Form 5500-SF		Short Form Annual	OMB Nos. 1210-01 1210-00							
	rtment of the Treasury nal Revenue Service	This form is required to be filed u	etirement	2016						
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (EF	Internal	This Form is Open to Public Inspection						
Complete all entries in accordance with the instructions to the Form 5500-SF.										
For calenda	Annual Report IC ar plan year 2016 or fisc		6	and ending 12	2/31/2016					
			7			king this box must attach a				
A This ret	urn/report is for:	a one-participant plan				with the form instructions.)				
B This return/report is       I the first return/report       I the final return/report         I an amended return/report       I a short plan year return/report (less than 12 m)										
C Check	box if filing under:		DFVC p	rogram						
Dort II	Basia Blan Inform	special extension (enter description	,							
Part II		mation—enter all requested inform	nation		1b Thre	o digit				
<b>1a</b> Name BELLEVUE		AX FAVORED SAVINGS PLAN				number				
					1c Effect	tive date of plan 01/01/1996				
Mailing	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O. B country, and ZIP or foreign postal of		uctions)	2b Employer Identification Number (EIN) 91-1290469					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BELLEVUE AUTO REBUILD, INC.					2c Sponsor's telephone number 425-453-2901					
1424 - 130TH AVE. N.E. BELLEVUE, WA 98005					2d Business code (see instructions) 423100					
3a Plan a	<b>3a</b> Plan administrator's name and address X Same as Plan Sponsor.				<b>3b</b> Administrator's EIN					
					3c Admi	nistrator's telephone number				
		blan sponsor has changed since the per from the last return/report.	last return/report filed for	or this plan, enter the	4b EIN					
	or's name				4c PN					
		t the beginning of the plan year			5a	46				
		t the end of the plan year count balances as of the end of the			5b	42				
compl	lete this item)				5c	31				
• • •	•	cipants at the beginning of the plan	•		5d(1) 5d(2)	35				
e Numb	per of participants that te	cipants at the end of the plan year rminated employment during the pla	an year with accrued be	nefits that were less	50(2) 5e	00				
		incomplete filing of this return/re			use is estal	olished.				
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruction signed by an enrolled actuary, as w	ns, I declare that I have	examined this return/re	port, includi	ng, if applicable, a Schedule				
SIGN         Filed with authorized/valid electronic signature.         07/28/2017         DARYL BANKS										
HERE	Signature of plan ad	ninistrator	Date	Enter name of individ	name of individual signing as plan administrator					
SIGN HERE										
	Signature of employed name (including firm nar	er/plan sponsor ne, if applicable) and address (inclu	Date de room or suite numbe			as employer or plan sponsor s telephone number				

6a b c	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 <b>If you answered "No" to either line 6a or line 6b, the plan cann</b> If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public accountant ( ions.) rm 5500-SF and must instead us	IQPA) Xes No
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	939179	990753
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	939179	990753
8	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)	64118	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	57388	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		121506
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	69863	
е	Certain deemed and/or corrective distributions (see instructions).	8e	69	
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		69932
i	Net income (loss) (subtract line 8h from line 8c)	8i		51574
j	Transfers to (from) the plan (see instructions)	8j		
Pa	rt 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: 2E 2G 2J 2K 2T 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		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported 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 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			5271
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			34534
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				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Con						Yes 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••			
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling	
	gran	ting the waiver	onth _	-	_ Day		Year_		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	3.						
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		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s)		<b>13c(3)</b> PN(s)		
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custoc ne number	lian's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[	No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section )(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	1	Prior y test	ear" AD	Ρ
				"Curre ADP t	ent year est		N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test		N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			of
	letter		ter the	e date	of the m	ost rece	ent determ	ination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separ ce?		from	Ye	s [	No		

	······									
Form 5500-SF	Short Form Annua		t of Small Emple	oyee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be filed	Benefit Plan d under sections 104 and 4	4065 of the Employee Re	etirement	2016					
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code	57(b) and 6058(a) of the	Internal	This Form is Open to					
Pension Benefit Guaranty Corporation	Complete all entries in a		-,-	orm 5500-SF.						
Part Annual Report	t Identification Information			100-01 .						
	fiscal plan year beginning 01/01/201	6	and ending 12/3	1/2016						
-	X a single-employer plan	a multiple-employer p	ian (not multiemployer) (i	Filers check	king this box must attach a					
A This return/report is for:	a one-participant plan	list of participating en	nployer information in ac	cordance w	ith the form instructions.)					
B This return/report is	the first return/report	the final return/report								
	an amended return/report	a short plan year retur	m/report (less than 12 mo	onths)						
C Check box if filing under:	Form 5558	automatic extension	[	DFVC pr	rogram					
	special extension (enter descri		-	- I	*g					
Part I Basic Plan Info	ormation-enter all requested info				• • • • • • • • • • • • • • • • • • •					
1a Name of plan				1b Three	a-digit					
	C. TAX FAVORED SAVINGS PLAN				number					
	ie -	1C Effect	tive date of plan 1/1996							
2a Plan sponsor's name (emplo	over, if for a single-employer plan)			2b Emple	over Identification Number					
City or town, state or provinc	om, apt., suite no. and street, or P.O. ice, country, and ZIP or foreign posta		ructions)	(EIN) 91-1290469						
BELLEVUE AUTO REBUILD, INC	<i>i.</i>			2c Sponsor's telephone number (425) 453-2901						
				2d Business code (see instructions)						
1424 - 130TH AVE. N.E.				42310	ю					
BELLEVUE, WA 98005										
3a Plan administrator's name ar	and address 🕅 Same as Plan Spons	Sor.		3b Admir	histrator's EIN					
5			ŀ	3c Admir	nistrator's telephone number					
				Administrator s telephone number						
A test					÷:					
4 If the name and/or EIN of the name, EIN, and the plan number of t	ne plan sponsor has changed since the mber from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN						
a Sponsor's name		2		4C PN						
5a Total number of participants	s at the beginning of the plan year			5a	46					
b Total number of participants	s at the end of the plan year			5b	42					
C Number of participants with	account balances as of the end of th	he plan year (only defined	contribution plans	5c	31					
	articipants at the beginning of the plan			5d(1)	35					
d(2) Total number of active pa	articipants at the end of the plan year	JT		5d(2)	33					
<ul> <li>Number of participants that then 100% vested</li> </ul>	t terminated employment during the p	plan year with accrued ber	nefits that were less	5e	0					
Caution: A penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable caus	se is estab	liehod					
Under penalties of perjury and ot	ther penalties set forth in the instructi and signed by an enrolised actuary, as	tions. I declare that I have	examined this return/reo	ort includin	a if applicable a Schedule					
and the	JAVI	7-21-17	X, JDARYC	RAN	NS					
Signature of plan a	administrator	Date	Enter name of Individua	el signing a	e plan administrator					
			Latitud Harris at Human	<u>or orði ur A æ</u>	5 plan aurimisuator					
Signature of emplo	over/bian sponsor	Date	Enter name of individu	el slanina a	s employer or plan sponsor					
Preparer's name (including firm n	name, if applicable) and address (inc	clude room or suite numbe			telephone number					
			·	•	····					
					영화(한) 전 것이다. 1996년 - 1997년 -					
For Papapurak Daduation Act Hotel	ce. see the Instructions for Form 5500.5	AF								

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- 6a	Were all of the plan's assets during the plan year invested in eligit	ole assets?	(See instructions.)						X Yes	ΠΝο
	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								X Yes	No
~	If you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined barefit plan is it exceed under the PROC is									
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)7	····· [	Yes		Not dete	mined
	Financial Information		· · · · · ·							
	Plan Assets and Liabilities		(a) Beginning (					(b) End		
-	Total plan assets	7a		9391	79 				9907	53
	Total plan liabilities	7b			-+					
_	Net plan assets (subtract line 7b from line 7a)	7c		93917	79				9907	53
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			in distant from	(b) T		- chatter and
a 	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)		641	18					
	(3) Others (including rollovers)	8a(3)			1995					
b	Other income (loss)	8b		5738	38					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			10				12150	6
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		6986	3					
	Certain deemed and/or corrective distributions (see instructions)	8e		69			Carta			
f	Administrative service providers (salaries, fees, commissions)	8f			38			1-18+11 •		
g	Other expenses	8g			100		v i ş	en yeer oor oor oor oor oor oor oor oor oor		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	1.							6993	32
1	Net income (loss) (subtract line 8h from line 8c)	<b>8</b> i							5157	4
1	Transfers to (from) the plan (see instructions)	8			100	N. K.				
	Plan Characteristics	4				ing and the se			And the second second	1. A. M. C.
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in	the instr	uctions:	
þ	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	es from the List of Plan	n Chara	acterist	ic Co	des in t	he instru	ctions:	
201	Compliance Questions			·						
10	During the plan year:				Yes	No	NA		Amount	
a	Was there a failure to transmit to the plan any participant contribu	itions withi	n the time period						- Allouin	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	Include transactions	10b		x				
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 by fraud or dishonesty?	fidelity bo	nd, that was caused	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					5271
f	Has the plan failed to provide any benefit when due under the pla			107		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g	х					34534
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 th exceptions to providing the notice applied under 29 CFR 2520.10	he required	I notice or one of the	10i						

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No. No. of Concession							
	Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	nedule S	8		Yes	No
<u>11a</u>	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	<u></u>	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?	ode or sectio	on 302 o	f		Yes	X No
	(if "res," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins granting the waiver.	/ionth	d enter i Day		e of the le Yea		ing
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		·				
<u>b</u>	Enter the minimum required contribution for this plan year		12b	L			
C	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 negative amount)	left of a	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Vicantin	Plan Terminations and Transfers of Assets						
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X	No	
<u> </u>	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC?	ght under the			Yes		
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)	ify the plan(s)	) to				
1;	Sc(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN(s)		
-							
STERIO S	Trust Information						
34a N	lame of trust		14b 1	īrust's i	EIN		
14c N	lame of trustee or custodian				s or custo ne numbe		
	IRS Compliance Questions			·····			
1 <b>5a</b> i	s the plan a 401(k) plan? If "No," skip b	Yes			No		
15b + 4	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	∐ safeĥ		Ĺ	Prior test	year" A	DP
		ADP te	nt year" est	[	N/A		
	Vhat testing method was used to satisfy the coverage requirements under section 410(b) for the plan rear? Check all that apply:	Ratio	ntage		verage enefit test		N/A
16b [	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan wear by combining this plan with any other plan wear by combining the plan with any other plan wear by combining the plan with any other plan wear by combining the plan with any other plan wear by combining the plan with any other plan wear by combining the plan with any other plan wear by combining the plan with any other plan wear by combining the plan with any other plan wear by combining the plan with any other plan wear by combining the plan with any other plan wear by combining the plan wear by combining the plan with any other plan wear by combining the plan with any other plan wear by combining the plan wear by combining the plan with any other plan wear by combining the plan wear by combining the plan with any other plan wear by combining the plan with any other plan wear by combining the plan wear by combining	T Yes			No		
17a i	or the plan year by combining this plan with any other plan under the permissive aggregation rules? the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number		or advis	ory lett		ihe dati	e of
17b i	the plan is an individually-designed plan that received a favorable determination letter from the IRS, en etter	ter the date o	of the ma	ost rece	ent detern	ninatior	
18 c V	efined Benefit Plan or Money Purchase Pension Plan Only: Vere any distributions made during the plan year to an employee who attained age 62 and had not sepa ervice?	rated from	Yes		] No	×	- <u></u>
	as any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		] No		