For	m 5500-SF	Short Form Annual F	•	of Small Employ	vee	OMB Nos. 1210-0110 1210-0089
	tment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 a	nd 4065 of the Employee)	2012
Employee B	epartment of Labor enefits Security Administration	Retirement Income Security Act c		ctions 6057(b) and 6058(This Form is Open to Public Inspection
Pension Be	enefit Guaranty Corporation	Complete all entries in account	rdance with the instrue	ctions to the Form 5500	-SF.	inspection
Part I		entification Information	10			2010
_	ar plan year 2012 or fisca N	al plan year beginning 01/01/20 a single-employer plan			2/31/2	
	urn/report is for:			lan (not multiemployer)		a one-participant plan
B This ret	urn/report is:	the first return/report	the final return/report			
-		an amended return/report		n/report (less than 12 mo	onths)	—
C Check I	box if filing under:	Form 5558	automatic extension			DFVC program
		special extension (enter descripti				
Part II		nation—enter all requested inform	nation		44	
1a Name	of plan SERVICES 401(K) RETIF				10	Three-digit plan number
SHILLER						(PN) ▶ 001
				-	1c	Effective date of plan
						05/01/2010
2a Plan s STI FLEET		ess; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identification Number (EIN) 91-1627716
6709 176TH					2c	Sponsor's telephone number 425-869-8519
REDMOND,	WA 98052				2d	Business code (see instructions) 484200
3a Plan a	dministrator's name and	address XSame as Plan Sponsor	Name Same as Plar	n Sponsor Address	3b	Administrator's EIN
		lan sponsor has changed since the er from the last return/report.	last return/report filed for	or this plan, enter the	4b	EIN
a Spons		or nom the last retain report.			4c	PN
5a Total I	number of participants at	the beginning of the plan year			5a	65
b Total i	number of participants at	the end of the plan year			5b	65
		count balances as of the end of the			_	
					5c	65
		uring the plan year invested in eligi				X Yes No
under	29 CFR 2520.104-46? (e annual examination and report of See instructions on waiver eligibility er line 6a or line 6b, the plan can	and conditions.)			
		incomplete filing of this return/re				
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/rep	ort, ir	cluding, if applicable, a Schedule
SIGN	Filed with authorized/va	lid electronic signature.	07/22/2014	SCOTT BLY		
HERE	Signature of plan adm	ninistrator	Date	Enter name of individu	al sig	ning as plan administrator
SIGN	Filed with authorized/va	lid electronic signature.	07/22/2014	SCOTT BLY		
HERE	Signature of employe	r/plan sponsor	Date	Enter name of individu	ial sig	ning as employer or plan sponsor
Preparer's	name (including firm nar	ne, if applicable) and address; inclu	de room or suite numbe	r (optional)	Prep	arer's telephone number (optional)

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	ır			(b) End of Year
а	Total plan assets	7a	123662	7			1066528
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	7c	123662	7			1066528
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from:			~			
	(1) Employers	8a(1)		0			
	(2) Participants	8a(2)	7427				
	(3) Others (including rollovers)	8a(3)	619				
	Other income (loss)	8b	13926	0			040700
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-		219733
	to provide benefits)	8d	37552	1			
е	Certain deemed and/or corrective distributions (see instructions)	8e	680	8			
f	Administrative service providers (salaries, fees, commissions)	8f	750	3			
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					389832
	Net income (loss) (subtract line 8h from line 8c)	8i					-170099
J Par	Transfers to (from) the plan (see instructions)	8j					
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist		les in th	ie instructions:
10	During the plan year:				Yes	No	Amount
а				10a		x	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х	
С	Was the plan covered by a fidelity bond?			10c	X		140000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 c instructions.)	of the benef	fits under the plan? (See	10e	x		4071
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g	Х		2526
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 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	requiremer	nts of section 412 of the Code	or se	ection	302 of I	ERISA? Yes X No
	(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.	-	Mon		, and e	enter th Day	e date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (Forn	n 5500), and skip to line 13.		<u> </u>	14: 1	
h	Enter the minimum required contribution for this plan year					12b	

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

5500-SF Electronic Filing Authorization

Plan Name: STI Fleet Services 401(k) Retirement Plan EIN/PN; 91-1627716/001 Flan Year; 01/01/2012 - 12/31/2012

I hereby authorize United 401(k) Plans, Inc. to electronically file the above return with the US Department of Labor's Electronic Filing Acceptance System (EFAST).

I have signed Form 5500-SF for this return and understand a scanned copy of this return bearing my manual signature will be included in the electronic filing and posted on the US Department of Labor's internet site for public disclosure.

Plan Administrator

<u> 4677 - 2014</u> <u>1/21/2014</u>

Plan Sp**ens**ör May Ment

(sign)

7/21/2014 (date)

Form 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Employ	/ee		OMB Nos. 1210-011 1210-008
Internat Revenue Service	This form is required to be t	filed under sections 104	and 4065 of the Employe	e		2012
Department of Labor Employee Benefits Security Administration Pension Benefit Guarenty Corporation	Retirement Income Security Ac the Inte	ernal Revenue Code (the	e Code).			is Open to Public Ispection
Rant I Annual Report Ide	ntification Information	oruance with the instr	uctions to the Form 550	0-51		
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 one-particl	pant plan
B This return/report is:	the first return/report	the final return/repor	t i			
x	an amended return/report	🗌 a short plan year reti	ım/report (less than 12 m	onths)		
Check box If filing under:	Form 5558	automatic extension		Π	DFVC progra	in
	special extension (enter descrip	·				
Part II Basic Plan Informa	ation enter all requested in	formation				-
a Name of plan					hree-digit Ian number	
STI Fleet Services 401	(k) Retirement Plan				PN)►	001
					ffective date o	f plan
a Plan sponsor's name and addres	s: include room or suite number	(employer if for a singl	e-employer plan)		5/01/2010	
STI Fleet Services	-,	(emproyen, a for plong)	e-employer plany		mpioyar identi EIN) 91-16:	fication Number
					ponsor's telep	
6709 176th Ave NE			-		425) 869-	
S Redmond					usiness code 84200	(see instructions)
a Plan administrator's name and ac	WA 98052	sor Name Samo as	Plan Sponsor Address		dministrator's	
			nan oponeor Address	00 74	ummstrators	
				30 4	-	telephone number
If the name and/or EIN of the plan name, EIN, and the plan number a Sponsor's name	1 sponsor has changed since the from the last return/report.	e last return/report filed	for this plan, enter the	4b Ei	·	
a Total number of participants at the	e beginning of the plan year			4c Pl 5a	N	65
D Total number of participants at the	e and of the plan year	***************************************	*****	5b		65
Number of participants with account of participants with account of participants with account of the participants with account of	int balances as of the end of the	e plan year (defined ben	efit plans do not			
a Were all of the plan's assets durir	the clear warring and the state			<u>5c</u>		65
 Are you claiming a waiver of the a 						X Yes No
under 29 CFR 2520.104-46? (See	e instructions on waiver eligibility					X Yes No
If you answered "No" to either		not use Form 5500-SF	and must instead use F	orm 55	00	
Caution: A penalty for the late or in	complete filing of this return/r	report will be assessed	l unless reasonable cau	se is es	stablished.	
Jnder penalties of perjury and other p SB or Schedule MB completed and sl pelief, it is true, correct, and complete	gned by an enrolled actuary, as	ons, I declare that I have well as the electronic ye	e examined this return/rep ersion of this return/report	ort, incl , and to	uding, if applik the best of my	able, a Schedule / knowledge and
SIGN SLOTT Bels		7/21/2014	Scott Bly			
HERE Signature of plan administ	rator	Date	Enter name of individual	sianiaa	se nian admir	
sign		7/21/2014	Sant Diy Mart		eh.	
HERE Signature of ergeloyed plan	sponso	Date	Enter name of individual	- <i>f</i> ¥¥		n olan soorsor
Preparer's name Grouding Arta hame	, it applies in family success; incl	lude room or suite numb				number (optional)
or Paperwork Reduction Act Notic	e and OMB Control Numbers.	see the instructions f	or Form 6500-SF		E-	rm 5500-SF (2012)

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P	It III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End c	of Year
a	Total plan assets	7a	1,236,6	27				1,066,528
b	Total plan liabilities	7b				-		
c	Net plan assets (subtract line 7b from line 7a)	7c	1,236,6	27			···· ·	1,066,528
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal
a	Contributions received or receivable from: (1) Employers	8a(1)		0				
	(2) Participants	8a(2)	74,2	74				
	(3) Others (Including roliovers)	Ba(3)	6,1	99				
b	Other income (loss)	8b	139,2	60		대문을		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			<u></u>			219,733
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	375,5	2 1				
e	Certain deemed and/or corrective distributions (see instructions)	8e	6,8					in an
f	Administrative service providers (salaries, fees, commissions)	8f	7,5	23	- (a.c.)			
g	Other expenses	ßg			356			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		<u>)</u> (1			389,832
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81		- Second	: 			(170,099)
1_	Transfers to (from) the plan (see instructions)	8]					102.01P	
Pa	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension fe 2A 2J 2J	ature cod	es from the List of Plan Charac	teristi	c Cod	es in t	he instructi	DIS:
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code:	s from the List of Plan Characte	ristic	Code	s in th	e instructio	1s:
Pa	rt V Compliance Questions							
10	During the plan year:				Yes	No		mount
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduc	ions withir iary Corre	the time period described in ction Program)	10a	100	x	· · · · · ·	
b		(Do not i	clude transactions reported	10b		x		
С	Was the plan covered by a fidelity bond?			10c	х			140,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	lidelity bor	d, that was caused by fraud	10d		x		
ę	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	fits under the plan? (See	10e	x			4,071
f	Has the plan failed to provide any benefit when due under the plan	?		10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g	x			2,526
h		See Instru	ctions and 29 CFR	10h		x		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520,101	e required	notice or one of the	10i		-		
Pai	t VI Pension Funding Compliance			121			ants i sitta e	na je o statelja se data je če statelja se se statelja se statelja se statelja se statelja se statelja se state
11								
	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)					lule SI	B (Form	Yes 🗶 No
	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding i	requireme	nts of section 412 of the Code of	or sec	tion 3	02 of I	ERISA?	Yes 🗶 No
	(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 bein granting the waiver		Mon	tions, ith	and e	nter ti Da	ne date of th	ne letter ruling Year
11	you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (For	n 5500), and skip to line 13.					·····
b	Enter the minimum required contribution for this plan year		4 b 4 b b 6 4 • 4 b 4 4 • 6 4 4 5 4 5 7 1 4 3 7 7 • 7 5 6 6 7 6 8 8 8 8 8 8 8 8 8 8 8 8 8 9 8 9 8 4 9 8 9 8			12b		

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d Subtract the am	ount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of the second s	ofa	12d	
e Will the minimur	m funding amount reported on line 12d be met by the funding deadline?		,,,,,,, 🖸 Ye	es 🗌 No 📋
Part VII Plan T	erminations and Transfers of Assets			••••
13a Has a resolution	to terminate the plan been adopted in any plan year?		Yes	X No
If "Yes," enter th	e amount of any plan assets that reverted to the employer this year		13a	
·····				
b Were all the plan of the PBGC?	n assets distributed to participants or beneficiaries, transferred to another plan, or brought u	inder the c	control	Yes X
of the PBGC? C If during this plan	n year, any assets or liabilities were transferred from this plan to another plan(s), identify the liabilities were transferred. (See instructions.)			Yes X
of the PBGC? C If during this plan	n year, any assets or liabilities were transferred from this plan to another plan(s), identify the liabilities were transferred. (See instructions.)	e plan(s) t		Yes X
C If during this plan which assets or i	n year, any assets or liabilities were transferred from this plan to another plan(s), identify the liabilities were transferred. (See instructions.)	e plan(s) t	o	
of the PBGC? C If during this plan which assets or i 13c(1) Name of pla	n year, any assets or liabilities were transferred from this plan to another plan(s), identify the liabilities were transferred. (See instructions.)	e plan(s) t	o	