	m 5500-SF	Short Form Annua	OMB Nos. 1210-0110 1210-0089							
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe						2016				
Employee B	epartment of Labor enefits Security Administration	Internal		orm is Open to c Inspection						
Complete all entries in accordance with the instructions to the Form 5500-SF.										
For calenda	Annual Report Ic ar plan year 2016 or fisc	dentification Information al plan year beginning 01/01/20	16	and ending 12	2/31/2016					
		a single-employer plan	a multiple-employer pla			king this box	c must attach a			
A This ret	urn/report is for:	a one-participant plan	list of participating em	ployer information in ac	ccordance v	vith the form	instructions.)			
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year returr	n/report (less than 12 m	onths)					
C Check	box if filing under:	DFVC p	orogram							
		special extension (enter descrip	,							
Part II		mation—enter all requested info	rmation		46 -					
1a Name INLAND CO		NY RETIREMENT SAVINGS PLAI	N		1b Threplan (PN)	number	001			
					1c Effe	ctive date of 01/01	•			
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) INLAND CONSTRUCTION COMPANY					2b Employer Identification Number (EIN) 91-1651150					
					2c Sponsor's telephone numbe 509-891-5162					
120 W. CAT/ SPOKANE, V	ALDO, SUITE 100 NA 99201				2d Busi	ness code (s 23620	see instructions)			
3a Plan a	dministrator's name and	address 🗙 Same as Plan Spons	sor.		3b Adm	inistrator's E	EIN			
					3c Adm	inistrator's te	elephone number			
		plan sponsor has changed since the point of the sponsor has changed since the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN					
a Spons	or's name				4c PN	1				
-		t the beginning of the plan year			5a		78			
		t the end of the plan year count balances as of the end of th			5b	70				
		count balances as of the end of the		•	5c	61				
· · /		cipants at the beginning of the pla	,		5d(1)		67			
e Numb	per of participants that te	cipants at the end of the plan year rminated employment during the p	plan year with accrued bei	nefits that were less	5d(2) 5e		59 C			
		incomplete filing of this return/			use is esta	blished.				
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instruct signed by an enrolled actuary, as	ions, I declare that I have	examined this return/re	port, includ	ing, if applic				
SIGN	Filed with authorized/va	lid electronic signature.	03/15/2017	JON LEMBERG						
HERE	Signature of plan adr	ministrator	as plan adm	ninistrator						
SIGN HERE	ļ									
	Signature of employe	er/plan sponsor me, if applicable) and address (inc	Date	Enter name of individ		as employe s telephone				
Fieparer s		ne, il applicable) and address (inc		sı)	Гієраїєї	stelephone	number			

6a b c										
Pa	rt III Financial Information		·							
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	4713487	5239463						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	4713487	5239463						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	150587							
	(2) Participants	8a(2)	377194							
	(3) Others (including rollovers)	8a(3)	71107							
b	Other income (loss)	8b	392781							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		991669						
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	455096							
е	Certain deemed and/or corrective distributions (see instructions).	8e	610							
f	Administrative service providers (salaries, fees, commissions)	8f	9987							

8g

8h

8i

8j

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 3D 3H 2T

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

0

0

465693

525976

Part V Compliance Questions

Part IV Plan Characteristics

i

j

9a

b

g Other expenses.....

Transfers to (from) the plan (see instructions)

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Net income (loss) (subtract line 8h from line 8c)......

10	During the plan year:		Yes	No	N/A	Amount
а	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 Program)	10a		X		
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			500000
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	×			3046
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			2371
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				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes	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 Con						Yes 🗙	No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				•••••			
а		valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	l enter t	he date	of the lette	er ruling	
	gran	ting the waiver	onth _	-	_ Day		Year_		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	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				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ative amount)			12d				
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	۱
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	5 X N	lo	
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	< No	
C	lf, du	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)		
	. ,			. ,	. /			, ()	
Part	VIII	Trust Information							
14a	Name	of trust			14b ⊺	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custoc ne number	lian's	
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No		
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	1	Prior y test	ear" AD	Ρ
				"Curre ADP t	ent year est		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 test		N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-			-			of
	letter		ter the	e date	of the m	ost rece	ent determ	ination	
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 separ ce?		from	Ye	s [No		

Form 5500-SF	Short Form Annu	Short Form Annual Return/Report of Small Empl Benefit Plan			OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	ternal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employe				2016			
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<u>)</u>	Revenue Code (the Code	:).		This Form is Open to Public Inspection			
	Complete all entries in	accordance with the instr	ructions to the Form 5	500-SF.	-			
Part I Annual Repor For calendar plan year 2016 or	t Identification Information	n 01/01/2016	and ending	12/3	31/2016			
Tor calcular plan year 2010 or	X a single-employer plan				king this box must attach a			
A This return/report is for:	a one-participant plan				ith the form instructions.)			
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year retur	n/report (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension		☐ DFVC p	rogram			
Ŭ	special extension (enter desc				rogram			
Desia Dian Inf		, ,						
	ormation—enter all requested in	nformation		4b	tti			
1a Name of plan INLAND CONSTRUCTION	COMPANY RETIREMENT S	AVINGS PLAN		(PN)	number 001			
					1/1999			
2a Plan sponsor's name (emp	oyer, if for a single-employer plan)				oyer Identification Number			
	om, apt., suite no. and street, or P. ice, country, and ZIP or foreign pos		nations)	(EIN)91-1651150				
INLAND CONSTRUCTION		star code (il foreign, see inst	ucions)	2c Sponsor's telephone number				
					891-5162			
120 W. CATALDO, SUI	TE 100			20 Busir 2362	ness code (see instructions) 00			
SPOKANE	WA 99201							
3a Plan administrator's name a	and address 🕱 Same as Plan Spo	onsor.		3b Admi	nistrator's EIN			
				3c Admi	nistrator's telephone number			
name, EIN, and the plan n	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participant	s at the beginning of the plan year	• • • • • • • • • • • • • • • • • • • •		5a	78			
	s at the end of the plan year			5b	70			
	account balances as of the end of			5c	61			
d(1) Total number of active p	articipants at the beginning of the p	olan year		5d(1)	67			
	articipants at the end of the plan ye			5d(2)	59			
	t terminated employment during th			5e	-			
Caution: A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	unless reasonable car		Colished.			
Under penalties of perjury and c	ther penalties set forth in the instruant signed by an enrolled actuary,	uctions, I declare that I have	examined this return/rep	port, includi	ng, if applicable, a Schedule			
SIGN			Jon Lemberg					
HERE Signature of plan	Jal signing	as plan administrator						
$\overline{\lambda}$		inistrator Date 3/15/17 Enter name of individ Jon Lemberg						
SIGN HERE		- nuelou						
Signature of empl	oyer/plan sponsor name, if applicable) and address (i	Date 3/15/17	Enter name of individu		as employer or plan sponsor			
	name, ir applicable) and address (i		n)	Preparers				

Form 5500-SF 2016

Page 2

	Were all of the plan's assets during the plan year invested in eligi Are you claiming a waiver of the annual examination and report of	f an indepe	ndent qualified public	accoun	tant (IC	(APC			X Yes 🗌 No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	/ and condi	tions.)			••••••		•••••	X Yes 🗌 No	
~	If you answered "No" to either line 6a or line 6b, the plan can							<u> </u>		
P	If the plan is a defined benefit plan, is it covered under the PBGC	insurance p	program (see ERISA s	ection 4	1021)?	····· [Yes		Not determined	
	rt III Financial Information		1					·····		
7	Plan Assets and Liabilities		(a) Beginning			****	(b) End of Y		
 	Total plan assets	. 7a	4	,713,	487				5,239,463	
		7b						****		
	Net plan assets (subtract line 7b from line 7a)	. <u>7c</u>		,713,	487				5,239,463	
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amoui	nt		000000000		(b) Total		
u	(1) Employers	. 8a(1)		150,	587					
	(2) Participants	. 8a(2)		377,	194					
	(3) Others (including rollovers)	1		71,	107					
b	Other income (loss)	. 8b		392,	781					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	1	and the second						991,669	
d	Benefits paid (including direct rollovers and insurance premiums	6.4		455,	096					
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	. 8d		455,	610					
f	Administrative service providers (salaries, fees, commissions)	. <u>8e</u>		0	987					
 	Other expenses	1		<u> </u>	0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)						465,693			
	Net income (loss) (subtract line 8h from line 8c)	1								
<u>-</u>	Transfers to (from) the plan (see instructions)	1		0			525,976			
Da	rt IV Plan Characteristics	. 8j								
9a		feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instruction	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare t	feature cod	les from the List of Pla	n Chara	acterist	tic Co	des in th	ne instruction	าร:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Ar	nount	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	Voluntary F	iduciary Correction	40-		x				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not	include transactions	10a 10b		x				
c				10c	x				500,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			100		x				
e	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			***	3,046	
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g	х				2,371	
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ictions and 29 CFR	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 2520.10	he required	I notice or one of the	10i						

Form 5500-SF 2016

Page 3-

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Scl	hedule S	B	[] \	′es 🗌 No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?	Code or section	on 302 o	f	[] Y	′es 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		· · · ·			
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	d enter Dav		e of the lette	r ruling
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			r		
b	Enter the minimum required contribution for this plan year		12b	ļ		
	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 negative amount)	left of a	12d			
e	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?			Ye:	s XIN	0
	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 brou control of the PBGC?	ght under the	; ;		Yes X	No
с						
1	3c(1) Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information	****				
THE PARTY OF THE PARTY OF	Vame of trust		dah -		-1	
1-74			140	Trust's E	IN	
14c	Name of trustee or custodian		1		s or custodi ne number	an's
Part	IX IRS Compliance Questions		1			
15a	ls the plan a 401(k) plan? If "No," skip b	Yes		[] No	
15b 2	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	⊔ safe i	ent year	L	Prior ye test N/A	ar" ADP
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio	o entage		verage enefit test	N/A
1	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?	Yes		[No	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, el letter	nter the date	of the m	ost rece	ent determin	ation
1	Defined Benefit Plan or Money Purchase Pension Plan Only: Nere any distributions made during the plan year to an employee who attained age 62 and had not sepa service?	arated from	[] Yes	; [] No	
	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	; [] No	