Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Internal Revenue Service

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.

This Form is Open to **Public Inspection**

2017

OMB Nos. 1210-0110

1210-0089

Ρ	art I	Annual Repor	t Identification Information							
For	r calenda	ır plan year 2017 or	fiscal plan year beginning 01/01/20	17	and ending 12	2/31/2017				
Α	This retu	urn/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) (aployer information in ac					
B This return/report is			a one-participant plan	a foreign plan						
D	iiis ietu	m/report is	the first return/report	the final return/report						
_	Oh a ala h	ox if filing under:	an amended return/report	a short plan year returr	n/report (less than 12 m	_				
C	Check b	ox ir filing under:	X Form 5558 special extension (enter descrip	automatic extension		DFVC program				
D	art II	Racic Plan Inf	ormation—enter all requested info	<u> </u>						
			Dimation—enter all requested inion	imation		1b Three-digit				
	Name o	UTOMOTIVE, INC.	401(K) PLAN			plan number				
IXIIXI	CEAIND A	OTOMOTIVE, INO.	40 I(IV) I EAIN			(PN) ▶	001			
				1c Effective date	of plan 01/2007					
2a	Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.			2b Employer Iden (EIN) 20-	tification Number 5368471			
KIRK	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) KIRKLAND AUTOMOTIVE, INC.					2c Sponsor's tele	phone number 09-3336			
					2d Business code (see instructions)					
	2335 120TH AVENUE NE (IRKLAND, WA 98034					441110				
XIIXIN	KIRKLAND, WA 90034									
3a	Plan ac	Iministrator's name a	and address X Same as Plan Spons	or.		3b Administrator's	EIN			
						3c Administrator's telephone number				
4			he plan sponsor or the plan name has onsor's name, EIN, the plan name and			4b EIN				
а	Sponso	or's name	·	•	·	4d PN				
С	Plan N	ame								
5a	Total n	umber of participant	s at the beginning of the plan year			5a	30			
			s at the end of the plan year			5b	26			
	Numbe	er of participants with	account balances as of the end of th	e plan year (only defined	contribution plans	5c	20			
d	I (1) Tota	I number of active p	articipants at the beginning of the plar	n year		5d(1)	25			
d	(2) Tota	al number of active p	articipants at the end of the plan year			5d(2) 21				
е	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						4			
	ution: A	penalty for the late	or incomplete filing of this return/r	report will be assessed	unless reasonable car					
SB	or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, as polete							
SIG		•	d/valid electronic signature.	08/05/2018	MARIA SMITH					
	RE	Signature of plan	administrator	Date	Enter name of individ	r name of individual signing as plan administrator				
SIGN										

Date

Signature of employer/plan sponsor

HERE

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.					_			
c	If the plan is a defined benefit plan, is it covered under the PBGC in					_		□ Not det	orminad
C	If "Yes" is checked, enter the My PAA confirmation number from the	•	• ,		,	<u> </u>			
		СТВООР	remain ming for this p	ian yea	'			(000 11311)	actions.)
Pa	rt III Financial Information	1	Ī						
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
a	Total plan assets	7a	6	02430				796794	
b	Total plan liabilities	7b		0				0	
С	Net plan assets (subtract line 7b from line 7a)	7c	6	02430				796794	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b)	Total	
а	Contributions received or receivable from:								
	(1) Employers	8a(1)		24967					
	(2) Participants	8a(2)		72760					
	(3) Others (including rollovers)	8a(3)		0					
<u>b</u>	Other income (loss)	8b	1	13562	_				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						211289	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	,	15000					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
f	Administrative service providers (salaries, fees, commissions)	8f		1925					
g	Other expenses	8g		0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						16925	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						194364	
j	Transfers to (from) the plan (see instructions)	8j		0					
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	feature co	odes from the List of Pl	an Cha	racteri	istic C	odes in the ir	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Co	des in the ins	tructions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period					Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X			
С	Was the plan covered by a fidelity bond?			10c	X			100	000
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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	Х			1	718
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i	X				

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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 Sch (Form 5500) and line 11a below)		В	. Y	es 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 of			es X No	
а	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 y	you completed 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				
С	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 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 control of the 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	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)	

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.

2017

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I Annual Report	Identification Information		THE PARTY OF THE P	0000-011			
For calendar plan year 2017 or fi		1/01/2017	and ending	12/31/:	2017		
A This return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer) employer information in a	(Filers checking t	his box must attach a		
·	a one-participant plan	a foreign plan	suproyor unomidadir iir c	iooordanoo wiii ti	ie tom matuctions.)		
B This return/report is	=	the final return/report					
C Observation	an amended return/report	a short plan year retu	ım/report (less than 12 r	nonths)			
C Check box if filing under:	Form 5558	automatic extension		DFVC progra	ım		
Part II Basic Plan Info	special extension (enter description—enter all requested information—enter all requested information (enter description).	•					
1a Name of plan	mation—enter all requested infor	mauon		die ==			
KIRKLAND AUTOMOTIVE,	INC. 401(K) PLAN			1b Three-diginal plan numb			
2a Plan sponsor's name (employ Mailing address (include room	n, apt., suite no. and street, or P.O. E	Box)		1	Identification Number		
City or town, state or province Kirkland Automotive,	e, country, and ZIP or foreign postal of Inc.	code (if foreign, see ins	fructions)	2c Sponsor's	telephone number		
12335 120th Avenue N	(A			425-709-3336 2d Business code (see instructions)			
	•			441110	,		
Kirkland	WA 98034]			
3a Plan administrator's name an	d address 🗓 Same as Plan Sponso	or.	•	3b Administra	tor's EIN		
				3c Administra	tor's telephone number		
4 If the name and/or EIN of the this plan, enter the plan spon	plan sponsor or the plan name has o sor's name, EIN, the plan name and	changed since the last i the plan number from t	return/report filed for the last return/report.	4b EIN	994		
Sponsor's name Plan Name	·	•		4d PN			
52 Total number of participants	of the best and a set the set		<u> </u>	P _			
	at the beginning of the plan year at the end of the plan year			5a 5b	30 26		
 C Number of participants with a 	ccount balances as of the end of the	plan year (only defined	contribution plans	5c	H**		
	icipants at the beginning of the plan			5d(1)	20 25		
d(2) Total number of active part	icipants at the end of the plan year	***********************	*******	5d(2)	21		
than 100% vested	erminated employment during the pla			5e	4		
Caution: A penalty for the late of	r incomplete filing of this return/re er penalties set forth in the instruction	port will be assessed	unless reasonable car	se is established	d.		
SB or Schedule MB completed and belief, it is true, correct, and complete	I signed by an enrolled actuary, as w	rell as the electronic ver	rsion of this return/report	, and to the best o	pplicable, a Schedule of my knowledge and		
SIGN MALL	a Smilt	18-05-18	Maria Smith				
Signature of plan ad	ministrator	Date	Enter name of Individu	ıal signing as plar	administrator		
SIGN SIGNATURA OF AMPLIANCE	osfulou ou ou ou	1					
Signature of employers For Paperwork Reduction Act Notice,	er/pian sponsor , see the Instructions for Form 5500-SF.	Date	Enter name of Individu	ial signing as emp	Form 5500-SE (2017)		

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c	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can If the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the plan is a plant of the plan is a defined benefit plan, is it covered under the PBGC if "Yes" is checked, enter the My PAA confirmation number from the plant is a plant of the pla	an Indeper and cond not use Fo nsurance	endent qualified public ilions.)orm 5500-SF and mu program (see ERISA s	accour st Inste	ntant (I ead us 4021)	QPA) e For		∍d
Pa	rt III Financial Information							******
7	Plan Assets and Liabilities	A STATE OF THE STA	(a) Beginning	of Yea	ır		(b) End of Year	
a	Total plan assets	. 7a			430		796,7	194
<u>b</u>	Total plan liabilities	. 7b			0			
С	Net plan assets (subtract line 7b from line 7a)	7c		602,	430		796,7	94
8	Income, Expenses, and Transfers for this Plan Year	Charles depres on the first	(a) Amou	nt			(b) Total	
a	Contributions received or receivable from: (1) Employers	8a(1)		24,	967			
	(2) Participants	8a(2)		72,	760		The state of the s	
	(3) Others (including rollovers)	8a(3)			0			
<u>b</u>	Other income (loss)	8b		113,	562			April 1979
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					211,2	89
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		15,	000			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	80			0			
f	Administrative service providers (salaries, fees, commissions)	8f		1,	925			24415 24415
<u>g</u>	Other expenses	8g			0	100 100 100 100 100 100 100 100 100 100		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					16,9	25
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81					194,30	64
j	Transfers to (from) the plan (see instructions)	8)			0			4.42
Pai	TIV Plan Characteristics		I			20.000 m 20.000 t 10.000	and the second s	37777
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D 3H	feature co	odes from the List of P	lan Cha	racter	istic C	odes in the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acteris	tic Co	des in the instructions:	
Par	tV Compliance Questions		,		.,		· · · · · · · · · · · · · · · · · · ·	
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributescribed 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.)	? (Do not	include transactions	10b		х		_
С	Was the plan covered by a fidelity bond?	***********		10c	х		100,00	— 10
d	The state of the s	fidelity box	nd, that was caused	10d	 	х	100,00	
е		er persons e or all of	s by an insurance the benefits under	10e	х		1,71	_ .8
f				10f		Х		_
g			•	10g		х		
h	If this is an individual account plan, was there a blackout period? (***************************************	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 2520.101	e required	notice or one of the	10i	х			

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Part	Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule	SB	Yes No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	r		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	n 302 d	of	Yes X No
	If a walver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the walver	d enter Da		of the letter ruling Year
lf y	ou completed 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	12c		
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		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part \	/II 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	İ	
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control 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) which assets or liabilities were transferred. (See instructions.)	to		
1.	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)
				.,,,,,,