## Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Parti	Annuai Repor	t identification informatio											
For calenda	ar plan year 2016 or	fiscal plan year beginning 10/01	/2016	and ending 09	9/30/2017								
a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must a list of participating employer information in accordance with the form instruc													
A IIIIs iei	a one-participant plan a foreign plan												
<b>B</b> This retu	urn/report is	the first return/report	the final return/report										
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	I2 months)								
C Check	pox if filing under:	Form 5558	automatic extension		DFVC program								
		special extension (enter des	cription)		_								
Part II	Basic Plan Inf	ormation—enter all requested i	information										
1a Name		•			<b>1b</b> Three-digit plan number (PN) ▶	001							
					1c Effective date	e of plan //01/1996							
		loyer, if for a single-employer plan) om, apt., suite no. and street, or P				ntification Number							
City or		nce, country, and ZIP or foreign po		structions)	<b>2c</b> Sponsor's te								
						le (see instructions)							
12882 NORT BELLEVUE,					811120								
DLLLL VOL,	WA 90003												
3a Plan a	dministrator's name		<b>3b</b> Administrator's EIN										
					3c Administrator's telephone number								
						•							
		he plan sponsor has changed sinc umber from the last return/report.	e the last return/report filed	for this plan, enter the	4b EIN								
<b>a</b> Sponse	or's name				4c PN								
<b>5a</b> Total r	number of participan	ts at the beginning of the plan year											
		ts at the end of the plan year			5b								
		n account balances as of the end c	. , , ,	•	5c								
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the	plan year		5d(1)								
		participants at the end of the plan y			5d(2)	(							
		at terminated employment during th			5e	C							
		or incomplete filing of this retu											
		other penalties set forth in the instr and signed by an enrolled actuary,											
	true, correct, and cor		, as well as the electronic w		t, and to the best of	my knowledge and							
SIGN	Filed with authorize	d/valid electronic signature.	01/31/2018	LYNDA WEGEDOSKY	<b>(</b>								
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as plan	administrator							
SIGN													
HERE		loyer/plan sponsor	Date	Enter name of individ									
Preparer's	name (including firm	name, if applicable) and address	(include room or suite numb	per)	Preparer's telepho	one number							

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	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								X Yes	No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)						X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in						_		☐ Not dete	rmined
	rt III   Financial Information	nourance p	riogram (See ErrioA Se		021):		103			mined
	Plan Assets and Liabilities		(a) Reginning	of Voor				(b) End	of Voor	
	Total plan assets	7a	(a) Beginning	273274				(b) Ella (	276626	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c		273274					276626	
	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
	Contributions received or receivable from:		(4)					(,	<del></del>	
	(1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)		36086						
	Other income (loss)	8b		30000					20000	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							36086	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		29423						
е	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		3311						
g	Other expenses	8g								
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)								32734	
i	i Net income (loss) (subtract line 8h from line 8c)								3352	
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	odes from the List of PI	an Cha	racteri	stic Co	odes in	the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ctions:	
Par	t 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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	iduciary Correction	10a		X				
b		t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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.)					X				
f	Has the plan failed to provide any benefit when due under the pla	an?		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 to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					[] `	∕es X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					<b>│</b>	res X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver	/lonth _	s, and	d enter t Day		of the lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		ne 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	s X N	lo	
	If "Y€	s," 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 brougol of the PBGC?		er the			Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	olan(s)	) to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN		
14c	Name	of trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [	Prior ye test	ear" ADP	
				"Curre	rrent year" N/A P test				
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	centage Average benefit test				
<b>16b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?							No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	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 e?		rom	Ye	s [	No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

## 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).

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to **Public Inspection** 

	. J -	▶ Comple	te all entries in	accordance with the	instructions to the	Form 5500-S	F. Pub	olic Inspection		
Part I		t identification	Information							
_ For cale	ndar plan year 2016 or			10/01/2016	and endi	ing	09/30/20	17		
A This	return/report is for:	X a single-emp	loyer plan	a multiple-employ	er plan (not multiem	ployer) (Filers	checking this be	ox must attach a		
		a one-particip	oant plan	a foreign plan	ng employer informat	ion in accorda	ance with the for	m instructions.)		
<b>B</b> This r	eturn/report is	the first return	n/report	the final return/re	port					
<b>C</b> 01	1.1	an amended	return/report	a short plan year	return/report (less tha	an 12 months	;)			
C Chec	ck box if filing under:	Form 5558		automatic extens	ion		FVC program			
Part II	Pagis Dlan Inf		sion (enter descr							
	Basic Plan Info	ormation—enter	all requested inf	ormation						
	PRKS AUTO REBUI	ILD, INC. 40	1 (K) PLAN	1		1b	Three-digit plan number			
							(PN) <b>▶</b>	001		
•						1c	Effective date of 10/01/199			
Maili	sponsor's name (emploing address (include roo	m. apt., suite no a	nd street or PO	Boy)		2b	Employer Identi	fication Number		
City	or town, state or provinc	ce, country, and ZIF	or foreign posta	al code (if foreign, see	instructions)		(EIN) 91-11			
BODAMO	RKS AUTO REBUI	ILD, INC.			,	2c	<b>2c</b> Sponsor's telephone numb (425) 883-3100			
12882	NORTHUP WAY					2d	Business code (	(see instructions)		
BELLEV							811120			
	administrator's name a	nd address V Sam	DI O		WA 98005		Administrator's I			
4 If the	name and/or EIN of the	e plan sponsor has	changed since the	ne last return/report file	ed for this plan, enter	r the 1h	FIN			
	e, EIN, and the plan nur sor's name	mber from the last r	eturn/report.	open in	or this plan, enter					
<b>5a</b> Total	number of participants	at the beginning of	the plan year			4c				
<b>b</b> Total	number of participants	at the end of the pl	on war			5a		14		
O HUITI	number of participants ber of participants with a plete this item)	account balances a	s of the end of th	e nlan year (only defin	ا السائسيسية امم		)			
	sioto tino itomij	••••••			••••	30	:	(		
u(1) 10	tal number of active par	ticipants at the beg	inning of the plai	n year		5d(	1)	10		
<b>a(2)</b> 10	tal number of active par	ticipants at the end	of the plan year			Ed/	5d(2)			
than	100% vested	terminated employr	nent during the p	lan year with accrued	benefits that were le	ess 50		0		
						ole cause is	established.	C		
SB or Sch belief, it is	nalties of perjury and oth edule MB completed an true, correct, and comp	id signed by an enrollete.	olled actuary, as	ons, I declare that I ha well as the electronic	ve examined this ret version of this return	turn/report, ind /report, and to	cluding, if applica the best of my	able, a Schedule knowledge and		
SIGN HERE	Kynde	a gle	r	1-31-201	8 LYNDA WEGO	DSKY				
	Signature of plan ac	dministrator /		Date			ing as plan adm	injetrator		
SIGN HERE						olgin	ing do plan adm	mstrator		
	Signature of employ	er/plan sponsor		Date	Enter name of it	ndividual sign	ing as small			
Preparer's	name (including firm na	ame, if applicable) a	and address (incl	ude room or suite num	iber)	Prepa	rer's telephone r	or plan sponsor number		

	Were all of the plan's assets during the plan year invested in eligib		,						X Y	′es No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility								X Y	′es ∏ No
	If you answered "No" to either line 6a or line 6b, the plan cann		,						<u></u>	
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 o	letermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(	(b) End	of Year	
a	Total plan assets	7a		273,	274					276,626
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	. 7c		273,	274					276,626
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal	
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		36,	086					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								36,086
d	Benefits paid (including direct rollovers and insurance premiums			2.0	400					
	to provide benefits)	8d		29,	423					
_ <del></del>	Certain deemed and/or corrective distributions (see instructions)	8e 8f		3	311					
	Administrative service providers (salaries, fees, commissions)	1		٠,٠	711					
<u>g</u> h	Other expenses	8g 8h								32,734
<del>-</del> ::	Net income (loss) (subtract line 8h from line 8c)	8i								3,352
÷	Transfers to (from) the plan (see instructions)									3,332
Pa	rt IV Plan Characteristics	, oj								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of PI	an Cha	racteri	stic Co	des in	the insti	ructions:	
	2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare f	feature cod	des from the List of Pla	n Chara	acteris	tic Coc	les in t	he instru	ictions:	
Pai	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
	Was there a failure to transmit to the plan any participant contribu	utions with	in the time period		103	110	IVA		Alliou	iii.
	described in 29 CFR 2510.3-102? (See instructions and DOL's \	/oluntary F	Fiduciary Correction							
	Program)  Were there any nonexempt transactions with any party-in-interest			10a		Х				
L.	reported on line 10a.)			10b		Х				
	Was the plan covered by a fidelity bond?			10c	Х					50,000
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
e		her persor 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			10f		Х				
				10q		Х				
h	If this is an individual account plan, was there a blackout period?	(See instr	uctions and 29 CFR							
i	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10h 10i		Х				
	exceptions to providing the notice applied under 29 CFR 2520.10	/ I - J		101	<u> </u>					

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Part	VI I	Pension Funding Compliance								
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions are constructed by the constructions are constructed by the constructions are constructed by the construction of the con				В		Yes	Х	No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes	ΧΙ	No
	(If "Y	A?es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					—			
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ng the waiver		s, and	d enter t Day		of the let		ing	_
If	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.			•				
b	Enter t	he minimum required contribution for this plan year			12b					
С	Enter t	he amount contributed by the employer to the plan for this plan year			12c					
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d		_			
е	Will th	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	<u> </u>	V/A	
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has a	resolution to terminate the plan been adopted in any plan year?				Yes	s X	No		
	If "Ye	s," enter the amount of any plan assets that reverted to the employer this year			13a					
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC?					Yes	X N	0	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi- assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	) to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c	( <b>3)</b> PN	l(s)	
Part	VIII	Trust Information								
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN			
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? If "No," skip b		Yes			No			
15b		id the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	⊔ ;	safe r	n-based arbor ent year	Ĺ	] "Prior test	year"	ADP	
				ADP t		L	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 tes	t	N/.	A
16b		e plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No			
	the let									•
17b	letter	olan is an individually-designed plan that received a favorable determination letter from the IRS, en	nter the	date	of the m	nost rec	ent deteri	minatio	on	
18	Were	d 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 e?		rom	Ye	s [	No			
19	Was a	ny plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No			