## 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 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 BELLEVUE AUTO REBUILD, INC. TAX FAVORED SAVINGS PLAN plan number (PN) ▶ 001 Effective date of plan 01/01/1996 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number BELLEVUE AUTO REBUILD, INC. 91-1290469 (EIN) Sponsor's telephone number 425-453-2901 1424 - 130TH AVE. N.E. BELLEVUE, WA 98005 Business code (see instructions) 423100 **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 43 Total number of participants at the end of the plan year..... 5b 48 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c 30 complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) 37 d(2) Total number of active participants at the end of the plan year..... 5d(2) 37 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

belier, it is true, correct, and complete.										
SIGN HERE	Filed with authorized/valid electronic signature.	08/19/2015	DARYL BANKS							
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator							
SIGN		Date Enter name of individual signing as plan administrator  Date Enter name of individual signing as employer or plan sponsor								
HERE	Signature of employer/plan sponsor	Date	Enter name of individ	ual signing as employer or plan sponsor						
Preparer's name (including firm name, if applicable) and address (includ		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 assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)  If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.										No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 40	21)?		Yes	No		lot det	ermir	ned
Par	t III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) Er	nd of			
<u>a</u>	Total plan assets	. 7a	11248	868					105	2915	
	Total plan liabilities	. 7b	14040	000					105	2015	
	Net plan assets (subtract line 7b from line 7a)	7c	11248	000						2915	
	ncome, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b	) Tot	al		
	(1) Employers	8a(1)									
	(2) Participants	8a(2)	687	757							
	(3) Others (including rollovers)	8a(3)		)41							
	Other income (loss)	. 8b	277	<b>'64</b>							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9	7562	
	Benefits paid (including direct rollovers and insurance premiums or provide benefits)	. 8d	1687	<b>'</b> 84							
е	Certain deemed and/or corrective distributions (see instructions)	8e	4	118							
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	. 8g	3	313							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								9515	
	Net income (loss) (subtract line 8h from line 8c)	8i							-7	1953	
Par	Transfers to (from) the plan (see instructions)	8j									
b Part	If the plan provides welfare benefits, enter the applicable welfare for Compliance Questions	eature code	es from the List of Plan Charad	cterist	tic Cod	des in t	he instru	iction	s:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	uciary Corr	ection Program)	10a	X						2328
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		X					
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 bene	efits under the plan? (See	10e	X						6115
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	nd.)	10g	X					3	3040
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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)								Y	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	requireme	nts of section 412 of the Code	or se	ection	302 of	ERISA?		Y	es 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 6	enter tl Day			letter ear	rulino	g 

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 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)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		<b>13c(2)</b> EI	N(s)	<b>13c(3)</b> PN(s)

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.

1210-0089

2014

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Bowt I Annual Banan	4 Identification Info	accordance with the insti	ructions to the Form	5500-51.		
Part   Annual Repor For calendar plan year 2014 or	t Identification Information		<del></del>		· <u></u> -	
r or calendar plant year 2014 bi		1/2014	and ending	12/31/2014		
A This return/report is for:	☒ a single-employer plan	a multiple-employer p of participating emplo	olan (not multiemployer oyer information in acc	<ul> <li>(Filers checking the control of the co</li></ul>	his box must attach a list	
	a one-participant plan	a foreign plan			ŕ	
B This return/report is	the first return/report	the final return/report				
	an amended return/report	a short plan year return	n/report (less than 12	months)		
C Check box if filing under:	X Form 5558	automatic extension		DFVC p	program	
	special extension (enter descr					
Part II Basic Plan Info	ormation—enter all requested inf	formation				
1a Name of plan				1b Three-digit	t T	
BELLEVUE AUTO REBUILD, IN	C. TAX FAVORED SAVINGS PLAN	1			er 001	
				<del></del>		
<b>2a</b> Plan sponsor's name and a BELLEVUE AUTO REBUILD, INC	ddress; include room or suite numbe C.	er (employer, if for a single-	employer plan)			
4404 4007114\/E N.E						
1424 - 130TH AVE. N.E.					<del></del>	
BELLEVUE. WA 98005				423100	(See (See Mondonship)	
3a Plan administrator's name a	and address X Same as Plan Spons	sor.		3b Administra	tor's EIN	
				3c Administra	tor's telephone number	
4 If the name and/or EIN of th	ne plan sponsor has changed since t	the last return/report filed for	or this plan, optor the	4h Fu		
name, EIN, and the plan nu	imber from the last return/report.	the last returnineport lifed it	or this plant, enter the	40 EIN		
a Sponsor's name				4c PN		
	s at the beginning of the plan year				43	
	s at the end of the plan year			5b	48	
complete this item)	account balances as of the end of t			5c	30	
	articipants at the beginning of the pla			5d(1)	37	
	articipants at the end of the plan yea			5d(2)	37	
Number of participants that t less than 100% vested	erminated employment during the p	lan year with accrued bene	efits that were	5e	0	
Caution: A penalty for the late	or incomplete filing of this return	/report will be assessed a	uniess reasonable ca	uso is ostablisho		
Under penalties of perjury and of	ther penalties set forth in the instruc	tions. I declare that I have	examined this return/r	enort including if a	policable a Cabadula	
SB or Schedule MB completed a belief, it is true, correct, and com	ino signeo-dy an enfolied actuary, a:	s well as the electronic vers	sion of this return/repo	rt, and to the best of	of my knowledge and	
SIGN X	Med 11 14/1	18-18-1	X, I MARS	I RAIL		
HERE Signature of plan a	Administrator		1 10.1101	TOUT VILLE	<u> </u>	
SIGN		Date	⊏nter name of indivi	quai signing as plar	n administrator	
HERE						
Signature of empto	yer/plan sponsor	Date	Enter name of indivi	dual signing as emp	3b Administrator's EIN  3c Administrator's telephone number  4b EIN  4c PN  5a 43  5b 48  5c 30  5d(1) 37  5d(2) 37	

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

Preparer's telephone number (optional)

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	Were all of the plan's assets during the plan year invested in eligit							X Ye	s 🗌 No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an independe	nt qualified public accountains.)	nt (IQ	PA)			X Ye	s $\Pi$ No
	If you answered "No" to either line 6a or line 6b, the plan can							-	
C	If the plan is a defined benefit plan, is it covered under the PBGC is	nsurance prog	ram (see ERISA section 40	21)? .		Yes	No [	Not dete	rmined
Pai	t III Financial Information	34				-			
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End	of Year	
а	Total plan assets	. 7a	1124868		$\top$			105291	15
b	Total plan liabilities		<del></del>		$\top$			···· · ,	
	Net plan assets (subtract line 7b from line 7a)	. 7c	1124868	3			_	105291	5
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		丁		(b) <sup>-</sup>	Γotal	
	Contributions received or receivable from:		<b>`</b>		1983	- N			'''''
	(1) Employers								
	(2) Participants	. 8a(2)	68757			i de			
	(3) Others (including rollovers)		104		300				
	Other income (loss)	100	27764	4	333				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c						9756	2
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	T	168784	1					
	Certain deemed and/or corrective distributions (see instructions)	<del>                                     </del>	418	3	1.23				
f_	Administrative service providers (salaries, fees, commissions)	. 8f							100
	Other expenses	1000	313	3					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h						16951	15
_	Net income (loss) (subtract line 8h from line 8c)						***	-7195	53
	Transfers to (from) the plan (see instructions)	- 8j			200		en il		
Par	t IV Plan Characteristics								
b	2E 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare to the second	feature codes	from the List of Plan Charac	cterist	ic Cod	les in t	he instruc	ions:	
Pari									
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)	luciary Correc	tion Program)	10a	х				2328
	Were there any nonexempt transactions with any party-in-interes on line 10a.)			10b		х			
С	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?			10d		х			
е		her persons b	y an insurance carrier,						
	instructions.)			10e	Х				6115
f	Has the plan failed to provide any benefit when due under the plan	an?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year end	.)	10g	Х				33040
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instructi	ons and 29 CFR	10h		х			
ī	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10	the required n	otice or one of the	10i					
Part	VI Pension Funding Compliance			101	<u> </u>	<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requirer	nents? (If "Ye	s," see instructions and com	plete	Sched	dule Si	3 (Form	∏ Ye	s $\Pi$ No
11a	5500) and line 11a below)  Enter the unpaid minimum required contribution for current year					11a		<u>. L e</u>	- 11 140
12	Is this a defined contribution plan subject to the minimum funding		• • • • • • • • • • • • • • • • • • • •			302 of	ERISA?	∏ Ye	s No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below	v, as applicabl	e.)						
а	If a waiver of the minimum funding standard for a prior year is be granting the waiver.	ing amortized	in this plan year, see instruc	ctions	, and	enter ti	ne date of	the letter r	uling

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lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to	o line 13.				
b	Enter the minimum required contribution for this plan year			12b			
<u>c</u>	Enter the amount contributed by the employer to the plan for this plan year			12¢			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	(enter a minus sign t	to the left of a	12d			-
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?			Yes	No	□ N/A
Part					<del></del>		
13a	Has a resolution to terminate the plan been adopted in any plan year?			Π,	Yes X	No .	
	if "Yes," enter the amount of any plan assets that reverted to the employer th	nis year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferre of the PBGC?	ed to another plan, or	hrought under the o	ontrol	<b>†</b>	Пу	es 🛛 No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	n to another plan(s),	identify the plan(s) t	0			<u> </u>
1	3c(1) Name of plan(s):		13	c(2) E	 IN(s)	13c	(3) PN(s)
	-			`			(-) (-)
Part	VIII Trust Information (optional)						
140 Name of the st				14b ⊤	rust's EIN		
					GOLO EII	•	

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