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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

Part I		Identification Information						
For calend	ar plan year 2013 or f	iscal plan year beginning 01/01/201	3	and ending 1	2/31/	2013		
A This ret	urn/report is for:	X a single-employer plan ☐	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan	
B This ret	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)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am	
	3	special extension (enter description	on)			ш		
Part II	Basic Plan Info	ormation—enter all requested inform						
1a Name					1b	Three-digit		
	•	ROFIT SHARING PLAN				plan number		
					4-	(PN) •	001	
					10	Effective date o	•	
2a Plan s	ponsor's name and a	ddress; include room or suite number (e	mplover if for a single-	employer plan)	2h	Employer Identi		
	GAS & TIRE, INC.	(-			_~		40850	
					2c	Sponsor's telep	hone number	
402 N. DIVIS						208-68	2-2316	
PINEHURS	Г, ID 83850				2d	Business code (` ,	
0:					21-	44710		
		nd address Same as Plan Sponsor N	—	n Sponsor Address	3D	Administrator's 82-04	EIN 40850	
AROUSEL GAS & TIRE, INC. 402 N. DIVISION ST. PINEHURST, ID 83850					3c	Administrator's telephone numbe		
						208-682	2-2316	
4 If the r	name and/or FIN of th	e plan sponsor has changed since the	ast return/report filed for	or this plan, enter the	4h	EIN		
		imber from the last return/report.	ast return/report mea n	or this plan, enter the	40	CIIN		
a Spons	or's name				4c	PN		
5a Total i	number of participants	s at the beginning of the plan year			5a		11	
b Total i	number of participants	s at the end of the plan year			5b		10	
		account balances as of the end of the	• •	-			40	
	,				5c		10 D Na	
		ts during the plan year invested in eligib of the annual examination and report of					X Yes No	
		6? (See instructions on waiver eligibility					X Yes No	
		either line 6a or line 6b, the plan cann						
C If the p	olan is a defined bene	fit plan, is it covered under the PBGC in	nsurance program (see	ERISA section 4021)?	[Yes No	Not determined	
Caution: A	nenalty for the late	or incomplete filing of this return/re	oort will be assessed	unless reasonable cau	ıse is	established		
		ther penalties set forth in the instruction					able, a Schedule	
		and signed by an enrolled actuary, as w	ell as the electronic ver	sion of this return/report	t, and	to the best of my	knowledge and	
beller, it is	true, correct, and com	ipiete.						
SIGN	Filed with authorized	l/valid electronic signature.	08/07/2014	DALE STEVENS				
HERE	Signature of plan	administrator	Date	Enter name of individ	ual siç	gning as plan adr	ninistrator	
SIGN								
HERE	Signature of empl	over/plan sponsor	Date	Enter name of individ	ual sid	anina as emplove	er or plan sponsor	
Preparer's		name, if applicable) and address; include					number (optional)	
DALE STE						509-75	5-3767	
200 NORTH	RU BENEFITS, LLC I MULLAN ROAD, SI	JITE 216						
	VALLEY, WA 99206							

Form 5500-SF 2013 Page **2**

Day	t III Financial Information									
7 Tal			(a) Denimalian of Ven				/b\ F.:	-1 - £ V	·	
	Plan Assets and Liabilities Total plan assets	70	(a) Beginning of Yea				(b) Er		ear 403403	<u> </u>
<u>а</u> b	Total plan assets Total plan liabilities	7a 7b	01101	•					100100	,
	Net plan assets (subtract line 7b from line 7a)	76 7c	64781	4					403403	3
8	Income, Expenses, and Transfers for this Plan Year	70		•			/b		.00.00	
	Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	8a(1)	585.	2						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	4100	3						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							46855	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	29126	6						
<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							291266	3
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-	244411	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 3D	feature co	des from the List of Plan Chara	acteris	tic Co	des in	the instr	uctions	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	c Coc	les in t	he instru	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	Χ					60000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
е	Were any fees or commissions paid to any brokers, agents, or oth									
	insurance service, or other organization that provides some or all				X					4040
	instructions.)			10e		X				1619
				10f						
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	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 requirem 5500) and line 11a below)							Г	Yes	No
11a	Enter the unpaid minimum required contribution for current year for					11a			-1	
12	Is this a defined contribution plan subject to the minimum funding				•		ERISA?	ПГ	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. 0. 00	5.1511			<u>·· L</u>		<u> </u>
а	If a waiver of the minimum funding standard for a prior year is being ranting the waiver.	ng amortiz	ed in this plan year, see instruc		and 6	enter th	ne date d	of the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					zuy				
	Enter the minimum required contribution for this plan year	•				12b				

Page	3 -		1
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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
С	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	l 4b Tr	ust's EIN	

Department of Labor Employee Benesie Security Administration

Pension Benefit Guaranty Corporation

CAROUSEL GAS

Short Form Annual Return/Report of Small Employee Form 5500-SF Benefit Plan Department of the Treasury Internal Revenue Service

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).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection

Part I Annual Report	inel plan year badinning	01/01/2013	and ending	12/31/20)13
For calendar plan year 2013 or fi	ly a shade employee plan		plan (not multiemployer)		ticipant plan
A This return/report is for:	X a single-employer plan	land .		☐ o cino pai	and and branch
B This return/report is:	the first return/report	the final return/repor			
	an amended return/report	a short plan year retu	m/report (less than 12 mo	nths)	۸.
C Check box if filling under:	X Form 5558	automatic extension		☐ DFVC pro	ogram
C Check box it ming drider.	apacial extension (anter descri	otion)			
	ormation—enter all requested info	Miliation		1b Three-digit	
1a Name of plan	THE DROUTT SUADING	DI.AN		plan numbe	r
CAROUSEL GAS & TIRE	E, INC. PROFIT SHARING	I LIFE		(PN) Þ	001
			*	1c Effective da	
			1	01/01/1	
2a Blan engineer's name and a	ddress; include room or suite numbe	r (employer, If for a singl	e-employer plan)		lentification Number
CAROUSEL GAS & TIRE	E, INC.	The state of the control of the state of the		(EIN) 82-	0440850
Chapter & March Strate Strate Street American Street Control Stree					elephone number
402 N. DIVISION ST	<u>.</u> .			208-682	
*** *** ***				345 4 45 - Secret State (45.5) 2.5 - 54.5	nde (see Instructions)
PINEHURST	ID 83850			447100	
	and address Same as Plan Spons	or Name Same as P	an Sponsor Address	3b Administrat	
CAROUSEL GAS & TIRI		u		82-0440	
CAROUSEL GAS & 1110	L / L / L				or's telephone number
402 N. DIVISION ST				208-682	-2310
402 N. DIVISION SI	•			i i	
PINEHURST	ID 83850				
		the test return/report file/	for this plan, enter the	4b EIN	
4 If the name and/or EIN of t	the plan sponsor has changed since	the last return/report met	TOT LITTS PIBLIC BITCH BITCH	THE CITY	
	number from the last return/report.			4c PN	
a Sponsor's name	nts at the beginning of the plan year.			5a	11
5a Total number of participan	is at the beginning of the plant year		II. XX	5b	10
 Total number of participan 	nts at the end of the plan year	the state of the food by	mofit plane do not	-	
C Number of participants with	th account balances as of the end of	the plan year (defined be	atient bigue an una	5c	10
complete this item)		Hading appear (Cap inch	auctions)		X Yes No
6a Were all of the plan's ass	ets during the plan year invested in or the annual examination and repo	angine assets? (Occ inst	lifled public accountant (IC	(PA)	
4- AA AFFI DEGA 404 A	400 / Con instructions on Walver elifil	BINV ADD CONDITIONS. 1	*********************************		X Yes No
Windy amougond "No" to	ofther line 6a or line 6b, the plan	cannot use Form 5500-	SF and must instead use	FORM DOOD.	
A If the plan is a defined her	nefit plan, is it covered under the PB	GC insurance program (s	ee ERISA section 4021)?	Yes N	o Not determined
Caution: A penalty for the lat	te or incomplete filing of this retur	n/report will be assess	od Uniess reasonable ca	and including if	policable a Schedule
Under penalties of perjury and	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I ha	version of this return/repor	t, and to the best	of my knowledge and
SB or Schedule MB completed belief, it is true, correct, and co	and signed by an enrolled actuary,	(A) (A)	AN AGAIL AT A THE ADDODUCTOR OF		
V 1 1	0/	- 10/.	Leave to the court of the court		
SIGN of ailu	a. Hans	18614	Hailey Stewar		
HERE Signature of plan	n administrator	Date	Enter name of individ	dual signing as pla	n administrator
		86 14	Hailey Stewar	7E	
SIGN John Caily C			Enter name of jedloi	dual signing as en	ployer or plan sponsor
HERE Signature of em	ployer/plan sponsor m name, if applicable) and address;	Date	nher (ontional)	Preparer's teler	phone number (optional)
	m name, ir applicable) and address;	HOLDE TOUR OF BUILD HOL	mer Jakananal		-755-3767
Dale Stevenja	a TTC				
Break-Thru Benefit					
200 North Mullan F	wau, suice 210				ALS HE BOOK STAN A
a 1 17.33	WA 99206				of simple War
Spokane Valley	WA 99206	a Instructions for Earn S	11.09		Form 5500-SF (2013)

Form 5500-SF 2013

Page 2

Part III | Financial Information (a) Beginning of Year (b) End of Year 7 Plan Assets and Liabilities 403403 647814 7a a Total plan assets ... 7b b Total plan liabilities. 403403 647814 7c C Net plan assets (subtract line 7b from line 7a) (b) Total (a) Amount Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: 5852 8a(1) (1) Employers 8a(2) (2) Participants..... 8a(3) (3) Others (including rollovers)..... 41003 b Other income (loss) 46855 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ... 8c d Benefits paid (including direct rollovers and insurance premiums 291266 Rei to provide benefits)..... e Certain deemed and/or corrective distributions (see instructions) ... 8e 81 f Administrative service providers (salaries, fees, commissions) 8g g Other expenses..... 291266 h Total expenses (add lines 8d, 8e, 8f, and 8g). 8h -244411 Net Income (loss) (subtract line 8h from line 8c) Ri Transfers to (from) the plan (see instructions)..... 8 Plan Characteristics If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions Yes No Amount During the plan year. Was there a failure to transmit to the plan any participant contributions within the time period described in Х 10a 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)..... Were there any nonexempt transactions with any party-in-Interest? (Do not Include transactions reported X 10b on line 10a.) 60000 X 10c C Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud X 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See 1619 10e X 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 of year end.),..... 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR X 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes 5500) and line 11a below). 11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39...... is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) 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 Day granting the waiver. If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to fine 13. 12b b Enter the minimum required contribution for this plan year.....

	Form 5500-SF 2013	Page 3 -					
	2						
C	Enter the amount contributed by the employer to the	e plan for this plan year	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12c			
	Subtract the amount in line 12c from the amount in negative amount).	line 12b. Enter the result (enter a minus sign to	the left of a	12d	-		,
0	Will the minimum funding amount reported on line	12d be met by the funding deadline?			Yes	No	N/A
-	VII Plan Terminations and Transfers						
	Has a resolution to terminate the plan been adopted in				Yes X	Vα	
	If "Yes," enter the amount of any plan assets that r			13a			
b	Were all the plan assets distributed to participants of the PBGC?	or beneficiaries, transferred to another plan, or	brought under the o	control		Yes	X No
¢	If during this plan year, any assets or liabilities we which assets or liabilities were transferred: (See in	e transferred from this plan to another plan(s), i structions.)	dentify the plan(s)	to			
Ŋ	3c(1) Name of plan(s):		1	13c(2) EIN(s)		13c(3)	PN(s)
	- A - A - A - A - A - A - A - A - A - A						
						+	
		A A A A A A A A A A A A A A A A A A A					-
	8	T					_
Part	VIII Trust Information (optional)						
14a Name of trust			14b 7	rust's EIN			
	a maletamase comments adultimen						
							