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).

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

 Complete all entries in accordance with the instructions to the Form 5500-SF. Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit CLARK CUSTOM REMODELING, INC. 401(K) PSP plan number 001 (PN) • 1c Effective date of plan 01/01/2015 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1877505 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number CLARK CUSTOM REMODELING, INC. 509-728-1266 2d Business code (see instructions) 5510 ENGLEWOOD HILL DRIVE 236110 YAKIMA, WA 98908 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year 5b 0 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 0 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 0 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<u>beliet, it is t</u>	rue, correct, and complete.									
CICIT	Filed with authorized/valid electronic signature.	06/07/2017	MICHAEL D. GEORGE							
HERE	Signature of plan administrator	Date	Enter name of individu	ual signing as plan administrator						
SIGN										
HERE	Signature of employer/plan sponsor	Enter name of individu	ividual signing as employer or plan sponsor							
Preparer's	Signature of employer/plan sponsor Date Enter name of individence		Preparer's telephone 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public a	account	ant (IQ	PA)			X Yes	
С	If the plan is a defined benefit plan, is it covered under the PBGC in						_		Not dete	ermined
Pa	rt III Financial Information	<u> </u>	· · · · · · · · · · · · · · · · · · ·							
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
а	Total plan assets	7a	, , g	9636					C)
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		9636	i				C)
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:	2 (1)		2036						
	(1) Employers	8a(1)		875						
	(2) Participants	8a(2)		0/3						
	(3) Others (including rollovers)	8a(3)		823						
	Other income (loss)	8b			-				3734	
	Benefits paid (including direct rollovers and insurance premiums								3.3	
	to provide benefits)	8d		12770						
е	Certain deemed and/or corrective distributions (see instructions).	8e		0)					
f	Administrative service providers (salaries, fees, commissions)	8f		600)					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							13370	
i_	Net income (loss) (subtract line 8h from line 8c)	8i			-9636					
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
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	Fiduciary 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					500000
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					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	f Has the plan failed to provide any benefit when due under the plan?					X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as 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	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 on 5500) and line 11a below)						Yes X No		
		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 Co. A?		Yes X No						
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
	grant	raiver 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 lett Year	er ruling 		
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1				
<u>b</u>	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 live amount)			12d					
		he 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	a resolution to terminate the plan been adopted in any plan year?				X Yes	S [] I	No		
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0		
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X 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	lan(s)	to					
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information								
14a	Name	of trust			14b ⁻	Trust's E	EIN			
14c	14c Name of trustee or custodian 14d Trustee's or custodian's telephone number									
Par	t IX	IRS Compliance Questions		<u> </u>						
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:	- ILI ,		sign-based "Prior year" AD e harbor test					
					rrent year" N/A P test					
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:						centage Average N.				
16b 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?						s No				
	the le									
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination		
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	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Ye	s	No			

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Miller & Associates WM

OMB Nos. 1210-0110 1210-0089

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

2016

This Form is Open to Public Inspection

Fension Ber	ent Guaranty Corporation	► Complete all entries in a	ccordan	ce with the i	nstru	ctions to the Form 55	600-SF.		
Part I		Identification Information							
For calendar		iscal plan year beginning 01/01/2016				and ending 12/3			
A This retu	rn/report is for:	a single-employer plan a one-participant plan	list o	ltiple-employe of participating reign plan	er plan g emp	n (not multiemployer) (l loyer information in ac	Filers c cordan	hecking this bor ce with the form	k must attach a i instructions.)
B This retur	rn/report is	the first return/report an amended return/report	=	nal return/rep ort plan year r		report (less than 12 mi	onths)		
C Check be	ox if filing under:	Form 5558		matic extensi	on		DF\	/C program	
Part II	Racic Plan Infe	ormation—enter all requested info							
1a Name o			omator.				1c	Three-digit plan number (PN) FERFECTIVE date of 01/01/2015	001 f plan
Mailing City or t	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O ce, country, and ZIP or foreign posta). Box) al code (i	if foreign, see	instru	ctions)	2c :	EIN) 91-18775 Sponsor's telep (509)	
5510 Englew							1	236110	`
Yakima, WA		- Long					21.	a	
3a Plan ad	Iministrator's name	and address 💹 Same las Plan Spor	nsor.				30 /	Administrator's	EIN
							3C /	Administrator's	telephone number
	EIN, and the plan n	he plan sponsor has changed since umber from the last return/report.	the last r	eturn/report f	ile d f o	r this plan, enter the	4b 4c		
<u>.</u>		ts at the beginning of the plan year					58		4
_				·			5l		0
C Numbe	er of participants with	ts at the end of the plan yearh account balances as of the end of	the plan	year (only de	fined (contribution plans	50		0
	•	participants at the beginning of the pl					5d(1)	4
	·	participants at the end of the plan year				:	5d(2) ;	0
e Numb than '	er of participants that	at terminated employment during the	e plan ye:	ar with accrue	ed ber	efits that were less	5€	3	0
Caution: A	penalty for the late	e or incomplete filing of this return	n/report	will be asset	ssed (inless reasonable ca	use is	established.	ankla a Oakadula
SB or Sche	alties of perjury and/ edule MB completed true, correct, and co	other penalties sel forth in the instruction and signed by an enrolled actuary, amplete.	ctions, i d as well as	declare that I	ic ven	examined this return/repo	eport, in int, and	icluding, if applito the best of m	y knowledge and
SIGN		c. Lan				Eric Clark			
HERE	Signature of plan	administrator		Date (-7)	17	Enter name of individ	dual sig	ning as plan ad	iministrator
SIGN									
HERE	Signature of emp	oloyer/plan sponsor		Date		Enter name of individ	dual sid	ning as employ	er or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (ii	include ro		umbe			arer's telephon	
						:			

10f

10g

10h

10i

Х

X

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.) ...

exceptions to providing the notice applied under 29 CFR 2520.101-3

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

If 10h was answered "Yes," check the box if you either provided the required notice or one of the

un do 17 03.40a Willier & Associates Will	1		ı	1	13431	2704	•		ρ.4	
Form 5500-SF 2016	Page	3-[1							
	-									
Part VI Pension Funding Compliance										
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see (Form 5500) and line 11a below)										Yes 🛛 N
11a Enter the unpaid minimum required contributions for all years from Schedule SB (F			-				11a			
12 Is this a defined contribution plan subject to the minimum funding requirements of series ERISA?			1		ode or s	ection	1 302 of	f 		Yes 🛭 N
(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 the granting the waiver.				N	onth	s, and	l enter Day	the date /	of the lett Year	er ruling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500					13.	-		Γ		
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			ļ				12c			
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)					left of a		12d			
e Will the minimum funding amount reported on line 12d be met by the funding dead			+					Yes	ON	N/A
Part VII Plan Terminations and Transfers of Assets						•				
13a Has a resolution to terminate the plan been adopted in any plan year?		ļ <i>.</i>						X Ye	s 📗	Vo.
if "Yes," enter the amount of any plan assets that reverted to the employer this year							13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to a									X Yes	No
control of the PBGC? If, during this plan year, any assets or liabilities were transferred from this plan to a								1		
which assets or liabilities were transferred. (See instructions.)	iounei	hiai	1(5),	иет	ily ule p	iaii(s)	110			
13c(1) Name of plan(s):					1	3c(2)	EIN(s)		13c	3) PN(s)
Part VIII Trust Information				Ī						
14a Name of trust							14b	Trust's	EIN	·
14c Name of trustee or custodian		 					14d	Trustee	's or custo	dian's
									ne numbe	
Part IX IRS Compliance Questions										
			ļ			Yes			No	
15a is the plan a 401(k) plan? If "No." skip b							ın-base	4	- "Drior	ear" ADP
15b How did the plan satisfy the nondiscrimination requirements for employee deferrals 401(k)(3) for the plan year? Check all that apply:		sect	ion				iarpor iarpor	u	test	real ADF
40 (K)(0) for the plan year? Officek all that apply.	· · · · · · ·					"Curre	ent year	الم	N/A	
16a What testing method was used to satisfy the coverage requirements under section	1 0(b)) for t	he n	lan	Tama	Ratio				
year? Check all that apply:						perce	entage		lverage enefit test	□ N/A
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 4	(b) i	and 4	019	a)(4)		test				
for the plan year by combining this plan with any other plan under the permissive ac	grega	tion	ule	?	<u>'''</u>	Yes			No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that receithe letter and the serial number.	ved a	favo	rable	ŧ IRS	opinion	letter	r or adv	isory lei	tter, enter	he date of
17b If the plan is an individually-designed plan that received a favorable determination is	etter f	rom t	he II	RS, €	nter the	date	of the r	nost rec	ent deterr	nination
 letter	62 ar	nd ha	 d no	t sep	arated f	rom	∏ Y€	es	∏No	
service?		 	ļ <u></u>							
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the	prior	plan	yea	r?			Ye	es	☐ No	