Form 5500-SF Department of the Treasury Short Form Annual Return/Report of S Benefit Plan									
Internal Revenu		This form is required to be filed						2017	
Department o Employee Benefits Secu		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).						orm is Open to	
Pension Benefit Guara			00-SF.	Public Inspection					
		dentification Information							
For calendar plan y	ear 2017 or fisc	al plan year beginning 01/01/2				/31/2017			
A This return/repo	ort is for:	x a single-employer plan	list of participat		t multiemployer) (F r information in ac		-		
B This return/repo	rt ie	a one-participant plan	a foreign plan						
	11.15	the first return/report	the final return/r						
	l	an amended return/report	a short plan yea	r return/repo	rt (less than 12 mo	onths)			
C Check box if fili	ng under:	× Form 5558	automatic exter	nsion	[DFVC p	orogram		
		special extension (enter descri	ption)						
Part II Basi	c Plan Infor	mation—enter all requested info	ormation						
1a Name of plan						1b Thre			
MARTINS AUTO CL	INIC 401(K) PL	AN				pian (PN)	number ▶	001	
						1c Effect	ctive date of	•	
2a Plan sponsor's	name (employe	er, if for a single-employer plan)				2h Emp		/2005 ication Number	
Mailing addres	s (include room	, apt., suite no. and street, or P.O country, and ZIP or foreign posta			2)	(EIN)	-	56969	
MARTINS AUTO CL	•	country, and zir of foreign posta	a code (il loreign, se		5)	2c Spor	nsor's telepl 360-687	none number -0239	
						2d Busi	ness code (:	see instructions)	
8206 219TH STREE							8111	10	
3a Plan administra	ator's name and	address X Same as Plan Spon	sor.			3b Adm	inistrator's E	EIN	
					-	3c Adm	inistrator's t	elephone number	
4 If the name an	d/or EIN of the	plan sponsor or the plan name ha	s changed since the	e last return/r	eport filed for	4b EIN			
this plan, ente a Sponsor's nam	• •	sor's name, EIN, the plan name a	nd the plan number	from the last	return/report.	4d PN			
C Plan Name	le					4u PN			
5a Total number	of participants a	t the beginning of the plan year				5a		8	
		t the end of the plan year				5b		8	
	•	ccount balances as of the end of t				5c		8	
d(1) Total numbe	er of active parti	cipants at the beginning of the pla	an year			5d(1)		6	
• •		cipants at the end of the plan yea				5d(2)		5	
		erminated employment during the				5e		0	
Caution: A penalty	y for the late or	incomplete filing of this return	/report will be asse	essed unles	s reasonable cau				
	3 completed and	er penalties set forth in the instruc I signed by an enrolled actuary, a							
		alid electronic signature.	09/18/2018	JER	RY MARTIN				
HERE	ture of plan ad		Date	Ente	er name of individu	ual signing	as plan adn	ninistrator	
SIGN	•					_ 5			
HERE Signa	ture of employ	er/plan sponsor	Date	Ente	er name of individu	ual signing	as employe	r or plan sponsor	

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

	10111 3300-31 2017		raye Z			_	
b	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 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	an indepe and condit ot use Fo	ndent qualified public a ions.) rm 5500-SF and must	ccountai	nt (IQ I use	PA) Form	¥ Yes No 5500.
C	If "Yes" is checked, enter the My PAA confirmation number from th						
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning c	of Year			(b) End of Year
a	Total plan assets	7a	14	12860			191039
b	Total plan liabilities	7b		52			
С	Net plan assets (subtract line 7b from line 7a)	7c	14	12808			191039
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		7207			
	(2) Participants	8a(2)		5000			
	(3) Others (including rollovers)	8a(3)					
b	Other income (loss)	8b	3	36024			
с	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					48231
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					
e	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					0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					48231
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 2E $2F$ 2G 2J 2K 2T 3D	feature co	odes from the List of Pla	an Chara	acteris	stic Co	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	les from the List of Plar	n Charac	cterist	ic Coc	les in the instructions:
Ра	rt V Compliance Questions						
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program).	oluntary F	iduciary Correction	10a		Х	

	Plogram)	IUd		~	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х	
C	Was the plan covered by a fidelity bond?	10c	х		25000
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	
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.).	10e		X	
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	
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	х		

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Part	VIP	ension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below)	Sche	edule S	SB	[Ye	s 🗌 No
11a	Enter	the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? 	ctior	n 302 c	of 	[Ye	s X No	
а	lf a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver	and	enter _ Da		of the le		uling
If y	you coi	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	-					
b	Enter th	e minimum required contribution for this plan year		12b				
С	Enter th	e amount contributed by the employer to the plan for this plan year		12c				
d		ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount)		12d				
е	Will th	e minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part	VII F	Plan Terminations and Transfers of Assets						
13a	Has a	resolution to terminate the plan been adopted in any plan year?			Ye	6 X	No	
	If "Yes	," 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 brought under I of the PBGC?				Yes	X	No
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.)	n(s)	to				
1	3c(1) N	lame of plan(s): 13	c(2)	EIN(s))	13	c(3)	PN(s)

Form 5500-SF					
Dep control the Treasury	Short Form Ann	ual Return/Re Benefit P	port of Small Em	ployee	OMB Nos. 1210-0110 1210-0089
Internal Revenue Servico	This form is required to be fi	iled under sections 10d	and 4065 with a Frank	e Retirement	2017
Er ployee Lenofits Security Administratio	on	Revenue Code (the	15 6057(b) and 6058(a) of	the Internal	This Form is Open to
Parision Banefit Guaranty Corporatio:	Complete all entries in	n accordance with the	e instructions to the Forn		Public Inspection
Part Annual Report	IL IVERI III CALIDITI INTORMOTIO	n	e instructions to the Forn	1 5500-SF.	
For salenciar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31	1/2017
A This return/report is for:	X a single-employer plan	a multiple-emplo	yer plan (not multiemplove	r) (Filers checkin	a the toy must attach a
	📋 a one-participant plan	ilst of participati	ing employer information in	accordance with	h the form instructions.)
B This return/report is	the first return/report	the final return/re	Port		
	an amended return/report		return/report (less than 12		
C Check tox if filing under:	🕅 Form 5558			months)	
		automatic extens	sion	DFVC pro	gram
Patli Basic Plan Inf	special extension (enter desc	cription)			
ित्र vanie of plan	formation—onter all requested in	nformation			
				1b Three-o	digit
ARTINS AUTO CLINIC	401(K) PLAN			plan nu	1 4 4 L
				(PN)	e date of plan
ZEL Plen stansor's name formel	oyer, if for a single-employer plan)			01/01/	
Transing address (Include roc	000, 201, Stille no, and street, or D (2b Employ	er Identification Number
Oily or lown, state or provinc TARFINS AUTO CLINIC	CG COUNTRY and ZIP or facoign need	tal code (if foreign, see	instructions)	(EIN) 4	1-2056969
ANTE ANTO CLINEC	, LNC.			2c Sponso	r's telephone number
205 219TE STREET NI	1				37-0239
				811110	s code (see instructions)
BAT TLE GROUND	WA 98604				
ia. Flan acininistrator's name a	nd address Same as Plan Spor	nsor			
		1501.		3b Administ	rator's EIN
				3c Administ	rator's telephone number
				3c Administ	rator's telephone number
little name and/or EIN of the	∋ plan sponsor or the plan name ha	is changed since the la	ist return/report filed for		rator's telephone number
Ethe name and/or EIN of the \$ 16 plan, enter the plan spor \$ 5 ponsor's name	e plan sponsor or the plan name ha nsor's name, EIN, the plan name ar	is changed since the la nd the plan number fro	ist return/report filed for in the last return/report.	3c Administ	rator's telephone number
8 Sponsors name	e plan sponsor or the plan name ha nsor's name, EIN, the plan name a	is changed since the la nd the plan number fro	ist return/report filed for in the last return/report.		rator's telephone number
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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
b	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.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	_ (See instructions.)
D		

7 Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End of Ye	
a Total plan assets	7a		142,8	360			191,039
b Total plan liabilities	7b			52			
C Net plan assets (subtract line 7b from line 7a)	7c		142,8	808			191,039
Income, Expenses, and Transfers for this Plan Year		(a) Amouni	t			(b) Total	
Contributions received or receivable from: (1) Employers	8a(1)		7,2	207			
(2) Participants	8a(2)		5,(000		A	
(3) Others (including rollovers).	8a(3)						
O Other income (loss)	8b		36,0	024			
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						48,233
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
Certain deemed and/or corrective distributions (see instructions)	8e						
Administrative service providers (salaries, fees, commissions)	8f				in the second		
Other expenses	8g						
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	$= \{0, \lambda, 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,$					(
Net income (loss) (subtract line 8h from line 8c)	8i						48,231
Transfers to (from) the plan (see instructions)	8i					1	
aIf the plan provides pension benefits, enter the applicable pension2E2F2G2J2K2T3D	feature code						
 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare ferror 	feature code						
 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare for art V Compliance Questions 	feature code			cterist	ic Codes in	the instruction	ns:
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 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare ferent the plan provides welfare benefits, enter the applicable welfare ferent V c Compliance Questions welfare transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest 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 by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some service. 	feature code eature codes tions within f oluntary Fid ? (Do not ind fidelity bond her persons l ie or all of th	s from the List of Plar the time period uciary Correction clude transactions I, that was caused by an insurance e benefits under	10a 10b 10c 10d	Yes	No X	the instruction	ıs: unt
 a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare for art V Compliance Questions D During the plan year: a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) b Were there any nonexempt transactions with any party-in-interest reported on line 10a.) c Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e 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.) 	feature codes eature codes tions within t 'oluntary Fid ? (Do not ind fidelity bond her persons l he or all of th	s from the List of Plar the time period uciary Correction clude transactions I, that was caused by an insurance e benefits under	10a 10b 10c 10d	Yes	No X X X X X X	the instruction	ıs: unt
 If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare ferent v Compliance Questions During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest reported on line 10a.) C Was the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? e 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.) f Has the plan failed to provide any benefit when due under the plan 	feature codes eature codes tions within f 'oluntary Fid ? (Do not ind fidelity bond her persons l he or all of th n? 	s from the List of Plan the time period uciary Correction clude transactions I, that was caused by an insurance e benefits under d.) tions and 29 CFR	10a 10b 10c 10d 10e 10f	Yes	No X X X X X X X	the instruction	ns:

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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 S (Form 5500) and line 11a below)			3		Yes] 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 sec ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					Yes	X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a granting the waiver		ert Day	ne date o	f the le Yea		ıg
lfy	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	12	5				
С	Enter the amount contributed by the employer to the plan for this plan year	12	c				
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)		d		6		
е	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					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under to 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 which assets or liabilities were transferred. (See instructions.)	(s) to					
1	3c(1) Name of plan(s): 13c	2) EIN	(s)		130	:(3) PN	s)
					_		
			_				

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

For Privacy Act and Paperwork Reduction Act Notice, see instructions.
 Information about Form 5558 and its instructions is at www.irs.gov/form5558

File With IRS Only

Ра	Int I Identification										
A	Name of filer, plan administrator, or plan sponsor (see instructions)			B Filer's identifying number (see instructions) Employer identification number (EIN) (9 digits XX-XXXXXX)							
	Number, street, and room or suite no. (If a P.O. box, see instructions)				41-20	56969					
	8206 219TH STREET NE		Soci	al securit	ty number (SSN)	(9 digits XXX-X	(X-XXXX)				
	City or town, state, and ZIP code										
С	BATTLE GROUND, WA 98604	┝	Pla		Plan	year endin	a_				
C	Plan name			ber	MM	DD	YYYY				
					40	24	2017				
	MARTINS AUTO CLINIC 401(K) PLAN	0	0	1	12	31	2017				
Ра	rt II Extension of Time To File Form 5500 Series, and/or Form 89	955-8	SA								
1	\Box Check this box if you are requesting an extension of time on line 2 to file the in Part 1, C above.	e first	Form	5500 s	series return/r	eport for the	plan listed				
2	I request an extension of time until 10 / 15 / 2018 to file Form Note. A signature IS NOT required if you are requesting an extension to file For			•	nstructions).						
3	I request an extension of time until 10 / 15 / 2018 to file Form Note. A signature IS NOT required if you are requesting an extension to file For			`	structions).						
Det	The application is automatically approved to the date shown on line 2 and/o the normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the third month after the r fill Extension of Time To File Form 5330 (see instructions)	this e	extens	sion is	(a) the Form s requested, ar	5558 is filed nd (b) the d	on or before ate on line 2				
4	I request an extension of time until/ /to file Form You may be approved for up to a 6 month extension to file Form 5330, after the a Enter the Code section(s) imposing the tax			ue date	of Form 5330).					
I	b Enter the payment amount attached .	en 195	v. 1	e .	, ; ; F	b					
5	c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date										

		******	******			************					

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.