_	rm 5500-SF	Short Form Annu	al Return/Repo Benefit Plan	•	oyee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury mal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee R Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).				2016				
Employee B	epartment of Labor enefits Security Administration					This Form is Open to Public Inspection				
	enefit Guaranty Corporation	Complete all entries in a		structions to the Form 55	00-SF.					
For calend	Annual Report Ic ar plan year 2016 or fisc	Ientification Information al plan year beginning 01/01/2	016	and ending 12	/31/2016					
		a single-employer plan		plan (not multiemployer) (F		ting this box must attach a				
A This ref	turn/report is for:	a one-participant plan		employer information in acc		-				
B This ret	urn/report is	the first return/report an amended return/report	the final return/repo	rt turn/report (less than 12 mc	onths)					
C Check	box if filing under:	Form 5558	automatic extension	n [DFVC p	rogram				
Dort II	Basia Blan Inform	special extension (enter descr	, ,							
Part II		mation—enter all requested inf	ormation		1h Thro	o diait				
1a Name INSULATIO	of plan N GROUP 401(K) PLAN				1b Three plan (PN)	number				
				-		tive date of plan 06/01/1999				
Mailing	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.C			2b Empl (EIN)	oyer Identification Number 91-1438446				
	N CONTRACTORS INC.	country, and ZIP or foreign post	ai code (il foreign, see ir	istructions)	2c Sponsor's telephone number 253-395-1895					
22706 - 58TH KENT, WA 9					2d Busir	ess code (see instructions) 238300				
3a Plan a	dministrator's name and	address 🗙 Same as Plan Spor	nsor.		3b Admi	nistrator's EIN				
					3c Admi	nistrator's telephone number				
		blan sponsor has changed since ber from the last return/report.	the last return/report file	d for this plan, enter the	4b EIN					
a Spons	or's name				4c PN					
5a Total	number of participants at	t the beginning of the plan year			5a	46				
		t the end of the plan year			5b	44				
		count balances as of the end of			5c	26				
d(1) Tot	al number of active partie	cipants at the beginning of the pl	an year		5d(1)	41				
e Numi	per of participants that te	cipants at the end of the plan yea rminated employment during the	plan year with accrued	benefits that were less	5d(2) 5e	38				
		incomplete filing of this return				hlished				
Under pen SB or Sche	alties of perjury and othe	r penalties set forth in the instruct signed by an enrolled actuary, a	ctions, I declare that I ha	ve examined this return/rep	ort, includi	ng, if applicable, a Schedule				
SIGN	Filed with authorized/va		07/10/2017	GARY TRAUTER						
HERE	Signature of plan ad	ministrator	Date	Enter name of individu	al signing :	as plan administrator				
SIGN	Signature of plan du		2010		a orgining i	as plan adminiorator				
HERE	Signature of employe	r/nlan snonsor	Date	Entor name of individu		as employer or plan sponsor				
Preparer's		ne, if applicable) and address (ir				s telephone number				
		see the Instructions for Form 5500		-		Form 5500-SF (2016)				

g Other expenses.....

Transfers to (from) the plan (see instructions)

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

Part IV Plan Characteristics

2E 2G 2J 2K 2T 3D

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

i i

j

9a

b

6a b c	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 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 accountant (tions.) orm 5500-SF and must instead us	IQPA) Xes No
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	1798203	2066878
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	1798203	2066878
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	52347	
	(2) Participants	8a(2)	139673	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	83728	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		275748
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7073	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		

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:

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

7073

268675

Part	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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)			Х		
С	Was the plan covered by a fidelity bond?	10c	Х			80000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			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		×		
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			2063
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			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					

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		

Fo	o <mark>rm 5500-SF</mark>	Short Form Annu	ual Return/Repor Benefit Plan	t of Small Emplo	oyee	-OMB Nos. 1210 ∔1210
	partment of the Treasury ternal Revenue Service	This form is required to be fil		4065 of the Employee Re	tirement	2016
	Department of Labor Benefits Security Administration	Income Security Act of 197		057(b) and 6058(a) of the l		This Form is Open t
Pension	Benefit Guaranty Corporation	Complete all entries in	accordance with the ins		00-95	Public Inspection
Part	Annual Report I	dentification Information		tructions to the Ponn 55	00-57.	
		cal plan year beginning 01/01/20		and ending 12/31	/2016	
		X a single-employer plan		plan (not multiemployer) (F		no this box must attach
A This r	return/report is for:	a one-participant plan		mployer information in acc		
D			5			
B This re	eturn/report is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 mo	nths)	
C Check	k box if filing under:				-	
U Check		Form 5558		L.		ogram
5		special extension (enter desc				
Part II		mation—enter all requested in	formation		41	
1a Name	•				1b Three	-digit umber
NOULAH	ON GROUP 401(k) PLAN			1	(PN)	. 1 001
				F	1c Effecti	ve date of plan
2a Plan	sponsor's name (employe	er, if for a single-employer plan)			06/01/ 2b Emplo	/1999 yer Identification Numbe
Mailir	ng address (include room,	, apt., suite no. and street, or P.(country, and ZIP or foreign pos		tructions)	(EIN)	91-1438446
	ON CONTRACTORS INC		ter ende til refeight, and life		2c Spons	or's telephone number (253) 395-1895
				F	2d Busine	ess code (see instruction
2706 - 58 ⁻	TH PL. S.				238300	
					3c Admini	strator's telephone num
A 1646-0					41	
		plan sponsor has changed since per from the last return/report.	the last return/report filed		4b EIN	
a Spons	sor's name				4C PN	
5a Total	number of participants at	the beginning of the plan year			5a	4
b Total	number of participants at	the end of the plan year			5b	4
C Num	ber of participants with ac	count balances as of the end of	the plan year (only defined	l contribution plans	5c	20
		cipants at the beginning of the pl			5d(1)	4
		cipants at the end of the plan year	•	H	5d(2)	3
e Num	ber of participants that te	minated employment during the	plan year with accrued be	enefits that were less	5e	
Caution:	A penalty for the late or	incomplete filing of this return	n/report will be assessed	unless reasonable caus	e is establi	shed.
Under per SB or Sch	alties of perjury and other edule MB completed and	r penalties set forth in the instruction signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/repo	rt, including	, if applicable, a Schedu
<u>BIGN</u>	true, correct, and comple	math	1.6.2017	x Gary TVan	Lev	
HERE	Signature of plan adm				· · · · · · · · · · · · · · · · · · ·	plan administrates
	Signature of plan add	ninistrator	Date	Enter name of individua	a signing as	pian administrator
sign Here	Signature of employe		Date	Enter name of individua	l signing os	
Prenarer's		ne, if applicable) and address (in				employer or plan spons elephone number
rieparers	name (including htm han	ne, il applicable) and address (Ir	icidue room or suite numbe	יי און אין	reparers to	septione number

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	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 cann	an indepen and conditi	dent qualified public a	accoun	tant (IC	(PA)			X Ye X Ye	s 🗌 No s 🗍 No
	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)?	[] Yes	No	Not de	termined
Pa	rt III Financial Information									-
7	Plan Assets and Liabilities		(a) Beginning				(b) End		
<u>a</u>	Total plan assets	7a		17982	03				20668	578
	Total plan liabilities	7b		17982	02				20660	
	Net plan assets (subtract line 7b from line 7a)	7c			03				20668	0/0
8	Income, Expenses, and Transfers for this Plan Year	19-39-29	(a) Amour	<u>nt</u>	-+		1484	(b) T	otal	A1 - 1
a	Contributions received or receivable from: (1) Employers	8a(1)		5234	47		<u>, 12</u>			
	(2) Participants	8a(2)		1396	73			12.18	ñ £	
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		837	28					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		HI					2757	48
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		70	73					
e	Certain deemed and/or corrective distributions (see instructions)	8e	····						2	
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		바다 말 같다. 신			707			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							2686	75
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pa	t IV Plan Characteristics			_						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instru	ctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
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)	oluntary Fie	luciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not ir	clude transactions	10b		х				
с	Was the plan covered by a fidelity bond?			10c	x					80000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х				
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.)	ne or all of th	ne benefits under	10e		x				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-er	nd.)	10g	х					2063
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruc	tions 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	ne required	notice or one of the	10i						

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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 (Form 5500) and line 11a below)					res 🗌 No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a		<u>.</u>		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA?			F 	ים	res 🗙 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	structions or	d ontor i	ho date	of the lette	r puling	
	granting the waiver.	Month	Day		Year		
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.				. <u>.</u> .	
b e	nter the minimum required contribution for this plan year		. 12b				
CE	nter the amount contributed by the employer to the plan for this plan year		12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		. 🛛	Yes	No	N/A	
Part \	Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	<u>s X</u> N	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?		e 		Yes 🛛	No	
	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to				
1:	c(1) Name of plan(s):	1 3 c(2	2) EIN(s)		13c(3) PN(s)		
	ame of trust			Trust's E	EIN	iop's	
14C N	ame of trustee or custodian				ne number		
Part	IX IRS Compliance Questions						
15a 🛙	s the plan a 401(k) plan? If "No," skip b	🗌 Yes]	No	<u>.</u>	
15b + 4	low did the plan satisfy the nondiscrimination requirements for employee deferrals under section 01(k)(3) for the plan year? Check all that apply:	⊔ safe	rent year	L	"Prior ye test N/A	ar" ADP	
	Vhat testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Rati pero test	o entage		verage enefit test	N/A	
f	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No		
17a I	the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS he letter and the serial number	opinion lette					
17b	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the date	of the m	nost rece	ent determi	nation	
V	Defined Benefit Plan or Money Purchase Pension Plan Only: Vere any distributions made during the plan year to an employee who attained age 62 and had not sep ervice?	arated from	Ye:	s [No		