a	Total plan assets	7a	233876	` ' ' ' ' '			2660053				_
	Total plan liabilities	7b									_
С	Net plan assets (subtract line 7b from line 7a)	7c	233876	61			2660053			3	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				_
	Contributions received or receivable from:		(a) runount					Total			
	(1) Employers	8a(1)	1956	3							
	(2) Participants	8a(2)	7178	39							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	25705	8							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	48410)	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	514	4							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	2197	'4							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2711	8	
	Net income (loss) (subtract line 8h from line 8c)	8i							32129	2	
	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	<u> </u>									_
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the insti	uctions	s:		_
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in t	he instru	ctions:			
Dord	V Compliance Questions										-
Part	•				Vac	Na	1				_
10	During the plan year:	tiono with:	n the time period described in	I	Yes	No		Am	ount		_
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
C	Was the plan covered by a fidelity bond?			10c	X					435000)
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X					
е	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e		X					
	instructions.)			100		Х					_
f	Has the plan failed to provide any benefit when due under the plan	n?		10f							_
g	Did the plan have any participant loans? (If "Yes," enter amount a		<u> </u>	10g		X					
h	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	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)											
11a											
12)			
	(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 beir granting the waiver.		Mon		and e	enter th Day	ne date d	f the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.				T				
b	b Enter the minimum required contribution for this plan year										

	Form 5500-SF 2012	Page 3 - 1						
С	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 resunegative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding	ng 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?			X	Yes	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, transfer of the PBGC?	rred to another plan, or brought unde	er the c	ontro	I		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this p which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the p	lan(s) t	0			_	
1	3c(1) Name of plan(s):		13	3c(2)	EIN(s	s)	13c(3) PN(s)
Part	VIII Trust Information (optional)						•	
14a 1	Name of trust			14b	Trust	's EIN		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Panelon Ranafit Greatanty Comoration

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).

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

	Complete all entries in accorda	nce with the instru	ctions to the Form 550	0-SF. [
Part I	Annual Report Identification Information				·			
For calend:		/01/2012	and ending	12/31/2	012			
A This ret			lan (not multiemployer)	a one-part	icipant plan			
B This ret	urn/report is: the first return/report t	he final return/report	•					
	an amended return/report	a short plan year retu	m/report (less than 12 n	nonths)				
C Check	oox if filing under: 🛛 Form 5558 📗 a	utomatic extension		DFVC pro	gram			
	special extension (enter description))						
Part II	Basic Plan Information—enter all requested informati	ion		***************************************				
1a Name				1b Three-digit				
	s, Inc. 401(k) Profit Sharing Plan			plan number				
	, 1101 101111, 1111111 1111111111111111			(PN) Þ	001			
				1c Effective date				
				01/01/19	14			
	consor's name and address; include room or suite number (em	ployer, it for a single-	employer plan)	2b Employer ide				
Tire	s, Inc.			(EIN) 91-00				
				2c Sponsor's tel (360) 74				
1283	NW State Street	•						
			00500	441300	e (see instructions)			
Cheh	alis dministrator's name and address XSame as Plan Sponsor Na	ma ∏Sama as Plan	98532	3b Administrator	e EIŃ			
Jair (Bi) a	diffillistrators trathe and address Moanie as Flati oponsor Na	ine Loane as Fran	opolisoi Address	OD Administrator	2 EUA			
				3c Administrator	s telephone number			
			-		,			
	name and/or EIN of the plan sponsor has changed since the las	t return/report filed fo	or this plan, enter the	4b EIN				
and the second second	EIN, and the plan number from the last return/report.			40.00				
a Spons	or's name number of participants at the beginning of the ptan year	· · · · · · · · · · · · · · · · · · ·		4c PN				
	number of participants at the end of the plan year			5a 5b	30 22			
	er of participants with account balances as of the end of the pla			70				
	ete this item)			5c	22			
	all of the plan's assets during the plan year invested in eligible				X Yes No			
	ou claiming a waiver of the annual examination and report of an							
	29 CFR 2520.104-46? (See instructions on waiver eligibility an			The first of the second of the	X Yes ☐ No			
If you	answered "No" to either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form 5500.				
Caution: A	penalty for the late or incomplete filing of this return/repo	rt will be assessed	unless reasonable cau	ıse is established.				
	allies of perjury and other penalties set forth in the instructions,							
	dule MB completed and signed by an enrolled actuary, as well true, correct, and complete.	as the electronic ver	sion of this return/report	i, and to the best of r	ny knowledge and			
								
SIGN	Roll Elle V	10/2/2013	Ralph Hubbert					
HERE	Signature of plan administrator	Date	Enter name of individu	ividual signing as plan administrator				
RICH			The state of the s	signing and paul d				
SIGN HERE								
I	Signature of employer/plan sponsor	Date	Enter name of individu					
rreparer's	name (including firm name, if applicable) and address; include	room or suite numbe	r (optional)	rreparer's telephol	ne number (optional)			
					*			
			·					
					•			
			A CONTRACTOR OF THE PROPERTY O					

Form 5500-SF 2012 Page **2**

Pai	t III Financial Information									
	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear	
	Total plan assets	. 7a	2,33		1		(10) =110			0,053
	Total plan liabilities	7b	,		\top				,	
	Net plan assets (subtract line 7b from line 7a)	7c	2,33	8,76	1				2,66	0,053
	Income, Expenses, and Transfers for this Plan Year	, ,	(a) Amount	- ,	1		(h)]	Γotal	_,	-,
	Contributions received or receivable from:		(a) Amount				(6)	Otal		
	(1) Employers	8a(1)	1:	9,56	3					
	(2) Participants	8a(2)	7:	1,78	9					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	25	7,05	8					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							34	8,410
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		5,14	.4					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	2.	1,97	4					
g	Other expenses	. 8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2	7,118
i_	Net income (loss) (subtract line 8h from line 8c)	8i							32	1,292
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics		•							
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 2T 3D	feature co	des from the List of Plan Char	acteris	stic C	odes in	the instru	ctions	3:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Co	des in t	he instruct	tions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Δm	ount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х		AIII	Juin	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	:? (Do not	include transactions reported	10b		Х				
С				H	37				4.2	- 000
	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud	10c	X	v			43	35,000
	or dishonesty?			10a		Х	-			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of									
	instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	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										
11	Is this a defined benefit plan subject to minimum funding requirem							Тг	Yes	X No
110	5500) and line 11a below)								. 00	<u></u> 1110
	11a Enter the amount from Schedule SB line 39									
12										
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 being	ng amortiz	ed in this plan year, see instru		and		ne date of			ling
1.5	granting the waiveryou completed lines 3, 9, and 10 of Schedule					Day		Yea	ır	
	•				Т	12b	Ι			
Ŋ	Enter the minimum required contribution for this plan year				[120	I			

	Form 5500-SF 2012 Page 3 -	_		
	Enter the amount contributed by the employer to the plan for this plan year	12c	<u> </u>	
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?	Х	Yes No)
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under t of the PBGC?	ne 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 which assets or liabilities were transferred. (See instructions.)	s) to		
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14h T	rust's EIN	
1-70	name of frust	140	IUSES EIN	