Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

HERE

SIGN **HERE**

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).

2014

This Form is Open to

Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2014 or fiscal plan year beginning and ending 09/30/2014 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 first return/report the final return/report **B** This return/report is 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) Basic Plan Information—enter all requested information Part II 1a Name of plan **1b** Three-digit BENEFITGUARD RETIREMENT INCOME SECURITY PLAN plan number 003 (PN) ▶ 1c Effective date of plan 10/01/2011 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number SEATTLE AUTOMOTIVE DISTRIBUTING INC 91-1222591 (EIN) Sponsor's telephone number 253-929-2279 204 H STREET NORTHWEST AUBURN, WA 98001 Business code (see instructions) 441300 3b Administrator's EIN **3a** Plan administrator's name and address | Same as Plan Sponsor. 20-5354793 BENEFITGUARD, LLC 877 EAST 1200 SOUTH #1272 OREM. UT 84097-1272 **3c** Administrator's telephone number 877-860-2664 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. a Sponsor's name 4c PN Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... 5b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 0 complete this item) d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 0 d(2) Total number of active participants at the end of the plan year..... 5d(2) 0 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 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 true, correct, and complete Filed with authorized/valid electronic signature 04/28/2015 SPENCER BARCLAY **SIGN**

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Signature of plan administrator

Signature of employer/plan sponsor

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number (optional)

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b	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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit ot use Fo	ndent qualified public accounta ions.)rm 5500-SF and must instead	int (IQ d d use	PA) Form	5500.		X Yes	s No
	If the plan is a defined benefit plan, is it covered under the PBGC in	isurance p	rogram (see ERISA section 40)21)?		Yes	∐No ∐	Not dete	rmined
Par									
	Plan Assets and Liabilities	_	(a) Beginning of Yea		-		(b) End o	f Year	0
	Total plan assets	7a	141	170					0
	Total plan liabilities Net plan assets (subtract line 7b from line 7a)	7b 7c	141	176	+				0
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount		+		(b) To	tal	
	Contributions received or receivable from:		(a) Amount				(b) 10	ıtaı	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)							
	Other income (loss)	8b	(640					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							640
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	144	128					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	3	388					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						14	816
<u>i</u>	et income (loss) (subtract line 8h from line 8c)							-14	176
j	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
b		eature cod	les from the List of Plan Charac	cterist			the instructio	ns:	
10	During the plan year:				Yes	No	,	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu.	iciary Cor	rection Program)	10a		Χ			
	Were there any nonexempt transactions with any party-in-interest on line 10a.)	·····		10b		Χ			
c	Was the plan covered by a fidelity bond?			10c	X				500000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ			
e	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 ben	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 a	s of year e	end.)	10g		X			
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					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)							Yes	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	requireme	ents of section 412 of the Code	or se	ection (302 of	ERISA?	Yes	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.	-			, and e	enter th Day		e letter r Year	uling

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lf y	ou c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 5500), and skip to line 1	3.				
b	Ente	r the minimum required contribution for this plan year			12b			
С	Ente	r the amount contributed by the employer to the plan for this plan year			12c			
d	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)							
е	Will t	the minimum funding amount reported on line 12d be met by the funding			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?			. X	Yes N	lo	
	If "Y	es," enter the amount of any plan assets that reverted to the employer th	is year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferre e PBGC?			control		X Yes	No
С	If du	ring this plan year, any assets or liabilities were transferred from this planth assets or liabilities were transferred. (See instructions.)			to			
1	3c(1)	Name of plan(s):		1	3c(2) E	IN(s)	13c(3	PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

Form 5500-SF

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Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

Part I	Annual Report	dentificatio	n Information								
For calenda	ar plan year 2014 or f	iscal plan year be	ginning	01/01/2014	and ending	0 :	9/30/201	.4			
A This ret	urn/report is for:	ployer plan cipant plan	plan (not multiemployer) (Filers checking this box must attach a list loyer information in accordance with the form instructions)								
B This retu	rn/report is	the first retu	ırn/report	☐ a foreign plan X the final return/report							
	,. 66 611 16		d return/report	X a short plan year return/report (less than 12 months)							
C Check box if filing under: Form 5558 automatic extension special extension (enter description)							DFVC program				
Dowt II	Dania Blan Infe	!									
Part II	Basic Plan Info	ormation—ent	er all requested info	ormation		141 -		Т			
1a Name of BENEFIT	of plan 'GUARD RETIRE	MENT INCOM	E SECURITY	PLAN		pla (P	nree-digit an number (N)	003			
						1c Effective date of plan 10/01/2011					
	oonsor's name and ac E AUTOMOTIVE			er (employer, if for a single	-employer plan)	2b Employer Identification Number (EIN) 91-1222591					
204 H S	STREET NORTHW	EST				2c Sponsor's telephone number 253-929-2279					
AUBURN		WA	98001				usiness code (11300	(see instructions)			
3a Plan ad	dministrator's name a	nd address Sa	ame as Plan Spons	or.		3b Ad	dministrator's	EIN			
BENEFIT	GUARD, LLC					20-5354793 3c Administrator's telephone number					
877 EAS	ST 1200 SOUTH	#1272					7-860-26	·			
OREM		UT 8	4097-1272								
	name and/or EIN of th EIN, and the plan nu		•	he last return/report filed for	or this plan, enter the	4b EI	N				
a Sponso						4c PN	1				
5a Total r	number of participants	at the beginning	of the plan year			- 5a		1			
b Total r	number of participants	at the end of the	plan year			. 5b		0			
				he plan year (defined bene		. 5c		0			
d(1) Tota	al number of active pa	articipants at the I	peginning of the pla	an year		5d(1)		0			
d(2) Tota	al number of active pa	articipants at the	end of the plan yea	r		5d(2)	l	0			
	r of participants that t an 100% vested		, , ,	lan year with accrued bene	efits that were	5e		0			
Caution: A	penalty for the late	or incomplete fi	iling of this return	/report will be assessed	unless reasonable ca	use is est	ablished.				
SB or Sche		ind signed by an		tions, I declare that I have s well as the electronic ver							
SIGN	Senar !	Jerelan		4/27/2015	27/2015 SPENCER BARCLAY						
HERE	Signature of plan	administrator		Date	Enter name of individual signing as plan administrator						
SIGN											
HERE	Signature of emplo			Date	Enter name of individ						
Preparer's i	name (including firm	name, if applicab	le) and address (ind	clude room or suite numbe	er) (optional)	Prepare	r's telephone	e number (optional)			

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						X Yes No	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)? .		Yes	No Not determined	
Pai	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year	
	Total plan assets	7a	-	1417	6		C	
b	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c	=	1417	'6			
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from: (1) Employers	8a(1)						
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		64	0			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					640	
	Benefits paid (including direct rollovers and insurance premiums	its paid (including direct rollovers and insurance premiums						
	to provide benefits)							
	Certain deemed and/or corrective distributions (see instructions)	8e						
	Administrative service providers (salaries, fees, commissions)	38	0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					14816	
	et income (loss) (subtract line 8h from line 8c)						-14176	
	Transfers to (from) the plan (see instructions)	8j						
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2J 2K 2T 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 code	es from the List of Plan Charac	cteristi	c Cod	es in tl	he instructions:	
Part							I	
10	During the plan year: Was there a failure to transmit to the plan any participant contribut	tiono withir	a tha time pariod decaribed in	П	Yes	No	Amount	
a b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest	iciary Corr	ection Program)	10a		Х		
	on line 10a.)	·····		10b	V	Х	50000	
С	,,,			10c	Х		500000	
	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Х		
е	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 instructions.)					Х		
f	f Has the plan failed to provide any benefit when due under the plan?					Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х		
	h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR							
i	2520.101-3.)					Х		
	exceptions to providing the notice applied under 29 CFR 2520.101-3							
Part	VI Pension Funding Compliance				0.1		2/5	

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lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	n 5500), and skip to line 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)		of a	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?			Х	'es No		
	If "Yes," enter the amount of any plan assets that reverted to the employer thi	s year		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?	d to another plan, or brought u	ınder the c	ontrol		X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	n to another plan(s), identify th	e plan(s) to	0			
1	3c(1) Name of plan(s):		13	c(2) Ell	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)						
14a 1	lame of trust			14b ⊤r	rust's EIN		