Foi	rm 5500-SF	of Small Employ	/ee		OMB Nos. 1210-0 1210-0				
	rtment of the Treasury mal Revenue Service	Be This form is required to be filed u	enefit Plan	nd 4065 of the Employee	9	2012			
	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6 Employee Benefits Security Administration the Internal Revenue Code (the Code).						This Form is Open to Public		
Pension Be	enefit Guaranty Corporation	Complete all entries in accorda	nce with the instruc	tions to the Form 5500)-SF.	Ins	pection		
Part I		entification Information			_ / /				
For calend	ar plan year 2012 or fisca			G	6/10/2				
A This ret	turn/report is for:		multiple-employer pla	an (not multiemployer)		a one-particip	ant plan		
B This ret	turn/report is:		e final return/report						
		an amended return/report	short plan year return	h/report (less than 12 mo	onths	—			
C Check	box if filing under:		DFVC program						
		special extension (enter description)							
Part II		nation—enter all requested information	on						
1a Name	•				1b	Three-digit plan number			
TIRES, INC.	401(K) PROFIT SHARIN	NG PLAN				(PN)	001		
					1c	Effective date of	plan		
						01/01/	•		
2a Plan s TIRES, INC		ess; include room or suite number (emp	bloyer, if for a single-e	employer plan)	2b	Employer Identif (EIN) 91-06			
	TATE STREET				2c	Sponsor's telep 360-748			
CHEHALIS,	WA 98532				2d	Business code (44130)	
3a Plan a	dministrator's name and	address 🛛 Same as Plan Sponsor Nan	ne Same as Plan	Sponsor Address	3b	Administrator's EIN			
					20	Administrator's t			
name	, EIN, and the plan numb	lan sponsor has changed since the last er from the last return/report.	t return/report filed fo	r this plan, enter the		EIN			
	or's name					PN			
		the beginning of the plan year			5a			22	
		the end of the plan year			5b			0	
		count balances as of the end of the plan			5c			0	
		uring the plan year invested in eligible a					X Yes	No	
		e annual examination and report of an							
		See instructions on waiver eligibility and					X Yes	No	
-		er line 6a or line 6b, the plan cannot							
Under pen SB or Sche	alties of perjury and othe	incomplete filing of this return/repor r penalties set forth in the instructions, l signed by an enrolled actuary, as well te.	declare that I have e	examined this return/rep	ort, ir	ncluding, if applic			
SIGN	Filed with authorized/va	lid electronic signature.	12/13/2013	RALPH HUBBERT					
HERE	Signature of plan adn	ninistrator	Date	Enter name of individu	ndividual signing as plan administrator				
SIGN									
HERE	Signature of employe	r/nlan sponsor	Date	Enter name of individu	ial sid	ning as employe	r or plan sponso		
Preparer's		ne, if applicable) and address; include r				parer's telephone			
				·					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Par	t III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
а	Total plan assets	7a	266005				0
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	266005	3			0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:			~			
	(1) Employers	8a(1)	32	0			
	(2) Participants	8a(2)					
	(3) Others (including rollovers)	8a(3)	0059	2			
	Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b 8c	6058	3			00000
	Benefits paid (including direct rollovers and insurance premiums	00					60903
	to provide benefits)	8d	271511	3			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	584	3			
g	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					2720956
	Net income (loss) (subtract line 8h from line 8c)	8i					-2660053
J	Transfers to (from) the plan (see instructions)	8j					
Part	If the plan provides welfare benefits, enter the applicable welfare fe						
10	During the plan year:				Yes	No	Amount
а	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	iciary Corre	ction Program)	10a		х	
b	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	Х		435000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	,		10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all c instructions.)	of the benefi	its under the plan? (See	10e		x	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	ıd.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		Х	
i	If 10h was answered "Yes," check the box if you either provided th 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 requirem 5500) and line 11a below)						
11a	Enter the amount from Schedule SB line 39					11a	
12	Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of the Code	e or se	ection	302 of	ERISA? Yes 🗙 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day	e date of the letter ruling Year
	you completed line 12a, complete lines 3, 9, and 10 of Schedule Enter the minimum required contribution for this plan year	•			I	12b	

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 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?	X	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?	e control		X Yes 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	13c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s)
Part	t VIII Trust Information (optional)			

14a Name of trust	14b Trust's EIN

Form 5500-SF	Bopofit Dion								
Department of the Treasury Internal Rovenbe Service	Copilition of the stopsity								
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Employee Benefits Security Administration Internal Revenue Code (the Code).						Form is Open to Public Inspection			
Part I Annual Report Ide	ntification information		cuodis to the Porm 550	U-3F.]					
or calendar plan year 2012 or fiscal	4	01/01/2013	and ending		06/10/201	3			
A This return/report is for: D This return/report is: D Check box if filing under:	a single-employer plan [the first return/report an amended return/report Form 5558 [special extension (enter descrip	the final return/report a short plan year retu automatic extension	vlan (not multiemployer) inv/report (less than 12 r	L] a one-particl				
	ation—enter all requested infor	mation		1					
a Name of plan					Three-digit xlan number				
Tires, Inc. 401(k) P	rofit Sharing Plan				PN)	001			
					Effective date of 01/01/1974				
a Plan sponsor's name and address Tires, Inc.	s; include room or suite number ((employer, if for a single	employer plan)	2b E		ication Number			
					ponsor's telepi				
1283 NW State Street				the second second	360) 748-				
Chehalis		WA	00533		441300	2d Business code (see instructions)			
	Chehalis WA 98532 3a Plan administrator's name and address XSame as Plan Sponsor Name Same as Plan Sponsor Address				3b Administrator's EIN				
	Idress X Same as Plan Sponsor			3b A		EIN eléphone number			
If the name and/or EIN of the play	n sponsor has changed since the	Name []Same as Plan	Sponsor Address	3b A	udministrator's t				
If the name and/or EIN of the plat name, EIN, and the plan number & Sponsor's name	n sponsor has changed since the from the last return/report.	Name Same as Plan	Sponsor Address or this plan, enter the	3b A 3c A	udministrator's t IN				
If the name and/or EIN of the plan name, EIN, and the plan number a Sponsor's name a Total number of participants at th	n sponsor has changed since the from the last return/report. e beginning of the plan year	Name Same as Plan	Sponsor Address or this plan, enter the	3b A 3c A 4b E	udministrator's t IN				
If the name and/or EIN of the plat name, EIN, and the plan number a Sponsor's name a Total number of participants at th b Total number of participants at th	n sponsor has changed since the from the last retum/report. Is beginning of the plan year is end of the plan year	Name Same as Plan	Sponsor Address or this plan, enter the	3b A 3c A 4b E 4c F	udministrator's t IN	eléphone number			
If the name and/or EIN of the plan name, EIN, and the plan number a Sponsor's name a Total number of participants at th b Total number of participants at th c Number of participants with acco	n sponsor has changed since the from the last return/report. The beginning of the plan year a end of the plan year unt balances as of the ond of the	Name Same as Plan	Sponsor Address or this plan, enter the fit plans do not	3b A 3c A 4b E 4c F 5a 5b	udministrator's t IN	eléphone number			
If the name and/or EIN of the plan name, EIN, and the plan number a Sponsor's name a Total number of participants at th b Total number of participants at th c Number of participants with accor complete this item)	n sponsor has changed since the from the last return/report. Is beginning of the plan year is end of the plan year unt balances as of the ond of the	Name Same as Plan	Sponsor Address or this plan, enter the fit plans do not	3b A 3c A 4b E 4c F 5a 5b 5c	udministrator's (EIN PN	eléphone number			
If the name and/or EIN of the plan name, EIN, and the plan number a Sponsor's name a Total number of participants at th b Total number of participants at th c Number of participants with accor complete this item)	n sponsor has changed since the from the last return/report. In beginning of the plan year in e end of the plan year unt balances as of the ond of the fing the plan year invested in eligi annual examination and report of	Name Same as Plan	Sponsor Address or this plan, enter the still plans do not stions.)	3b A 3c A 4b e 4c F 5a 5b 5c PA)	cóministrator's t EIN PN	eléphone number 2 X Yes No			
If the name and/or EIN of the plan name, EIN, and the plan number a Sponsor's name a Total number of participants at th b Total number of participants at th c Number of participants with accor complete this item)	n sponsor has changed since the from the last return/report. Is beginning of the plan year is end of the plan year unt balances as of the end of the ing the plan year invested in eligi annual examination and report of is instructions on waiver eligibility	Name Same as Plan I last retum/report filed for plan year (defined bence ble assets? (See instruct f an independent qualifie / and conditions.)	Sponsor Address or this plan, enter the fit plans do not tions.)	3b A 3c A 4b E 4c F 5a 5b 5c PA)	cóministrator's t EIN PN	elephone number			
If the name and/or EIN of the plan name, EIN, and the plan number a Sponsor's name a Total number of participants at th b Total number of participants at th c Number of participants with accor complete this item)	n sponsor has changed since the from the last return/report. The beginning of the plan year the end of the plan year unt balances as of the ond of the sing the plan year invested in eligi annual examination and report of the instructions on waiver eligibility line 6a or line 6b, the plan can complete filing of this return/ret	Name Same as Plan I last retum/report filed for plan year (defined bene ble assets? (See instruct f an independent qualifier and conditions.)	Sponsor Address or this plan, enter the of this plan, enter the diff plans do not diff plans do not	3b A 3c A 3c A 4b E 4b E 4b E 5a 5b 5c Sc PA) Form 5- sse is as Se	dministrator's f	elephone number 2 X Yes No X Yes No			
If the name and/or EIN of the plat name, EIN, and the plan number a Sponsor's name a Total number of participants at th b Total number of participants at th c Number of participants with accor complete this item)	n sponsor has changed since the from the last return/report. In beginning of the plan year in e end of the plan year in the blances as of the end of the sing the plan year invested in eligi annual examination and report of the instructions on waiver eligibility line 6a or line 6b, the plan can complete filing of this return/re enalties set forth in the instruction gned by an enrolled actuary, as y	Name Same as Plan I last retum/report filed for plan year (defined bence ble assets? (See instruc f an independent qualifie / and conditions.)	Sponsor Address or this plan, enter the offit plans do not tions.)	3bA3cA3cA4bE4cF5a5b5c5cPA)Form 5-Form 5-se is esport, incl	dministrator's f	eléphone number 2 X Yes No X Yes No			
If the name and/or EIN of the plan name, EIN, and the plan number a Sponsor's name a Total number of participants at th b Total number of participants at th c Number of participants with accor complete this item)	n sponsor has changed since the from the last return/report. In beginning of the plan year in e end of the plan year in the blances as of the end of the sing the plan year invested in eligi annual examination and report of the instructions on waiver eligibility line 6a or line 6b, the plan can complete filing of this return/re enalties set forth in the instruction gned by an enrolled actuary, as y	Name Same as Plan I last retum/report filed for plan year (defined bence ble assets? (See instruc f an independent qualifie / and conditions.)	Sponsor Address or this plan, enter the offit plans do not tions.)	3bA3cA3cA4bE4cF5a5b5c5cPA)Form 5-Form 5-se is esport, incl	dministrator's f	eléphone number 2 X Yes No X Yes No			
If the name and/or EIN of the plan name, EIN, and the plan number a Sponsor's name a Total number of participants at th b Total number of participants at th c Number of participants with accor complete this Item)	n sponsor has changed since the from the last return/report. The beginning of the plan year the end of the plan year the end of the plan year the stances as of the end of the sing the plan year invested in eligi- annual examination and report of the instructions on waiver eligibility line 6a or line 6b, the plan can complete filling of this return/re enalities set forth in the instruction gred by an enrolled actuary, as y	Name Same as Plan I last retum/report filed for plan year (defined bence ble assets? (See instruc f an independent qualifie / and conditions.)	Sponsor Address or this plan, enter the offit plans do not tions.)	3b A 3c A 3c A 4b E 4c F 5a 5b 5c PA) Form 5 Form 5	dministrator's f	eléphone number 2 X Yes No X Yes No ble, a Schedule knowledge and			
If the name and/or EIN of the plat name, EIN, and the plan number a Sponsor's name a Total number of participants at th b Total number of participants at th c Number of participants with accor complete this item)	n sponsor has changed since the from the last return/report. The beginning of the plan year the end of the plan year the end of the plan year the stances as of the end of the sing the plan year invested in eligi- annual examination and report of the instructions on waiver eligibility line 6a or line 6b, the plan can complete filling of this return/re enalities set forth in the instruction gred by an enrolled actuary, as y	Name Same as Plan I last retum/report filed for plan year (defined bence ble assets? (See instruct f an independent qualifie / and conditions.)	Sponsor Address or this plan, enter the offit plans do not tions.)	3b A 3c A 3c A 4b E 4c F 5a 5b 5c PA) Form 5 Form 5	dministrator's f	eléphone number 2 X Yes No X Yes No ble, a Schedule knowledge and			
If the name and/or EIN of the plan name, EIN, and the plan number a Sponsor's name a Total number of participants at th o Total number of participants at th complete this item)	n sponsor has changed since the from the last return/report. he beginning of the plan year ie end of the plan year unt balances as of the end of the ing the plan year invested in eligi annual examination and report of the instructions on waiver eligibility line 6a or line 6b, the plan can complete filing of this return/re enalties set forth in the instruction greed by an enrolled actuary, as w instrator	Name Same as Plan Name Same as Plan I last retum/report filed for plan year (defined bene ble assets? (See instruc f an independent qualifie / and conditions.)	Sponsor Address or this plan, enter the fit plans do not tions.)	3b A 3c A 3c A 3c A 3c A 4b E 4c F 5a 5b 5c Sc PA) Form 5- rse is essort, incl., and to and to ual signitual signitu	IN IN N 500. stablished. uding, if applica the best of my l ng as plan adm	eléphone number 2 X Yes No X Yes No Die, a Schedule knowledge and			

•

---- ---

Form 5500-SF 2012

Page **2**

Pa	rt III Financial Information							·	
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End	of Year	
a	Total plan assets	7a	2,66		53				0
b	Total plan liabilities	7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	2,66	0,0	53				0
8	nesma expenses and musices loging Plan Year		(a) Amount				(b) T	otal	
а	Contributions received or receivable from:	Paddy							
	 (1) Employers	8a(1) 8a(2)		3,	20	a Jackson (sa	n An Alta Na T	er julija stati na s	
	(3) Others (including rollovers)	8a(3)						<u></u>	
b	Olher income (loss)	8b	6	0,58	83				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							60,903
d	Benefits paid (including direct rolkovers and insufance premiums to provide benefits).		2,71	5 1-	1.2 ×				00,000
	Certain deemed and/or corrective distributions (see instructions)	8d 8e	2,11	5,1	13	n Heine Str		jogan en Alanetek Mareko area eta eta eta eta eta eta eta eta eta e	
f	Administrative service providers (salaries, fees, commissions)	8f		5,84	13				
ġ	Other expenses	8g		0,0		na an ann Na Maraig		• •	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2.7	20,956
i	Net income (loss) (subtract line 8h from line 8c)	8i		ter el					0,053)
J	Transfers to (from) the plan (see instructions)	8j				·.			
2.1	Plan Characteristics	<u> </u>	1						
9a	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	acteri	stic C	odes in	the instruc	tions:	
d	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	les from the List of Plan Chara	cteris	lic Co	des in t	he instructi	ons:	
Æ	Compliance Questions								
10	During the plan year:				Yes	No		Amount	
a 	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corr	rection Program)	10a		x			
d	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	include transactions reported	10b		x			
c	Was the plan covered by a fidelity bond?		*******	10c	x			4	35,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		x			
	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	f the bene	afits under the plan? (See	10e		x			
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			10f		X			
	If this is an individual account plan, was there a blackout period? (-	10g		X			
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provider in			10h		Х		han Albaha Prépara	
•	exceptions to providing the notice applied under 29 CFR 2520.101	-3		10i					
11	stuis a defined pensiti plan subject to minimum tail ding requireme 5500) and line 11a below)		· · · · · · · · · · · · · · · · · · ·		Schee	dule SB	3 (Form		X No
	Enter the amount from Schedule SB line 39					11a			
12	Is this a defined contribution plan subject to the minimum funding			orse	ction	302 of	ERISA?		XNo
~	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,								
a 	granting the waiver.		Mon	ctions, th	and e	enter th Day		ie letter ru Year	
	Enter the minimum required contribution for this plan year				<u> </u>	12b			
	Enter and minimum required contribution for this pizh year				E	1417			

Form 5500-SF 2012

Page 3 -

<u> </u>	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 amount in line 12b. Enter a minus sign to the amount in line 12b. Enter a minus sign to the amount in line 12b. Enter a minus sign to the amount in l	1 2 d			
e	Will the minimum tunking amount reported on line 12 d be met by the funding deadline?			No	N/A
Cie	Plan Terminations and Transfers of Assets				
_13a	Has a resolution to terminate the plan been adopted in any plan year?	X		No	
	reverted to the employer this year	13a			0
d	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	 ∏ №0
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): 11	3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Ti	rust's EIN	1	