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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Parti		identification information								
For calenda	ar plan year 2016 or fi	scal plan year beginning 01/01/2	2016	and ending 12	2/31/2016					
A This ret	urn/report is for:		r) (Filers checking this box must attach a accordance with the form instructions.)							
71 11110100		a one-participant plan	a foreign plan							
B This retu	rn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)					
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC prog	gram				
		special extension (enter desc	ription)							
Part II	Basic Plan Info	ermation—enter all requested in	formation							
1a Name					1b Three-c	digit				
	ECHANICAL, INC. 40	1(K)			plan nu (PN)	ımber				
						re date of plan 01/01/2015				
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C) Boy)			rer Identification Number 91-1973893				
City or		e, country, and ZIP or foreign post		uctions)	(EIN) 2c Sponso	pr's telephone number				
KOI INEK IVIE	CHANICAL, INC.					360-885-7641				
	DRESEN ROAD, # 10	2			20 Busines	ss code (see instructions) 332900				
VANCOUVER	R, WA 98661									
3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN					
					3c Adminis	strator's telephone number				
					7.4	Alator o tolopilollo lialiloo				
4 If the n	ame and/or FIN of the	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
	EIN, and the plan nu	mber from the last return/report.	and lade rotally ropore mod re	or and plan, order the	4c PN					
		at the beginning of the plan year			5a					
		at the end of the plan year			5b	23				
		account balances as of the end of		•	5c	16				
	,	rticipants at the beginning of the pl			5d(1)	15				
		rticipants at the end of the plan ye	-		5d(2)	17				
		terminated employment during the	. ,		5e					
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assessed	unless reasonable car	use is establi:	shed.				
Under pena SB or Sche	llties of perjury and ot dule MB completed a	her penalties set forth in the instru- nd signed by an enrolled actuary, a	ctions, I declare that I have	examined this return/re	port, including	, if applicable, a Schedule				
SIGN	rue, correct, and com Filed with authorized	valid electronic signature.	07/28/2017	DAVE ROHNER						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as	plan administrator				
SIGN										
HERE	Signature of emplo		Date			employer or plan sponsor				
Preparer's i	name (including firm r	name, if applicable) and address (in	nclude room or suite numbe	r)	Preparer's te	elephone number				

Form 5500-SF 2016 Page **2**

	 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.) 							X Yes [
_	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 ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	∐ No	Not dete	rmined
	rt III Financial Information	1	Ι							
7_	Plan Assets and Liabilities		(a) Beginning	of Year 104284			((b) End	of Year 215619	
	Total plan assets	7a 		104264					213018	
	Total plan liabilities	7b		104284					215619	ı
	Net plan assets (subtract line 7b from line 7a)	7c						<i>a</i> > -		
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	it	-			(b) T	otal	
	(1) Employers	8a(1)		30750						
	(2) Participants	8a(2)		74211						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		7543						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							112504	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1019						
	Certain deemed and/or corrective distributions (see instructions).	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
a	Other expenses	8g		150						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1169)
	Net income (loss) (subtract line 8h from line 8c)	8i							111335	
÷	Transfers to (from) the plan (see instructions)	8i								
	rt IV Plan Characteristics	l ol								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
	2A 2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	iic Cod	des in t	he instru	ctions:	
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.)	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					60000
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 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				10f		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			10i						

Form	5500	-SF	201	6

Page 3-	1
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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 c n 5500) and line 11a below)					[] `	∕es X No	
		the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					│	res X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	aiver 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 lette Year _	er ruling	
If	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1			
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		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		ne 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	s X N	lo	
	If "Y€	s," enter the amount of any plan assets that reverted to the employer this year			13a				
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			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	olan(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	Name	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No		
		lid the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	IШ		n-based narbor	d [Prior ye test	ear" ADP	
				"Curre	ent year test	<u>"</u>	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	
	for the	e 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								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	ent determi	nation	
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	Was a	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}$ during the prior plan year?			Ye	s	No		

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Department of Labor

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 section 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

	calendar plan year 2016 or fi	t Identification Information iscal plan year beginning		01/01/2016		and ending	1:	2/31/2016		
		x a single-employer plan			pla				x must attach	
A ·	This return/report is for:			a list of participating	ultiple-employer plan (not multiemployer) (Filers checking this box must attach at of participating employer information in accordance with the form instructions.)					
ь.	This	a one-participant plan	Ц	a foreign plan						
ь	This return/report is:	the first return/report	닏	the final return/report						
		an amended return/report	Ш	a short plan year retu	ur	n/report (less than 12 m	onths)			
C	Check box if filing under:	Form 5558		automatic extension			1	DFVC progra	am	
		special extension (enter descr	riptic	on)						
	art II Basic Plan Inf	ormation enter all requested	info	rmation						
1a	Name of plan						1b	Three-digit plan number		
	Rohner Mechanical,	Inc. 401(k)						(PN) ▶	001	
							1c	Effective date o	f plan	
2a	Plan sponsor's name (empl	loyer, if for a single-employer plan)					2h	01/01/2015	ification Number	
	Mailing Address (include ro	om, apt., suite no. and street, or P.C nce, country, and ZIP or foreign post	D. Be	ox)		(ations)	20	(EIN) 91-19		
	Rohner Mechanical,		ai CC	ode (ii ioreign, see ins	ur	ictions)	2c	Sponsor's telep	hone number	
								(360) 885-	7641	
	2650 NE Andresen R	load, # 102					2d	Business code 332900	(see instructions)	
								002300		
3a	US Vancouver WA 98661 Plan administrator's name a	and address X Same as Plan Spo	onsc	or .		*	3b	Administrator's	FIN	
								riaministrator 5		
							3с	Administrator's	telephone number	
							1.00			
4	If the name and/or FIN of th	ne plan sponsor has changed since	the I	ast return/report filed f	for	this plan enter the	4b	EIN		
7.40		imber from the last return/report.	uic i	ast return report med i	101	triis plan, enter the	40	CIIN		
a	Sponsor's name		30-7				4c	PN		
		s at the beginning of the plan year					5a		15	
b		s at the end of the plan year					5b		23	
C		account balances as of the end of t					50		16	
d(1) Total number of active pa	rticipants at the beginning of the pla	ın ye	ear	•••		5d(1)	15	
d(2) Total number of active pa	rticipants at the end of the plan year	г	***************************************	•••		5d(2)	17	
е	Number of participants that	terminated employment during the	plan	year with accrued ber	ne	fits that were	060			
_							56			
		or incomplete filing of this return			_				* <u></u>	
SB	der penalties of perjury and o or Schedule MB completed	other penalties set forth in the instru- and signed by an enrolled actuary, a	ctior as w	ns, I declare that I have rell as the electronic ve	e e	examined this return/rep sion of this return/report	ort, in	cluding, if applic the best of my	able, a Schedule	
	ef, it is true, correct, and cor					on or ano rotal in roport	and t	o and book of my	Miowiedge dild	
SI	GN // //					DAVE ROHNER				
H	RE Signature of plan adr	ninistrator		Date 7/28/17		Enter name of individua	l signii	ng as plan admir	nistrator	
SI	GN //			F	1	DAVE ROHNER				
H	RE Signature of employe			Date 7/28/17		Enter name of individua	l signii	ng as employer	or plan sponsor	
		name, if applicable) and address (in	nclud	de room or suite numb	e	7)		rer's telephone		
J.K	ip this question					ж.	SKI	this questi	ion .	
22										

n	Form 5500-SF 2016		Page 2						
6a	Were all of the plan's assets during the plan year invested in eligible	assets? (S	See instructions.)						X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at If you answered "No" to either line 6a or line 6b, the plan canno	nd conditio	ns.)				 5500.		XYes No
С	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pro	ogram (see ERISA section	n 402	21)?		Yes	□No	Not determine
Pa	art III Financial Information		AND AND COME TO SERVICE AND COME AND CO		Territorial Control				
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r	T		(b) End	of Year
а	Total plan assets	7a	190	04,2				<u>,,,, -,,,</u>	215,619
b	Total plan liabilities	7b			0				215,015
С	Net plan assets (subtract line 7b from line 7a)	7c	1	04,2	84				215,619
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t				(b) T	Гotal
а	Contributions received or receivable from: (1) Employers	8a(1)		30,7	50				
_	(2) Participants	8a(2)		74,2		108			
13	(3) Others (including rollovers)	8a(3)		,,,,					
b	Other income (loss)	8b		7,5	43				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							112,504
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1,0	19				112,304
е	Certain deemed and/or corrective distributions (see instructions)	8e						100000000	
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g		150					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1,169
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	8i							111,335
	Transfers to (from) the plan (see instructions)	8j				S AU			
	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code:	s from the List of Plan Ch	naract	eristic	Code	es in the	instructi	ons:
	2A 2E 2F 2G 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	from the List of Plan Cha	aracte	ristic	Codes	s in the i	instructio	ns:
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	N/A		Amount
а	participant contribut								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol		5 SESTEMBER 110	-0.00000					
	Program)			10a		х			4
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	(Do not in	clude transactions	10b		x			
				10c	х				60,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fi	idelity bond	, that was caused	10d		x			00,000
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		х			
f						х			
g	Did the plan have any participant loans? (If "Yes," enter amount as			10g		х			
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	See instruct	ions 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 2520.101-	e required r	notice or one of the	10i					

Form	5500-SF	2016

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Page	3 -	

_									
Par	t VI	Pension Funding Compliance							
11	Is this a	defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)	complete	Schedule	SB		Yes	X	No
127.27		ne 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					Yes	T	No
90-		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	***************************************		••••••		100	[EE] .	
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see in g the waiver			r the date		letter ar	ruling	
lf y		pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line							
b	Enter ti	ne minimum required contribution for this plan year.	•••••	12b					
С	Enter ti	e amount contributed by the employer to the plan for the plan year		12c					
d		t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)		12d					
е	Will the	minimum funding amount reported on line 12d be met by the funding deadline?] Yes [No		N/A	
Par	t VII	Plan Terminations and Transfers of Assets		20000					
13a	Has a r	esolution 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		If the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?				Yes	X.	No	
С	lf, durir which a	g this plan year, any assets or liabilities were transferred from this plan to another plan(s), idensets or liabilities were transferred. (See instructions.)	ntify the pla	n(s) to		26			
1	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13	3c(3) P	N(s)	-120% 220
Par	t VIII	Trust Information - Skip These Questions							
14a	Name o	of trust		14b	Trust's E	EIN			
140	Name o	f trustee or custodian		14d	Trustee telephor			0	
Par	· IV	IDS Compliance Questions Skin These Questions					_		
9.536		IRS Compliance Questions - Skip These Questions		Yes			No		
· ·	Test Yest	lan a 401(k) plan? If "No," skip b.		1344 10 10	- Vi	Ш	No	85-0	
15b		I the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design-t			"Prior test	year"	ADP
	()(y is the partyear. Check all that apply.		"Current		_			
				ADP tes		Ш	N/A		
16a		sting method was used to satisfy the coverage requirements under section 410(b) for the plan heck all that apply:		Ratio percenta test	ige 🔲	Avera	age fit test		N/A
16k		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
17a	If the pl	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IR	S opinion l	etter or a	dvisory le	tter, en	ter the	date o	of
17b		an is an individually-designed plan that received a favorable determination letter from the IRS,	enter the d	ate of the	most red	cent de	termin	ation	
18	Were a	Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not se ?			Yes		No		
19		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	***************************************	[Yes		No		