For	m 5500-SF	Short Form Annu	al Return/Repo Benefit Pla		oyee		OMB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be file		. –	etirement		2015		
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974		6057(b) and 6058(a) of the			orm is Open to ic Inspection		
	nefit Guaranty Corporation	Complete all entries in a		nstructions to the Form 5	500-SF.				
For calenda	Annual Report IC ar plan year 2015 or fisca	lentification Information al plan year beginning 01/01/2		and ending 1	2/31/2015				
_	urn/report is for:	a single-employer plan	a multiple-employ	er plan (not multiemployer) employer information in ac	(Filers check	-			
B This retu	ırn/report is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558 special extension (enter descr	automatic extensio	on		FVC progr	am		
Part II	Basic Plan Inform	nation—enter all requested int							
1a Name					1bThree plan n (PN)1cEffection	ive date of			
		r, if for a single-employer plan) apt., suite no. and street, or P.C). Box)		2b Emplo (EIN)	yer Identif	cation Number		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) MARTINS AUTO CLINIC, INC.					2c Sponsor's telephone number 360-687-0239				
8206 219TH \$					2d Busine	ess code (s	see instructions)		
BATTLE GRO	DUND, WA 98604					8111	10		
3a Plan ac	dministrator's name and	address XSame as Plan Spons	sor.		3b Admin 3c Admin		IN elephone number		
	EIN, and the plan numb	lan sponsor has changed since per from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN 4c PN				
_		the beginning of the plan year			5a		10		
-		the end of the plan year			5b		10		
		count balances as of the end of		•	5c		10		
• •		cipants at the beginning of the pl	-		5d(1)		6		
e Numb	er of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued	benefits that were less	5d(2) 5e		70		
		incomplete filing of this return				ished.			
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a te.							
SIGN	Filed with authorized/va		04/27/2016	GERALD MARTIN					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing a	s plan adm	iinistrator		
HERE	Signature of employe	er/plan sponsor	Date	Enter name of individ	ual signing as	s emplove	r or plan sponsor		
Preparer's r		ne, if applicable) and address (ir			Preparer's t				
For Paperwo	ork Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form 5	500-SF.			Form 5500-SF (2015)		

-	Were all of the plan's assets during the plan year invested in eligib		. ,					X Yes No
	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					,		X Yes No
	If you answered "No" to either line 6a or line 6b, the plan cann							
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ction 4	021)? .		Yes	No Not determined
Par	t III Financial Information	1				-		
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
а	Total plan assets	7a		152	538			125006
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		15253				125006
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) Total
	Contributions received or receivable from:	80(1)		7	432			
	(1) Employers	8a(1)			442			
	(2) Participants	8a(2)			772			
	(3) Others (including rollovers)	8a(3)		1	679			
-	Other income (loss)	8b			079			14550
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c				_		14553
	to provide benefits)	8d		42	085			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						42085
_	Net income (loss) (subtract line 8h from line 8c)	8i						-27532
	Transfers to (from) the plan (see instructions)	8j						
Par	t IV Plan Characteristics	J						
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in	the instructions:
	2A 2E 2F 2G 2J 2K 2R 3D							
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Plar	n Chara	acterist	ic Coc	les in th	ne instructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10-		х		
h	Program) Were there any nonexempt transactions with any party-in-interest			10a		~		
	reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	×			25000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		х		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ner person ne or all of	s by an insurance the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
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 2520.10	he require	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?			10j				
Part	VI Pension Funding Compliance			. 0j	1			I

10		
1'	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	١o
1	a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
1:	2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	٩N

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Page **3 -** 1

					1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	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									
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule 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 this plan year										
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	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?			Ye	es X No				
		es," enter the amount of any plan assets that reverted to the employer this year		13a						
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou								
	of th	e PBGC?	-			Yes X	No			
С	C 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	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)			
Part	VIII	Trust Information	-							
14a	Name	of trust		14b Trust's EIN						
14c Name of trustee or custodian						14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions								
15a	Is th	e plan a 401(k) plan?		Ye	es	No				
15b	15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					Design- based safe AD harbor tes method				
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es					
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No				
17a Has the plan been timely amended for all required tax law changes?				Ye	es	No	N/A			
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions			
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or			
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable				
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No				
19	Were	in-service distributions made during the plan year?		Ye	es	No				
	lf "Y€	es," enter amount		19						
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A			

Form 5500-SF Short Form Annual Return/Report of Small Em						OMB Nos. 1210-0110			
For	m 5500-5r	Short Form Annu	Benefit Plan	of Small Emplo	byee	1210-0089			
	Iment of the Treasury hal Revenue Service	This form is required to be file	d under sections 104 and 4			2015			
Employee Be	partment of Labor mefits Security Administration	7(b) and 6058(a) of the).	Internal	This Form is Open to Public Inspection					
	nefit Guaranty Corporation		accordance with the instru	uctions to the Form 55	00-SF.				
Part I		dentification Information			10	122 /2015			
Por calenda	in plan year 2015 of its	cal plan year beginning X a single-employer plan	01/01/2015	and ending	······································	/31/2015 cking this box must attach a			
A This ret	urn/report is for:	A a single-employer plan				with the form instructions)			
	·	a one-participant plan	a foreign plan						
B This retu	rn/report is	the first return/report	the final return/report						
		an amended return/report	a short plan year return	/report (less than 12 m	onths)				
C Chack h	oox if filing under:								
• Check L	ox it ming under.	Form 5558				DFVC program			
		special extension (enter desci							
Part II 1a Name of		rmationenter all requested in	formation	······	16 The				
	AUTO CLINIC	401(K) PLAN			1b Thre plan	number 001			
						•			
						ctive date of plan			
2a Plan sr	opsor's pame (omploy	ver if for a single employer plan)			· · ·	01/2005			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt suite no. and street, or P.O. Box)) 41-2056969			
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						nsor's telephone number			
MARTINS AUTO CLINIC, INC.						-687-0239			
8206 2	19TH STREET N	E			2d Business code (see instructions) 811110				
	apornip								
	GROUND	WA 98604			2 h Arlan	inistratoria FIN			
3a Plan administrator's name and address XSame as Plan Sponsor.					3b Administrator's EIN				
				3c Administrator's telephone number					
		plan sponsor has changed since ber from the last return/report.	the last return/report filed fo	r this plan, enter the	4b EIN				
a Sponso					4C PN				
5a Total n	umber of participants	at the beginning of the plan year			5a	10			
		at the end of the plan year			5b	10			
	• •	ccount balances as of the end of			5c				
•	•					10			
• •	•	ticipants at the beginning of the pl	•		5d(1)	6			
		ticipants at the end of the plan ye			5d(2)	7			
		erminated employment during the			5e	0			
Caution: A	penalty for the late of	r incomplete filing of this return	n/report will be assessed u	unless reasonable cau					
SB or Sche	lities of perjury and oth dule MB completed an rue correct, and comp	er penalties set forth in the instruct d signed by an enrolled actuary, a late	ctions. I declare that I have on a swell as the electronic vers	sion of this return/report	t, and to the	e best of my knowledge and			
SIGN		à Mart	4.27-16	Gerald Martin					
HERE	Signature of plan a		Date	Enter name of individ		as plan administrator			
SIGN	Signature of plan ac			Cher name of marva	aar orgining	as plan deminioudion			
HERE	Signature of omnio	vor/nlan anonaar	Data	Enter name of individe					
Preparer's	Signature of employ name (including firm na	ame, if applicable) and address (ir	Date Date numbe			as employer or plan sponsor s telephone number			
					-				
Lange 100 100 100 100 100 100 100 100 100 10									

···· •

	Form 5500-SF 2015	Page 2	
	Are you claiming a waiver of the annual examination and under 29 CFR 2520.104-46? (See instructions on waiver	ed in eligible assets? (See instructions.) report of an independent qualified public accountant (IQPA) eligibility and conditions.)	X Yes No
		plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the	e PBGC insurance program (see ERISA section 4021)? 🗌 Yes 🗍 No 🛛	Not determined

Part III Financial Information 1.1 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 125006 152538 a Total plan assets..... 7a b Total plan liabilities 7b 152538 125006 C Net plan assets (subtract line 7b from line 7a) 7c 883.C 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 7432 (1) Employers 8a(1) 5442 (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) 1679 b Other income (loss) 8b С Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) ... 14553 8c 物。可以在自己的建筑性的资源 d Benefits paid (including direct rollovers and insurance premiums 42085 to provide benefits) 8d #1." 3°. 4 e Certain deemed and/or corrective distributions (see instructions). 8e and the state state of the content f Administrative service providers (salaries, fees, commissions).... 8f g Other expenses 8g and a second 42085 h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h -27532 i Net income (loss) (subtract line 8h from line 8c) . 8i A DATE TO A DECK i Transfers to (from) the plan (see instructions)..... 5-2-3**-**6-6-7-8i

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2F 2G 2J 2K 2R 3D

B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х		
C	Was the plan covered by a fidelity bond?	10c	х		12.22	25000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х		
e	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.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				
j	Did the plan trust incur unrelated business taxable income?	10j				
Part	Mi Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions a 5500) and line 11a below)					
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40)			11a	

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

	Form 5500-SF 2015 Page 3 -						
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	enter th Dav	e date of th	ne letter ru Year	ling		
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Day		Tear			
b	Enter the minimum required contribution for this plan year	12b					
	Enter the amount contributed by the employer to the plan for this plan year	12c					
	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?		Yes	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 of the PBGC?			Yes 🛛	No		
с	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) t which assets or liabilities were transferred. (See instructions.)	0					
	13c(1) Name of plan(s): 13c(2	EIN(s)		13c(3)	PN(s)		
Part	VIII Trust Information						
14a	Name of trust	14b	14b Trust's EIN				
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number					
Par	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan?	. 🗌 Ye		No			
15b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	bi . bi	esign- ased safe arbor ethod	ADF test			
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Ye	es	∏ No			
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	. 📙 pe	atio ercentage est		erage lefit test		
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	Υε	s	No			
	Has the plan been timely amended for all required tax law changes?	. 🗌 Ye		No No	□ N/A		
	Date the last plan amendment/restatement for the required tax law changes was adopted	applica			nstructions		
17c					or		
17d	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subjered advisory letter, enter the date of that favorable letter and the letter's serial number						
17d 18	advisory letter, enter the date of that favorable letter and the letter's serial number If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been	f the pla	n's last fav	orable			
18	advisory letter, enter the date of that favorable letter and the letter's serial number If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	f the pla	n's last fav s	orable			
18	advisory letter, enter the date of that favorable letter and the letter's serial number If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been	f the pla	n's last fav s	orable			
18 19	advisory letter, enter the date of that favorable letter and the letter's serial number If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)? Were in-service distributions made during the plan year?	f the pla	n's last fav s	orable			

sr