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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

| Pension Be | enefit Guaranty Corporation | ▶ Complete all entries in accord | dance with the instru | ctions to the Form 550 | 0-SF. | Ins | spection | | | | |
|---|--|---|----------------------------|-----------------------------|-----------|--|--------------------|--|--|--|--|
| Part I Annual Report Identification Information | | | | | | | | | | | |
| For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013 | | | | | | | | | | | |
| A This ret | urn/report is for: | olan (not multiemployer) | | a one-partici | pant plan | | | | | | |
| B This ret | urn/report is: | the first return/report | the final return/report | | | | | | | | |
| | | x an amended return/report | a short plan year retur | n/report (less than 12 m | nonths) | | | | | | |
| C Check I | oox if filing under: | Form 5558 | automatic extension | | | DFVC progra | am | | | | |
| | | special extension (enter description | n) | | | | | | | | |
| Part II Basic Plan Information—enter all requested information | | | | | | | | | | | |
| 1a Name | | | | | 1b | Three-digit | | | | | |
| PRESTIGE TRUCK ACCESSORIES, INC. 401(K) PLAN | | | | | | plan number | | | | | |
| | | | | | 4 - | (PN) • | 001 | | | | |
| | | | | | 1C | Effective date of plan 01/01/2007 | | | | | |
| 2a Plan si | noneor's name and ad | dress; include room or suite number (e | mployer if for a single | omployor plan) | 2h | | | | | | |
| | TRUCK ACCESSORIE | | imployer, ir for a sirigle | -employer plan) | 20 | Employer Identi (EIN) 91-19 | 50358 | | | | |
| | | | | | 20 | Sponsor's telephone number | | | | | |
| 7803 MARTI | IN WAY F | | | | | 360-45 | | | | | |
| OLYMPIA, V | | | | | 2d | Business code | (see instructions) | | | | |
| | | | | | | 44130 | . , | | | | |
| 3a Plan a | dministrator's name ar | nd address XSame as Plan Sponsor N | lame Same as Plai | n Sponsor Address | 3b | Administrator's EIN | | | | | |
| | | _ | _ | | - | | | | | | |
| | | | | | 3C | 3c Administrator's telephone number | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 If the r | name and/or EIN of the | e plan sponsor has changed since the l | ast return/report filed f | or this plan, enter the | 4b | EIN | | | | | |
| | | mber from the last return/report. | | | | | | | | | |
| | or's name | | | | 4c | PN | | | | | |
| 5a Total r | number of participants | at the beginning of the plan year | | | 5a | | 3 | | | | |
| b Total r | number of participants | at the end of the plan year | | | 5b | | 3 | | | | |
| | | account balances as of the end of the p | , \ | • | 5c | | 3 | | | | |
| 6a Were | all of the plan's assets | s during the plan year invested in eligib | le assets? (See instruc | ctions.) | | | X Yes No | | | | |
| | | f the annual examination and report of a | | | PA) | | | | | | |
| | | ? (See instructions on waiver eligibility a | | | - | | X Yes No | | | | |
| • | | ither line 6a or line 6b, the plan cann | | | _ | | 7 | | | | |
| C If the p | olan is a defined benef | it plan, is it covered under the PBGC in | surance program (see | ERISA section 4021)? | 📙 | Yes ∐No L | Not determined | | | | |
| Caution: A | penalty for the late | or incomplete filing of this return/rep | oort will be assessed | unless reasonable cau | use is | established. | | | | | |
| Under pena | alties of perjury and ot | her penalties set forth in the instructions | s, I declare that I have | examined this return/rep | port, ir | ncluding, if applic | | | | | |
| | edule MB completed and completed and completed and complete and comple | nd signed by an enrolled actuary, as we | ell as the electronic ver | rsion of this return/report | t, and | to the best of my | knowledge and | | | | |
| Deliel, it is i | ilue, correct, and comp | piete. | | _ | | | | | | | |
| SIGN | Filed with authorized/ | valid electronic signature. | 07/25/2014 | FRANK HARRISON | | | | | | | |
| HERE | Signature of plan a | dministrator | Date | Enter name of individ | ual sig | ıning as plan adı | ministrator | | | | |
| SIGN | | | | | | | | | | | |
| HERE | Signature of employer/plan sponsor Date Enter name of individu | | | | ual sic | ining as employe | er or plan sponsor | | | | |
| Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) | | | | | | | number (optional) | | | | |
| | | | | | | | | | | | |
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| Pa | rt III Financial Information | | | | | | | — | | |
|----------|--|---|--------------------------------|---------|----------|-----------------|--------------|--------------|-------|-------|
| 7 | Plan Assets and Liabilities | | | | | | (b) End | of Y | ear | |
| a | Total plan assets | 4504 | | | 190240 | | | | 0 | |
| _ | Total plan liabilities | | | | | | | | | |
| | Net plan assets (subtract line 7b from line 7a) | | | | | | | | 19024 | 0 |
| 8 | | me, Expenses, and Transfers for this Plan Year (a) Amount | | | | | (b) T | otal | | |
| a | Contributions received or receivable from: | | | | | | (6) 1 | Ota. | | |
| | (1) Employers | mployers | | | | | | | | |
| | (2) Participants | Participants | | | | | | | | |
| | (3) Others (including rollovers) | Others (including rollovers) | | | | | | | | |
| b | Other income (loss) | 8b | 2754 | 9 | | | | | | |
| C | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 3109 | 1 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | | | | |
| <u>e</u> | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | | | | | | |
| g | Other expenses | 8g | | | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | | | | 0 |
| <u>i</u> | Net income (loss) (subtract line 8h from line 8c) | 8i | | | | | | | 3109 | 4 |
| j | Transfers to (from) the plan (see instructions) | 8j | | | | | | | | |
| Pa | rt IV Plan Characteristics | | | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D | feature co | des from the List of Plan Char | acteris | stic Co | des in | the instruc | tions | s: | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | eature cod | es from the List of Plan Chara | cterist | ic Coc | les in t | he instruct | ons: | | |
| Par | art V Compliance Questions | | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | | Am | ount | |
| а | Vas there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | | | | X | | | | |
| b | Were there any nonexempt transactions with any party-in-interest | ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.) | | | | X | | | | |
| | | | | 100 | | Χ | | | | |
| <u> </u> | | | | 10c | | | | | | |
| | 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 | | | | | | | | | |
| | instructions.) | | | 10e | X | | | | | 517 |
| f | Has the plan failed to provide any benefit when due under the plan | n? | | 10f | | X | | | | |
| | Did the plan have any participant loans? (If "Yes," enter amount as | s of year e | end.) | 10q | | Χ | | | | |
| h | | (See instru | uctions and 29 CFR | 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 | ne required | d notice or one of the | 10ii | | X | | | | |
| Part | | | | 10. | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requirem | | | | | | | Γ | 7 v | |
| | 5500) and line 11a below) | | | | | | | ഥ | Yes | × No |
| | a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 | | | | | | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding | | | or se | ection | 302 of | ERISA? | \coprod | 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 beingranting the waiver. | | Mon | | , and e | enter th Day | ne date of t | he le Yea | | iling |
| | you completed line 12a, complete lines 3, 9, and 10 of Schedule | • | • | | <u> </u> | 461 | ı | | | |
| b | Enter the minimum required contribution for this plan year | | | | [| 12b | I | | | |

| 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 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? | Y | es 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 coof the PBGC? | ontrol | | Yes X No | | | | | |
| C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) | | | | | | | | | |
| 1 | 3c(1) Name of plan(s): | c(2) Ell | V(s) | 13c(3) PN(s) | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Part | VIII Trust Information (optional) | | | | | | | | |
| 14a | Name of trust | 14b Trust's EIN | | | | | | | |
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OMB Nos. 1210-0110

1210-0089

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 sections 6057(b) and 6058(a) of the Internal Revonue Code (the Code).

2013

This Form is Open to Public

| Panalon | Benefit Gustanty Corporation | Complete all entries in actions | cordance with the instru | ctions to the Form 550 | 0-SF. | Ins | pection | | |
|--|--|---|-------------------------------|--|-------------------------------|-----------------------|---|--|--|
| Part I | Annual Repor | t Identification Information | | | | | | | |
| For calen | | fiscal plan year beginning | 01/01/2013 | and ending | | 12/31/201 | .3 | | |
| A This | eturn/report is for: | | a one-particip | ant plan | | | | | |
| B This | eturn/report is: | the first return/report | the final return/report | | | | | | |
| | | an amended return/report | a short plan year retur | m/report (less than 12 m | onths) — | | | | |
| C Chec | k box if filing under: | Form 5558 | automatic extension | | | DFVC progra | m | | |
| | | special extension (enter desc | ription) | | | | | | |
| Part II | Basic Plan inf | ormation—enter all requested int | omation | | | | | | |
| 1a Nam | e of plan | | | | | hree-digit | | | |
| Pre | stige Truck A | ccessories, Inc. 401() | c) Plan | | | lan number | 007 | | |
| | - | | | | | PN) Fifective date of | 001 | | |
| | | | | | | 1/01/200 | • | | |
| 2a Plan | coopear's name and | address; include room or suite numb | er (employer, if for a single | -employer dian) | | | ication Number | | |
| | | ccessories, Inc. | ar (ampia)ar, ir far a amgia | Strike State (second) | | IN) 91-195 | | | |
| | _ | | | | 2c Sponsor's telephone number | | | | |
| | | | | | | 360) 459- | | | |
| 780 | 3 Martin WAy | É | | | 2d B | usiness code (| see instructions) | | |
| Oly | mpia | | | 98516 | | 41300 | | | |
| 3a Plan | administrator's name | and address XSame as Plan Spons | sor Name Same as Pla | n Sponsor Address | 3b A | dministrator's i | EIN | | |
| | | | | | 30 4 | desiminates de la | telephone number | | |
| | | | | | JC A | dministrator s | elephone number | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the | | | | | | 4b EIN | | | |
| nan | ne, EIN, and the plan r | number from the last return/report. | | | 4 | | | | |
| | nsor's name | | | | 4c F | 'n | | | |
| | | ts at the beginning of the plan year. | | | | | <u>3</u> | | |
| | | ts at the end of the plan year | | | 5b | | 3 | | |
| C Nur | nber of participants wit nplete this item) | h account balances as of the end of | the plan year (defined ber | efit plans do not | 5c | | 3 | | |
| 6a We | re all of the plan's ass | ets during the plan year invested in o | eligible assets? (See instru | ctions.) | | | X Yes No | | |
| b Are | you claiming a waiver | of the annual examination and repo | rt of an independent qualif | ied public accountant (IC | (PA) | | X Yes No | | |
| und | ier 29 CFR 2520.104≺ | i6? (See instructions on waiver eligit either line 6a or line 6b, the plan | nisty and conditions.) | E and must instead use | Form 5 | 500. | B | | |
| . IT Y | ou answered "No" to | efit plan, is it covered under the PBI | | A EOISA section 402117 | , | vas 🗆 No. 🗆 | Not determined | | |
| | | | | | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| Caution | : A penalty for the lat | e or incomplete filing of this retur | n/report will be assessed | <u>uniess reasonable ca</u> | use is e | stablished. | | | |
| Under p | enalties of perjury and | other penalties set forth in the instru and signed by an enrolled actuary, | ctions, i declare that I have | examined this return/re | port, inc | luding, if applic | able, a Schedule knowledge and | | |
| SB or So | inedule MB completed is true, correct, and co | and signed by an enrolled actuary, | 82 Måil as the electronic ve | a Sidt) of direct argument | t, and to | (III Daar at III) | Milewickige on- | | |
| 0011011 | | | 1. 7. 6. | | | | 4 | | |
| SIGN | (Stais (| Janear | 6/16/14 | Craig Olmsted | | | | | |
| HERE | Signature of plan | adininistrator | Date | Enter name of individual signing as plan administrator | | | | | |
| SIGN | (Pais (| United | 6/16/14 | (Raig OLMS: | ted. | | | | |
| HERE | 7 | loyer/plan sponsor | Date | Enter name of individ | dual sign | ing as employ | er or plan sponsor | | |
| Preparo | r's name (including firm | n name, if applicable) and address; i | | | | | number (optional) | | |
| | | | | | , | | | | |
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| Pa | rt III Financial Information | | | | | | | |
|----------|---|---|---------------------------------|---------|-----------------|-----------|---|--|
| 7 | Plan Assets and Liabilities | n Assets and Liabilities (a) Beginning of Yea | | | (b) End of Year | | | |
| а | Total plan assets | 7a | 159 | ,14 | 6 | | 190,240 | |
| | Total plan liabilities | 7b | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 155 | ,14 | 6 | | 190,240 | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | | | | (b) Total | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | ‡ | 3,54 | 5 | | *, * | |
| | (2) Participants | 8a(2) | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | |
| b | Other income (loss) | 8b | 27 | 7,54 | 9 | | | |
| | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | ' | 31,094 | |
| | Benefits paid (including direct rollovers and insurance premiums | | | | | | | |
| | to provide benefits) | 8d | | | | | | |
| e | Certain deemed and/or corrective distributions (see instructions) | Se | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8 f | | | | | | |
| g | Other expenses | 8g | | | | | <u> </u> | |
| <u>h</u> | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | | | | 0 | |
| <u>ì</u> | Net income (loss) (subtract line 8h from line 8c) | . 8i | | | | | 31,094 | |
| j | Transfers to (from) the plan (see instructions) | - Bj | | | , | | | |
| Pa | rt IV Plan Characteristics | | | | | | | |
| 9a | If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D | feature co | des from the List of Plan Chara | acteris | stic Co | des in | the instructions: | |
| b | If the plan provides welfare benefits, enter the applicable welfare fo | eature cod | es from the List of Plan Charac | cterist | ic Coc | les in th | ne instructions: | |
| | | | HILL | | | | | |
| Par | t V Compliance Questions | | 1 H 8 H | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | |
| | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | | | | х | , | |
| | Were there any nonexempt transactions with any party-in-interest on line 10a.) | | | 10b | | х | | |
| | Was the plan covered by a fidelity bond? | | | 10c | 1 | х | <u></u> | |
| _ | 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 | | х | | |
| _ | Were any fees or commissions paid to any brokers, agents, or ot | her persor | s by an insurance carrier, | | | " | | |
| | insurance service or other organization that provides some or all instructions.) | of the ben | efits under the plan? (See | 10e | х | | 517 | |
| | Has the plan failed to provide any benefit when due under the pla | an? | | 10f | | Х | | |
| | | | | 10g | | х | | |
| 1 | 1 If this is an individual account plan, was there a blackout period? 2520.101-3.) | | | 10h | | х | | |
| · · · | If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10 | the require)1-3 | d notice or one of the | 10i | | × | | |
| Pai | t VI Pension Funding Compliance | | | | | | | |
| 11 | Is this a defined benefit plan subject to minimum funding requiren 5500) and line 11a below) | nents? (If ' | Yes," see instructions and com | ıplete | Sche | dule SE | 3 (Form Yes X No | |
| 11 | a Enter the unpaid minimum required contribution for current year | | | | | 11a | | |
| 12 | | | | | | 302 of | ERISA? Yes 🗓 No | |
| | (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below | v, as applic | cable.) | | | | | |
| | a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. | | | | | | | |
| _ | f you completed line 12a, complete lines 3, 9, and 10 of Schedu | le MB (Fo | rm 5500), and skip to line 13. | | | | T | |
| | Enter the minimum required contribution for this plan year | | | | | 12b | | |
| | Enter the minimum required contribution for this plant year | | ····· | | | | "" | |

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|---------------|---|---|-----------------|--------|-----------|-----|
| | Enter the amount contributed by the employer to the pla | an for this plan year | 120 | : | | |
| d | Subtract the amount in line 12¢ from the amount in line negative amount) | 12b. Enter the result (enter a minus sign to the left of | a 12 | 1 | | |
| - | Will the minimum funding amount reported on line 12d | | | Yes | No N | V/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 rever | rted to the employer this year | 138 | , | | |
| b | Were all the plan assets distributed to participants or be of the PBGC? | eneficiaries, transferred to another plan, or brought ur | der the contr | ol | Yes X | No |
| С | If during this plan year, any assets or liabilities were tra- which assets or liabilities were transferred. (See instruc | ansferred from this plan to another plan(s), identify the | | | | |
| 7 | 3c(1) Name of plan(s): | | 13c(2) | EIN(s) | 13c(3) PN | (s) |
| | | | | | | |
| | | | | | | |
| Part | VIII Trust Information (optional) | | | | | |
| $\overline{}$ | Name of trust | 14b | 14b Trust's EIN | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |