## 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Annual Report Identification Information For calendar plan year 2016 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 of participating employer information in accordance with the form instructions.) **A** This return/report is for: 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) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit MARTINS AUTO CLINIC 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2005 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 41-2056969 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number MARTINS AUTO CLINIC, INC. 360-687-0239 2d Business code (see instructions) 8206 219TH STREET NE 811110 BATTLE GROUND, WA 98604 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a 10 5a Total number of participants at the beginning of the plan year ...... 5b 8 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 6 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were 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	Filed with authorized/valid electronic signature.	10/02/2017	JERRY MARTIN				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor		idual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include i	room or suite numbe	r )	Preparer's telephone number			

Form 5500-SF 2016 Page **2** 

	<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>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.)</li> </ul>								X Yes	□ No
	If you answered "No" to either line 6a or line 6b, the plan can		,						□ .00	□
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not dete	rmined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			(	(b) End	of Year	
a	Total plan assets	7a		125006					142860	
b	Total plan liabilities	7b		0				52		
С	Net plan assets (subtract line 7b from line 7a)	7c		125006			142808			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	0-(4)		8345						
	(1) Employers	8a(1)		6165						
	(2) Others (including really are)	8a(2)		0100						
	(3) Others (including rollovers)	8a(3)		10045						
	Other income (loss)	8b							24555	
<u>c</u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24000	
	to provide benefits)	8d		6753						
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							6753	
i	Net income (loss) (subtract line 8h from line 8c)	8i							17802	
j	Transfers to (from) the plan (see instructions)	8i								
Pa	rt IV Plan Characteristics	<u>, , , , , , , , , , , , , , , , , , , </u>								
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2R 3D	n feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare	feature cod	les from the List of Pla	n Chara	acterist	tic Coc	les in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
a		utions withi	n the time period		163	140	IVA		Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	Voluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X				
	Was the plan covered by a fidelity bond?			10c	X					2500
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	•		10d		X				
e	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor the plan? (See instructions.)	ne or all of	the benefits under	10e		X				
f	Has the plan failed to provide any benefit when due under the pla	an?	<u>-</u>	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g		Χ				
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 texceptions to providing the notice applied under 29 CFR 2520.10	the require	d notice or one of the	10i	X					

ı	Form	550	0-SF	201	16

Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500) and line 11a below)					es 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 Co			f		es X No
	ERIS (If "\	A?			🖰		
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year		. 13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(	s) to			
	13c(1)	Name of plan(s):	13c(2	<b>2)</b> EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [	"Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u>'</u>				
	letter		nter the date	e of the n	nost rec	ent determi	nation
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 sepa		Ye	s [	No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Leger

## 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

OMB Nos. 1210-0110 1210-0089

2016

Revenue Code (the Code). I his Form is Open to									
Peraion 8	enelit Gueranty Corporation	Complete all entries in a	accordance with the instructions to the Form	con_ge	Public Inspection				
Part I	Annual Report	Identification Information	The state of the s	7000-07					
For calend	lar plan year 2015 or f	scal plan year beginning	01/01/2016 and ending	12/	31/2016				
		X a single-employer plan	a multiple-employer plan (not multiemployer)						
A This re	tum/report is for:	a one-participant plan	list of participating employer information in a						
B This ret	urn/repart is	the first return/report	the final return/report						
an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	Form 5558 special extension (enter dosor	automatic extension	DFVC p	тодгат				
Part II	Deals Diss tof								
1a Name		ormation—enter all requested in	fonnation	1					
	AUTO CLINIC	401(K) PLAN		1b Thre plan (PN)	number 0.01				
		1c Effec	tive date of plan						
Mailin	ponsor's name (emplo g address (include roo	J. Bgx)	2b €mpl	oyer Identification Number					
City or	rtown, state or provinc 5 AUTO CLINIC	te, country, and ZIP or foreign posts	of code (if foreign, see instructions)	2c Spor	41 - 2056969 Nsor's Letephone number				
8206 219TH STREET NE					360-687-0239 2d Business codo (see instructions)				
BATTLE			811710						
		WA 98504 nd eddress X Same as Plan Spon							
<b>VIII</b> 1 1011 0	CALUMISTRATOR S LISTING &	no ecoresa M Same as Plan Spor	isor,	310 Admi	nistrator's EIN				
4 If the name	name and/or GIN of th	e plan eponsor has changed since i mber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN					
	or's name	most for the test tette meput.		4c PN					
5a Total	number of participants	at the beginning of the plan year	3) (		1.0				
G Numb	er of participants with	account balances as of the end of t	he plan year (only defined contribution plans	- 30					
camp	lata Lhis ilem)								
			an year		7				
0(2) 10	al number of active pa	rticipants at the end of the plan yes	M	5d(2)	6				
nacti	100% vested		plan year with accrued benefits that were less	5e	0				
Angre in L	hausand in min this	of incomplete filing of this return	i/report will be assessed unicss reasonable ca	tuna is extus	alished.				
SB or Sche	sities of perjury and oil	her penalties set forth in the instruc nd signed by an enrolled actuary a	tions, I declare that I have examined this return/res s well as the electronic version of this return/report	nort include	no il applicable a Genedule				
SIGN	1/ Calil	Willasta	10/02/2017 Jerry Martin						
HERE	Signature of plan a	dministrator	Date/8 -2-/ 7 Enter name of individ	lual signing a	as plan administrator				
SIGN									
HERE	Signature of emplo	ver/olan soonsor	Date Enter name of individ	lust cionion :	as employer or plan sponsor				
Preparers	name (including firm n	isme, if applicable) and address (in	clude room or suite number )		talephone number				
				Turne pour normanne					

Form 5500-SF 2016		Page <b>2</b>	_		_				
6a Were all of the plan's assets during the plan year invest b Are you claiming a waiver of the annual examination at under 29 CFR 2520.104-46? (See instructions on waive if you answered "No" to either line 6a or line 6b, the c If the plan is a defined benefit plan, is it covered under Part III Financial Information	nd report of an independer eligibility and conditions plan cannot use Forn	ent qualified public a ns.) n 5500-SF and must	ccounta	ant (IQ	PA)	5500.		X Yes [ X Yes [ Not determ	No
7 Plan Assets and Liabilities		(a) Beginning o	of Voor	T		19	(b) End	of Vear	
· · · · · · · · · · · · · · · · · · ·			125,				D) Linu		2,860
a Total plan assets b Total plan liabilities			2251	0					52
C Net plan assets (subtract line 7b from line 7a)			125,	006				142	2,808
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun					(b) To		
a Contributions received or receivable from:		(a) Amoun		$\neg$			(0)	Juli	
(1) Employers	8a(1)		8,3	345					
(2) Participants	8a(2)		6,	165					
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		10,	045					
<b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							24	1,555
d Benefits paid (including direct rollovers and insurance parts to provide benefits)			6,	753					
e Certain deemed and/or corrective distributions (see ins	tructions) 8e								
f Administrative service providers (salaries, fees, commi	ssions) 8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								5,753
i Net income (loss) (subtract line 8h from line 8c)	8i							17	7,802
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics	***								
9a If the plan provides pension benefits, enter the application 2A 2E 2F 2G 2J 2K 2R 3D	ble pension feature code	es from the List of Pla	an Cha	racteri	stic Co	des in	the insti	uctions:	
b If the plan provides welfare benefits, enter the applical	ole welfare feature codes	s from the List of Pla	n Chara	cterist	tic Cod	les in t	he instru	ctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any particip described in 29 CFR 2510.3-102? (See instructions Program)	and DOL's Voluntary Fid	uciary Correction	10a		Х				
b Were there any nonexempt transactions with any par reported on line 10a.)	ty-in-interest? (Do not inc	clude transactions	10b		х				
C Was the plan covered by a fidelity bond?			10c	Х				2	5,000
d Did the plan have a loss, whether or not reimbursed by fraud or dishonesty?			10d		Х				
Were any fees or commissions paid to any brokers, a carrier, insurance service, or other organization that it.					,				

10e

10f

10g

10h

10i

X

X

Х

Х

the plan? (See instructions.)

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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

Form 5500-SF 2016	Page 3-						
Part VI Pension Funding Compliance							
11 Is this a defined benefit plan subject to minimum funding requirements (Form 5500) and line 11a below)				3	Ye	s No	
11a Enter the unpaid minimum required contributions for all years from Sch	nedule SB (Form 5500) line 40		11a				
12 Is this a defined contribution plan subject to the minimum funding requ ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as					Ye	s 🛛 No	
If a waiver of the minimum funding standard for a prior year is being an granting the waiver.	_		d enter th Day		the letter i Year	ruling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and skip to line	13.					
<b>b</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 ye	ear		12c				
d Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	result (enter a minus sign to the	left of a	12d				
e Will the minimum funding amount reported on line 12d be met by the fu	unding deadline?			Yes	No 📗	N/A	
Part VII Plan Terminations and Transfers of Assets		7	,				
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 emplo	If "Yes," enter the amount of any plan assets that reverted to the employer this year						
<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?				the Yes X No			
c If, during this plan year, any assets or liabilities were transferred from t which assets or liabilities were transferred. (See instructions.)	his plan to another plan(s), iden	tify the plan(s	) to				
13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)		
Part VIII Trust Information							
14a Name of trust			14b ⊺	rust's EIN			
14c Name of trustee or custodian			14d Trustee's or custodian's telephone number				
Part IX IRS Compliance Questions							
<b>15a</b> Is the plan a 401(k) plan? If "No," skip b		Yes			No		
15b How did the plan satisfy the nondiscrimination requirements for employ 401(k)(3) for the plan year? Check all that apply:		☐ safe i	sign-based "Prior year" ADP test			r" ADP	
		□ ADP		Ш	N/A		
16a What testing method was used to satisfy the coverage requirements un year? Check all that apply:		Ratio	o entage	Avera	age efit test	N/A	

17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of

17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination

No

No

☐ No

Yes

Yes

Yes

16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)

and the serial number

Defined Benefit Plan or Money Purchase Pension Plan Only:

service?.....

the letter

for the plan year by combining this plan with any other plan under the permissive aggregation rules?......

Were any distributions made during the plan year to an employee who attained age 62 and had not separated from

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year? ......