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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending 12/31/2014 X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit SUNSET CHEVROLET 401(K) RETIREMENT PLAN plan number (PN) ▶ 001 Effective date of plan 01/01/1993 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SUNSET CHEVROLET, INC. (EIN) 91-0839194 Sponsor's telephone number 253-863-8144 910 TRAFFIC AVE SUMNER, WA 98390 Business code (see instructions) 441110 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a 78 Total number of participants at the end of the plan year..... 5b 104 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 74 d(2) Total number of active participants at the end of the plan year..... 5d(2) 94 e Number of participants that terminated employment during the plan year with accrued benefits that were 5 5e less than 100% vested.

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.	04/22/2015	ANGELA BYRUM				
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponso				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			

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b .	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to the pl	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	X Yes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par					-		
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End of Year
	Fotal plan assets	7a	24798	880	-		2633385
0	Fotal plan liabilities	7b	0.4700	200			488 2632897
	Net plan assets (subtract line 7b from line 7a)	7c	24798	000			
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	267	7 26			
	2) Participants	8a(2)	1909	72			
	3) Others (including rollovers)	8a(3)	37	779			
-	Other income (loss)	8b	1768	349			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					398326
	Benefits paid (including direct rollovers and insurance premiums		2220	222			
	o provide benefits)	8d	2322	223			
	Certain deemed and/or corrective distributions (see instructions)	8e	130	106			
	Administrative service providers (salaries, fees, commissions)	8f	130	700			
-	Other expenses	8g					245200
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					245309 153017
	Net income (loss) (subtract line 8h from line 8c)	8i					155017
Part	Transfers to (from) the plan (see instructions) IV Plan Characteristics	8j					
b Part	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	ıciary Cor	rection Program)	10a		Х	
b	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	Χ		500000
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.)	of the ber	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X	
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 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)			· 	<u>.</u>		
<u>11a</u>	Enter the unpaid minimum required contribution for current year from					11a	
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	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 bein granting the waiver.	-			, and e	enter th Day	

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to lin	e 13.				
b	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	Subtract the amount in line 12c from the amount in line 12b. Enter the result 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 the	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		•	ontrol		Yes	(No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), ide	ntify the plan(s) to)			
1	3c(1) Name of plan(s):		130	c(2) EI	N(s)	13c(3) P	N(s)
			1			l	

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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**

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Re	port Identification Information	1			
	4 or fiscal plan year beginning	01/01/2014	and ending	12/31/2	014
A This return/report is for:	a single-employer plan a one-participant plan		lan (not multiemployer) (l yer information in accord		
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retur	n/report (less than 12 mo	nths)	
C Check box if filing unde	r: Form 5558	automatic extension		DFVC pr	ogram
	special extension (enter desc	cription)			
Part II Basic Plan	Information—enter all requested in	nformation			
1a Name of plan	401(K) RETIREMENT PLAN			1b Three-digit plan number (PN) ▶	001
				1c Effective da 01/01/1	
2a Plan sponsor's name a SUNSET CHEVROLET	and address; include room or suite numl r, INC.	per (employer, if for a single	-employer plan)	(EIN) 91-	
910 TRAFFIC AVE				253-863	
SUMNER	WA 98390			2d Business co 441110	ode (see instructions)
	ame and address XSame as Plan Spor	isor,		3b Administrat	or's EIN
				0	
				3C Administrat	or's telephone number
	of the plan sponsor has changed since	the last return/report filed f	or this plan, enter the	4b EIN	
name, EIN, and the pl a Sponsor's name	an number from the last return/report.			4c PN	
	ipants at the beginning of the plan year			5a	78
b Total number of partic	ipants at the end of the plan year			5b	104
	s with account balances as of the end o			5c	66
d(1) Total number of act	ive participants at the beginning of the p	olan year		5d(1)	7.4
d(2) Total number of act	ive participants at the end of the plan ye				14
	ivo participanto at the site of the plan y	ear		5d(2)	74 94
	that terminated employment during the	plan year with accrued ben	efits that were	5d(2) 5e	
less than 100% vested	that terminated employment during the	plan year with accrued ben	efits that were	5e	94
Caution: A penalty for the Under penalties of perjury SB or Schedule MB comple	that terminated employment during the late or incomplete filling of this returned other penalties set forth in the instructed and signed by an enrolled actuary,	plan year with accrued ben rn/report will be assessed actions, I declare that I have	efits that were unless reasonable cau examined this return/rep	5e se is established ort, including, if a	94 <u>5</u> I. pplicable, a Schedule
Caution: A penalty for the Under penalties of perjury SB or Schedule MB comple belief, it is true, correct, and	that terminated employment during the late or incomplete filling of this returned other penalties set forth in the instructed and signed by an enrolled actuary,	plan year with accrued ben rn/report will be assessed actions, I declare that I have as well as the electronic ve	efits that were unless reasonable cau examined this return/rep	5e se is established ort, including, if a	94 5 I. pplicable, a Schedule
Caution: A penalty for the Under penalties of perjury SB or Schedule MB comple belief, it is true, correct, and	that terminated employment during the late or incomplete filing of this returned other penalties set forth in the instricted and signed by an enrolled actuary, d complete.	rn/report will be assessed actions, I declare that I have as well as the electronic ve	unless reasonable cau examined this return/reprision of this return/report, ANGELA BYRUM	5e se is established ort, including, if a and to the best o	94 I. pplicable, a Schedule f my knowledge and
Caution: A penalty for the Under penalties of perjury of SB or Schedule MB comple belief, it is true, correct, and SIGN HERE Signature of	that terminated employment during the late or incomplete filling of this returned other penalties set forth in the instructed and signed by an enrolled actuary,	plan year with accrued ben rn/report will be assessed actions, I declare that I have as well as the electronic ve	efits that were unless reasonable cau examined this return/report,	5e se is established ort, including, if a and to the best o	94 I. pplicable, a Schedule f my knowledge and
Caution: A penalty for the Under penalties of perjury of SB or Schedule MB comple belief, it is true, correct, and SIGN HERE SIGN HERE SIGN HERE	that terminated employment during the least or incomplete filing of this return and other penalties set forth in the instructed and signed by an enrolled actuary, decomplete.	rn/report will be assessed uctions, I declare that I have as well as the electronic ve	efits that were unless reasonable cau examined this return/rep rsion of this return/report, ANGELA BYRUM Enter name of individu	5e se is established ort, including, if a and to the best of a signing as plantal signing	94 I. pplicable, a Schedule f my knowledge and administrator
Caution: A penalty for the Under penalties of perjury of SB or Schedule MB comple belief, it is true, correct, and SIGN HERE SIGN HERE SIGN HERE SIGN SIGN HERE SIGN HERE	that terminated employment during the late or incomplete filing of this returned other penalties set forth in the instricted and signed by an enrolled actuary, d complete.	plan year with accrued ben rn/report will be assessed uctions, I declare that I have as well as the electronic ve OHIIGIS Date Date	efits that were unless reasonable cau examined this return/rep rsion of this return/report, ANGELA BYRUM Enter name of individu	se is established out, including, if a and to the best of the part of the second and signing as plant and signing as empty as empty and signing as empty as	94 I. pplicable, a Schedule f my knowledge and administrator
Caution: A penalty for the Under penalties of perjury of SB or Schedule MB comple belief, it is true, correct, and SIGN HERE SIGN HERE SIGN HERE SIGN SIGN HERE SIGN HERE	that terminated employment during the late or incomplete filing of this return and other penalties set forth in the instructed and signed by an enrolled actuary, documplete.	plan year with accrued ben rn/report will be assessed uctions, I declare that I have as well as the electronic ve OHIIGIS Date Date	efits that were unless reasonable cau examined this return/rep rsion of this return/report, ANGELA BYRUM Enter name of individu	se is established out, including, if a and to the best of the part of the second and signing as plant and signing as empty as empty and signing as empty as	94 I. pplicable, a Schedule f my knowledge and administrator
Caution: A penalty for the Under penalties of perjury of SB or Schedule MB comple belief, it is true, correct, and SIGN HERE SIGN HERE SIGN HERE SIGN SIGN HERE SIGN HERE	that terminated employment during the late or incomplete filing of this return and other penalties set forth in the instructed and signed by an enrolled actuary, documplete.	plan year with accrued ben rn/report will be assessed uctions, I declare that I have as well as the electronic ve OHIIGIS Date Date	efits that were unless reasonable cau examined this return/rep rsion of this return/report, ANGELA BYRUM Enter name of individu	se is established out, including, if a and to the best of the part of the second and signing as plant and signing as empty as empty and signing as empty as	94 I. pplicable, a Schedule f my knowledge and administrator
Caution: A penalty for the Under penalties of perjury of SB or Schedule MB comple belief, it is true, correct, and SIGN HERE SIGN HERE SIGN HERE SIGN SIGN HERE SIGN HERE	that terminated employment during the late or incomplete filing of this return and other penalties set forth in the instructed and signed by an enrolled actuary, documplete.	plan year with accrued ben rn/report will be assessed uctions, I declare that I have as well as the electronic ve OHIIGIS Date Date	efits that were unless reasonable cau examined this return/rep rsion of this return/report, ANGELA BYRUM Enter name of individu	se is established out, including, if a and to the best of the part of the second and signing as plant and signing as empty as empty and signing as empty as	94 I. pplicable, a Schedule f my knowledge and administrator

Р	an	е	2

_	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an independ and conditio	lent qualified public accounta	nt (IC	PA)				es No
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA section 40	21)?		Yes	No [Not de	termined
Pa	rt III Financial Information								-
7	Plan Assets and Liabilities	ESA E	(a) Beginning of Yea	ar			(b) End	of Year	
а	Total plan assets	7a	24	7988	30				2633385
b	Total plan liabilities	7b							488
С	Net plan assets (subtract line 7b from line 7a)	7c	24	7988	30				2632897
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b)	otal	
a 	Contributions received or receivable from: (1) Employers	8a(1)	- : :::!!	2672	26				
	(2) Participants	8a(2)	1	9097	12				
	(3) Others (including rollovers)	8a(3)		377	79		THE PARTY	niego.	
b	Other income (loss)	8b	1	7684	9				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-81	7				398326
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	2:	3222	23	3154	801 311	Territory.	
ее	Certain deemed and/or corrective distributions (see instructions)	8e			US.	Yell			
f	Administrative service providers (salaries, fees, commissions)	8f		1308	16			WI THE	
_g	Other expenses	8g			Pi.			A Trial	
h_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	Way in the land with the	Tier	17				245309
	Net income (loss) (subtract line 8h from line 8c)	8i		Silv	H.				153017
j	Transfers to (from) the plan (see instructions)	8j			1.3				2- 319
Par	t IV Plan Characteristics								
Part	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides wel	eature codes	s from the List of Plan Charac	cterist	ic Cod	es in th	ne instruct	ons:	
10	During the plan year:				Yes	No		Amoun	+
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Corre	ction Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not in	clude transactions reported	10b		х			
C	Was the plan covered by a fidelity bond?			10c	Х				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		х			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions,)	ner persons of the benef	by an insurance carrier, its under the plan? (See	10e		х			
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 as	s of year en	d.)	10g		Х			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)			10h		х			
ı	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 r	notice or one of the	10i					
Part	VI Pension Funding Compliance								
11	ls this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "Ye	es," see instructions and com	plete	Sched	lule SB	(Form	Пүе	es 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						RISA?	Ye	es 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.				and e	nter the	e date of t	he letter Year	ruling

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If you completed line 12a, complete lines 3, 9, and 10 of So	chedule MB (Form 5500), and skip to line 13					
b Enter the minimum required contribution for this plan year			12b			
C Enter the amount contributed by the employer to the plan for	or this plan year		12c			
d Subtract the amount in line 12c from the amount in line 12b negative amount)	. Enter the result (enter a minus sign to the left	of a	12d			
e Will the minimum funding amount reported on line 12d be n				Yes	No [N/A
Part VII Plan Terminations and Transfers of Ass	sets					
13a Has a resolution to terminate the plan been adopted in any plan	ı year?		Y	es X N	0	
If "Yes," enter the amount of any plan assets that reverted t	to the employer this year		13a			
b Were all the plan assets distributed to participants or benef of the PBGC?	iciaries, transferred to another plan, or brought	under the	control		Yes	X No
C If during this plan year, any assets or liabilities were transfe which assets or liabilities were transferred. (See instruction	erred from this plan to another plan(s), identify t	he plan(s)	to			heel
13c(1) Name of plan(s):		1	3c(2) Ell	N(s)	13c(3)	PN(s)
					Î	
Part VIII Trust Information (optional)						
14a Name of trust			14b Tre	ust's EIN		