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.

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part i Annuai i	report identification information	[]					
For calendar plan year 2	017 or fiscal plan year beginning 01/01	/2017	and ending 12	/31/2017			
A This return/report is f	a single-employer plan or:		r plan (not multiemployer) (Filers checking this box must attach a employer information in accordance with the form instructions.)				
5	a one-participant plan	a foreign plan					
B This return/report is	B This return/report is						
	an amended return/report	a short plan year retu	urn/report (less than 12 mo	onths)			
C Check box if filing un	der: Form 5558	automatic extension	•	DFVC program			
	special extension (enter des	cription)					
Part II Basic Pl	an Information—enter all requested i	nformation					
1a Name of plan				1b Three-dig	it		
	1 K PROFIT SHARING PLAN TRUST			plan numb	per		
				(PN) ▶	001		
				1c Effective of	date of plan		
					01/01/2017		
	e (employer, if for a single-employer plan) lude room, apt., suite no. and street, or P.				Identification Number		
	r province, country, and ZIP or foreign pos		structions)	(EIN) 47-3947679			
CB AUTO FINANCING		, ,	,	2c Sponsor's telephone number 206-523-8755			
			-		code (see instructions)		
PO BOX 25578				 Buoincoo	441110		
SEATTLE, WA 98125					441110		
3a Plan administrator's	name and address X Same as Plan Spo	onsor.		3b Administra	ator's EIN		
				3c Administra	ator's telephone number		
					•		
	EIN of the plan sponsor or the plan name			4b EIN			
a Sponsor's name	plan sponsor's name, EIN, the plan name	and the plan number from	the last return/report.	4d PN			
C Plan Name				14 111			
5a Total number of par	ticipants at the beginning of the plan year			5a	4		
b Total number of participants at the end of the plan year			<u> </u>	5b	3		
	nts with account balances as of the end o		-	5c	2		
d(1) Total number of active participants at the beginning of the plan year		5d(1)	4				
d(2) Total number of active participants at the end of the plan year			5d(2)	3			
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested		5e	0				
Caution: A penalty for	the late or incomplete filing of this retu	rn/report will be assesse	d unless reasonable cau	se is establish	ed.		
	y and other penalties set forth in the instru						
SB or Schedule MR com		as well as the electronic v		, and to the DESI	. S. my knowledge alla		
SB or Schedule MB combelief, it is true, correct,	pleted and signed by an enrolled actuary,	as well as the electronic v	Total of the fotology	•			
sign Filed with au	pleted and signed by an enrolled actuary,	06/05/2018	CURT BUSH	,			
sign Filed with au	pleted and signed by an enrolled actuary, and complete.	1	· ·		an administrator		
sign Filed with au	pleted and signed by an enrolled actuary, and complete. thorized/valid electronic signature.	06/05/2018	CURT BUSH		an administrator		

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a Total plan assets	
7 Plan Assets and Liabilities	5635 0 5635 b) Total
a Total plan assets	5635 0 5635 b) Total
b Total plan liabilities	0 5635 b) Total
C Net plan assets (subtract line 7b from line 7a)	5635 b) Total
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (ii) a Contributions received or receivable from: (1) Employers	b) Total
a Contributions received or receivable from: (1) Employers	
(1) Employers 8a(1) 1522 (2) Participants 8a(2) 4091 (3) Others (including rollovers) 8a(3) 0 b Other income (loss) 26 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 0 e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 4 g Other expenses 8d 4 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h i Net income (loss) (subtract line 8h from line 8c) 8i j Transfers to (from) the plan (see instructions) 8j 0 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 2E 2F 2G 2J 2K 2S 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the in Part V Compliance Questions 10 During the plan year: a 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	5639
(2) Participants	5639
(3) Others (including rollovers)	5639
b Other income (loss)	5639
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	5639
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	
e Certain deemed and/or corrective distributions (see instructions)	
g Other expenses (add lines 8d, 8e, 8f, and 8g)	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	
j Transfers to (from) the plan (see instructions)	4
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 2E 2F 2G 2J 2K 2S 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the in Part V Compliance Questions 10 During the plan year: a 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	5635
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Part V Compliance Questions 10 During the plan year: a 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	instructions:
10 During the plan year: a 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	structions:
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	
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction	Amount
Program)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
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.)	
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 2520.101-3.)	
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	

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (Form 5500) and line 11a below)	nedule S	B	[] Y	′es X No	
11a	Enter the unpaid minimum required contributions 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 ERISA?	n 302 o	f 	Y	′es X No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette Year _	r ruling	
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	b Enter the minimum required contribution for this plan year					
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)	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	3a Has a resolution to terminate the plan been adopted in any plan year?		Ye	s X N	0	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year					
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		Yes X No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)) to				
1	13c(1) Name of plan(s): 13c(2		(2) EIN(s)		13c(3) PN(s)	