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).

1210-0089

OMB Nos. 1210-0110

2013

This Form is Open to Public Inspection

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Part I	Annual Report lo	dentification Information					
For calend	lar plan year 2013 or fisc	al plan year beginning 01/01/	2013	and ending	12/31/2	2013	
A This re	turn/report is for:	X a single-employer plan	a multiple-employer p	olan (not multiemployer	.)	a one-particip	pant plan
B This re	turn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year retur	n/report (less than 12	months)		
C Check	box if filing under:	X Form 5558	automatic extension			DFVC progra	am
• onoon	box ii iiiiiig ariadi.	special extension (enter descr					
Part II	Pasis Dian Infor	mation—enter all requested info	·				
		mation—enter all requested into	ormation		1h	Three-digit	<u> </u>
1a Name	: OI PIAN CAR CARE INC. 401(K) F	PI AN			15	plan number	
Ditto Witto C	, at 0, at 2 at 0. 10 1 (14) 1					(PN) •	001
					1c	Effective date of	f plan
						02/01/	/2007
	sponsor's name and addr CAR CARE INC.	ress; include room or suite numbe	er (employer, if for a single	-employer plan)	2b	Employer Identification (EIN) 45-04	
					2c	Sponsor's telep	hone number
16510 106T	H AVENUE SE					360-458	
	98597-8636				2d	Business code ((see instructions)
						81119	90
3a Plan a	administrator's name and	address Same as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's I	EIN
					3c	Administrator's t	telephone number
4 1511					4.		
		plan sponsor has changed since t	the last return/report filed f	or this plan, enter the	4b	EIN	
name		plan sponsor has changed since to ber from the last return/report.	the last return/report filed f	or this plan, enter the	4b 4c		
name a Spons	e, EIN, and the plan numbers or's name		· 	· 	4c		7
a Spons 5a Total	e, EIN, and the plan numbor's name number of participants a	ber from the last return/report.			4c 5a		7 5
name a Spons 5a Total b Total c Numb	e, EIN, and the plan number's name number of participants a number of participants a per of participants with ac	t the beginning of the plan year t the end of the plan year count balances as of the end of the	the plan year (defined bene	efit plans do not	4c 5a 5b		5
name a Spons 5a Total b Total c Numb	e, EIN, and the plan number of participants a number of participants a number of participants a per of participants with acolete this item)	t the beginning of the plan year t the end of the plan year count balances as of the end of t	the plan year (defined bene	efit plans do not	4c 5a 5b 5c	PN	5
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name a Spons 5a Total b Total c Numb comp 6a Were b Are y under If you	e, EIN, and the plan number of participants a number of participants a number of participants with accepted this item)	t the beginning of the plan year t the end of the plan year ccount balances as of the end of t during the plan year invested in el he annual examination and report (See instructions on waiver eligibi	ligible assets? (See instruct t of an independent qualificility and conditions.)	efit plans do not ctions.)ed public accountant (l	4c 5a 5b 5c QPA)	PN	5 4 X Yes No
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Form 5500-SF 2013 Page **2**

Day	t III. Financial Information						
	t III Financial Information				1		
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
-	Total plan assets	7a	18549				211400
	Total plan liabilities	7b		0	-		0
_	Net plan assets (subtract line 7b from line 7a)	7c	18549	0			211400
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		0			
	(2) Participants	8a(2)	1361	4			
	(3) Others (including rollovers)	8a(3)		0			
-	Other income (loss)	8b	1229	6			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					25910
	Benefits paid (including direct rollovers and insurance premiums						200.0
	to provide benefits)	8d		0			
е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
f	Administrative service providers (salaries, fees, commissions)	8f		0			
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i					25910
j	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 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 fe	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	`	•	10b		Χ	
С	Was the plan covered by a fidelity bond?			10c	Χ		20000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	•	-	10d		X	
6	Were any fees or commissions paid to any brokers, agents, or oth			100			
Ŭ	insurance service, or other organization that provides some or all				Χ		
	instructions.)			10e			1711
f	,, , .			10f	V	X	
g	Did the plan have any participant loans? (If "Yes," enter amount a	-		10g	Х		8336
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 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						
11a	5500) and line 11a below) Enter the unpaid minimum required contribution for current year fr					11a	100 // 140
12	Is this a defined contribution plan subject to the minimum funding		,		1	302 of	ERISA? Yes X 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.	ng amortiz	ed in this plan year, see instruc		, and e	enter th	ne date of the letter ruling Year
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule					zay	
	Enter the minimum required contribution for this plan year	ζ. σ.				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	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 section 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

P	art I Annual Report Identification Information			<u> </u>	
For	calendar plan year 2013 or fiscal plan year beginning	01/01/2013	and ending	12/31/2013	
Α	This return/report is for:	a multiple-employer	plan (not multiemployer)	a one-par	ticipant plan
В	This return/report is: the first return/report	t			
	an amended return/report	\	urn/report (less than 12 m	ionths)	
C ·	Check box if filing under: x Form 5558	automatic extension		_	gram
•	special extension (enter descrip	<u></u>		☐ DFVC pro	igram
	art II Basic Plan Information enter all requested in Name of plan	formation		145	
14	·			1b Three-digit plan number	
Browns Car Care Inc. 401(k) Plan				(PN) ▶	001
				1c Effective dat	
2a	Plan sponsor's name and address; include room or suite number	r (employer if for a sinc	le-employer plan)	02/01/20	
	Browns Car Care Inc.	· (empleyer, in fer a sing	ie employer plan)	(EIN) 45-	entification Number 0489641
				2c Sponsor's te	
	16510 106th Avenue SE			(360) 45	
					de (see instructions)
	Yelm WA 98597-8636			811190	
зa	Plan administrator's name and address X Same as Plan Spon	isor Name [] Same as	Plan Sponsor Address	3b Administrato	r's EiN
				3c Administrato	r's telephone number
4	If the name and/or EIN of the plan sponsor has changed since th	ne last return/report filed	for this plan, enter the	4b EIN	
	name, EIN, and the plan number from the last return/report.		tor time plant, enter the	TO CITY	
	Sponsor's name			4c PN	
	man plant you.			5a	7
b	Total number of participants at the end of the plan year		***************************************	5b	5
С	Number of participants with account balances as of the end of the complete this item)	e plan year (defined be	nefit plans do not	5c	4
6a	Were all of the plan's assets during the plan year invested in elig			_ <u> </u>	X Yes No
b	Are you claiming a waiver of the annual examination and report of		******************		21 103 [140
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility			•	X Yes No
	If you answered "No" to either line 6a or line 6b, the plan car	nnot use Form 5500-SI	and must instead use	Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC	c insurance program (se	e ERISA section 4021)?	Yes	No Not determined
Са	aution: A penalty for the late or incomplete filing of this return/	report will be assesse	d unless reasonable car	use is established	
Un	nder penalties of perjury and other penalties set forth in the instructi	tions, I declare that I have	e examined this return/re	port, including, if an	policable, a Schedule
SB	B or Schedule MB completed and signed by an enrolled actuary, as lief, it is true, correct, and complete.	well as the electronic v	ersion of this return/repor	t, and to the best of	my knowledge and
Dei	iler, it is true, correct, and complete.	T			
	IGN		Michael J. Brown		
्राम्।	ERE signature of plan administrator	Date 23Sept 1	Enter name of individua	ıl signing as plan ad	ministrator
	IGN				
-0.10-00	ERE Signature of employer/plan sponsor	Date	Enter name of individua	l signing as employ	er or plan sponsor
Pre	eparer's name (including firm name, if applicable) and address; inc	lude room or suite num	oer (optional)	Preparer's telephor	ne number (optional)

Pa	rt III Financial Information			**			
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır	T		(b) End of Year
а	Total plan assets	7a	185,4		-		211,400
	Total plan liabilities	7b		0	- 		0
С	Net plan assets (subtract line 7b from line 7a)	7с	185,4				211,400
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from:	5 (4)					
	(1) Employers	8a(1)	12.0	0		e de la composición della comp	
	(3) Others (including rollovers)	8a(2) 8a(3)	13,6	0		norda Albert	
b	Other income (loss)	8b	12,2		1991		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			19976.C		0F 010
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			25,910
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	0.00		
f	Administrative service providers (salaries, fees, commissions)	8f		0	1000		
g	Other expenses	8g		0			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0
i	Net income (loss) (subtract line 8h from line 8c)	8i			2		25,910
j	Transfers to (from) the plan (see instructions)	8j			18.00		
Pa	rt IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan Charac	cterist	ic Cod	es in	the instructions:
	2E 2F 2J 2K 3D						
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Charact	eristic	Code	s in th	ne instructions:
Pa	rt V Compliance Questions						
10	During the plan year:				Yes	No	A
a		tions withi	n the time period described in	10a	165	No X	Amount
b		? (Do not i	nclude transactions reported	10b		х	
С				10c	х		20,000
d		fidelity bor	nd, that was caused by fraud	10d		х	
е		er person	s by an insurance carrier.				
	instructions.)			10e	x		1,711
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	х		8,336
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 the 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						Contract the Sharing Security of Contract of the Contract of t
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	ule Si	B (Form Yes X No
11a	Enter the unpaid minimum required contribution for current year from					11a	103 <u>[==1</u> 100
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes X 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	g amortize	ed in this plan year, see instruc	tions,	and e	nter th Da	ne date of the letter ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year					12b	

	Form 5500-SF 2013		Page 3 -				
		***************************************			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
<u>C</u>	Enter the amount contributed by the employer to the plan for the	his plan year	***************************************		12c		
d 	Subtract the amount in line 12c from the amount in line 12b. E negative amount)				12d		
e	Will the minimum funding amount reported on line 12d be met	t by the funding dead!	ne?	***************************************	🗀	Yes [□ No □ N/A
Part	VII Plan Terminations and Transfers of Asse	ets					
13a	Has a resolution to terminate the plan been adopted in any pla	an year?			☐ Ye	s X N	0
	If "Yes," enter the amount of any plan assets that reverted to the	the employer this yea	******************************		13a		
b	Were all the plan assets distributed to participants or beneficial of the PBGC?	aries, transferred to a	nother plan, or brou	ght under the c	ontrol	[Yes X No
С	If during this plan year, any assets or liabilities were transferrewhich assets or liabilities were transferred. (See instructions.)	ed from this plan to an	other plan(s), identi	fy the plan(s) to)		
1	I3c(1) Name of plan(s):			130	(2) EIN(s)	13c(3) PN(s)
						**	
Part	VIII Trust Information (optional)						
14a I	Name of trust				14b Tı	ust's EIN	