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

Pension Be	<u> </u>	▶ Complete all entries in acco	rdance with the instru	ctions to the Form 550	0-SF.				
Part I		dentification Information							
For calenda	ar plan year 2013 or fis	cal plan year beginning 01/01/20	13	and ending 1	2/31/2	013			
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-particip	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 mg	onths)				
C Check h	oox if filing under:	X Form 5558	automatic extension	• (Í	DFVC progra	am		
• CHECK I	ox ir illing under.		≟ I		_ 5. vo program				
special extension (enter description)									
Part II		mation—enter all requested inform	nation		1 41.		1		
1a Name	•	TAY FAVORER CAVINGO BLAN			10	Three-digit plan number			
BELLEVUE /	AUTO REBUILD, INC.	TAX FAVORED SAVINGS PLAN				(PN) ▶	001		
						Effective date of			
						01/01/			
2a Plan sp	oonsor's name and add	lress; include room or suite number (employer, if for a single-	employer plan)	2b	Employer Identi	fication Number		
	AUTO REBUILD, INC.	,	1 7 7	, , ,			90469		
					2c	Sponsor's telep	hone number		
1424 - 130TI	H AVE. N.E.					425-453			
BELLEVUE,	WA 98005				2d	Business code ((see instructions)		
						42310	00		
3a Plan a	dministrator's name and	d address XSame as Plan Sponsor	Name Same as Plar	Sponsor Address	3b	Administrator's I	EIN		
		_	_						
					3C	Administrator's f	telephone number		
A 15.11									
44 If the n	name and/or ⊢IN of the	plan sponsor has changed since the	last return/report filed for	or this plan, enter the	4h	FIN			
		plan sponsor has changed since the ber from the last return/report.	last return/report filed for	or this plan, enter the	4b	EIN			
	EIN, and the plan num		last return/report filed for	or this plan, enter the	4b 4c				
name, a Sponso	EIN, and the plan num or's name			· 			39		
name, a Sponso 5a Total r	EIN, and the plan num or's name number of participants a	ber from the last return/report.			4c 5a				
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	or.			(b) End o	. Voar		
	Total plan assets	7a	98368			11248	68			
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	76 7c	98368	80	+			11248	68	
	Income, Expenses, and Transfers for this Plan Year	70					(b) To			
	Contributions received or receivable from:		(a) Amount				(b) To	lai		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	6407	' 6						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	10914	5						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						17322	21	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2596	1						
е	Certain deemed and/or corrective distributions (see instructions)	8e	508	2						
f	Administrative service providers (salaries, fees, commissions)	8f								
q	Other expenses	8g	99	0						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						320	33	
$\overline{}$	Net income (loss) (subtract line 8h from line 8c)	8i						1411	88	
ī	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	l oj								
9a		feature co	des from the List of Plan Char	acteris	stic Co	ndes in	the instruction	nns.		
Ju	2E 2G 2J 2K 2T 3D	1001010 00	doo nom the Elector Flam onan	aotorio		, acc	tho motion	J.10.		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cterist	ic Cod	des in t	he instruction	ns:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		mount		
a				10a		X	<u> </u>	inount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
	·					X				
				10c						
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 instructions.)		. `	10e	X					5838
f	Has the plan failed to provide any benefit when due under the pla			10f		X				
					X				4	0004
g		-	•	10g					4,	2864
	2520.101-3.)	•		10h		Χ				
ī	If 10h was answered "Yes," check the box if you either provided the									
	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	s	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				_
12	Is this a defined contribution plan subject to the minimum funding		,				ERISA?	Ye	s 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 instru		, and	enter th		e letter i	ruling	J
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule					Day		Jui		
	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	

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).

2013

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	Prietit Guaranty Corporation	► Complete all entries in accordan	ce with the instruc	tions to the Form 5500	0-SF.	ins	spection
Part I	Annual Report Id	dentification Information					
	ar plan year 2013 or fisc			and ending 1	2/31/2	013	
A This ret	urn/report is for:	X a single-employer plan a r	multiple-employer pla	an (not multiemployer)		a one-partici	pant plan
B This ret	urn/report is:	the first return/report the	e final return/report			_	
		an amended return/report as	hort plan year return	/report (less than 12 mo	onths)		
C Check i	oox if filing under:	□ -	tomatic extension			DFVC progra	am
	J	special extension (enter description)			(_ Di vo progra	2111
Part II	Basic Plan Infor	mation—enter all requested information					
1a Name		mation—enter all requested informatio	n		41		T
	•	TAX FAVORED SAVINGS PLAN				Three-digit plan number	
		THE THE ONE DAVINGS TEAM				(PN)	001
					-	Effective date o	f plan
						01/01/1	
2a Plan s	ponsor's name and addi AUTO REBUILD, INC.	ress; include room or suite number (emp	loyer, if for a single-e	employer plan)	2b	Employer Identi	fication Number
DELLEVOL	AOTO REBUILD, INC.					(EIN) 91-129	
					2c	Sponsor's telep	hone number
1424 - 130T	H AVE. N.E.					(425) 45	
DELLEVATE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				2d		(see instructions)
BELLEVUE,		- μ				423100	
Ja Pian a	aministrators name and	address Same as Plan Sponsor Nam	ie USame as Plan	Sponsor Address	3b	Administrator's	EIN
					30	Administrators	telephone number
						Administrators	telephone number
4 If the r	name and/or EIN of the	plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN	
	, EIN, and the plan num or's name	ber from the last return/report.			4-		
		at the beginning of the plan year			4c	PN	
					5a		39
		it the end of the plan year			5b	_	43
C Numb	er of participants with a	ccount balances as of the end of the plar	n year (defined bene	fit plans do not			27
		4			5c		
h Arov	all of the plan's assets	during the plan year invested in eligible a	assets? (See instruct	ions.)			X Yes No
under	29 CFR 2520.104-46?	the annual examination and report of an (See instructions on waiver eligibility and	independent quaime	d public accountant (IQ	PA)		Yes No
if you	answered "No" to eit	her line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500	[] 163 [] 140
C If the	plan is a defined benefit	plan, is it covered under the PBGC insu	rance program (see	FRISA section 4021)?		Yes DNo D	Not determined
] Not determined
Caution: A	penalty for the late o	r incomplete filing of this return/repor	t will be assessed u	uniess reasonable cau	ise is	established.	
SB or Sche	aities of perjury and other	er penalties set forth in the instructions, I d signed by an enrolled actuary, as well a	declare that I have o	examined this return/rep	port, in	cluding, if applic	able, a Schedule
belief, it is	true, correct, and compl	eje.	as the electronic vers	sion of this returnineport	i, and i	o trie best of my	r knowledge and
	- /////		83531	<i>V</i>	. 0	11112	
SIGN HERE	X ///		19-26-014	X J DARY		ANKS	
neke	Signature of plan ad	ministrator	Date	Enter name of individ	ual sig	ning as plan adr	ministrator
SIGN							
HERE	Signature of employ	er/plan sponsor	Date	Enter name of individ	ual cia	ning on omyleve	
Preparer's		ime, if applicable) and address; include r	oom or suite number	Enter name of individer (optional)	Pren	arer's telephone	e number (optional)
				· · · /			(optional)
					<u> </u>		
1				*			

Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
<u>a</u>	Total plan assets	7a	983680		-		1124868	
<u>b</u>	Total plan liabilities	7b			1	******	· · · · · · · · · · · · · · · · · · ·	
C	Net plan assets (subtract line 7b from line 7a)	7c	983680)		1124868		
8	Income, Expenses, and Transfers for this Plan Year	1 1	(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)	()				
	(2) Participants	8a(2)	6407	3 3				
	(3) Others (including rollovers)	8a(3)						
<u>b</u>	Other income (loss)	8b	10914	5		-		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					173221	
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	. 8d	2596			<u> </u>		
	Certain deemed and/or corrective distributions (see instructions)	8e	5082	2				
	Administrative service providers (salaries, fees, commissions)	. 8f						
	Other expenses	. 8g	990)				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	· · · · · · · · · · · · · · · · · · ·			4		32033	
	Net income (loss) (subtract line 8h from line 8c)	8i		250			141188	
	Transfers to (from) the plan (see instructions)	8j						
Par								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	tic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in t	ne instructions:	
Part	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide	uciary Cor	rection Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		х		
C	Was the plan covered by a fidelity bond?			10c		Х		
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	and, that was caused by fraud	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or of	her persor	is by an insurance carrier,					
	insurance service, or other organization that provides some or all instructions.)	of the ber	nefits under the plan? (See	10e	х			5838
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х		
g			·	10g	Х		42	2864
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 to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i				· · · ·
Part	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 con	plete	Sched	dule SE	3 (Form Yes	No
11a	Enter the unpaid minimum required contribution for current year f					11a		
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	e or se	ection	302 of	ERISA? Yes X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	, 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							
	you completed line 12a, complete lines 3, 9, and 10 of Schedu	le MB (Fo	rm 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year					12b		

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C Enter the amount contributed by the employer to the plan for this	plan year		12c	Τ				
d Subtract the amount in line 12c from the amount in line 12b. Enter negative amount)	r the result (enter a minus sign to the left	of a	12d					
e Will the minimum funding amount reported on line 12d be met by				П	Yes	N	<u>о</u> Г	N/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 reverted to the	employer this year		13a	Т				
b Were all the plan assets distributed to participants or beneficiaries of the PBGC?	s, transferred to another plan, or brought	under the	control			П	Yes	X No
C If during this plan year, any assets or liabilities were transferred fr which assets or liabilities were transferred. (See instructions.)	rom this plan to another plan(s), identify t	he plan(s) t	to	÷				
13c(1) Name of plan(s):		1:	3c(2) E	IN(s)	1	3c(3)	PN(s)
Part VIII Trust Information (optional)								
14a Name of trust			14b	Trust	's EIN			

14b Trust's EIN