Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Annual Report Identification Information

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).

▶ 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**

For calendar plan y	ear 2016 or f	scal plan year beginning 01/01/2	2016	and ending 1	2/31/2016			
A This yet	utio for	plan (not multiemployer) employer information in a						
A This return/repo	IT IS TOF:	a one-participant plan	a foreign plan	ccordance with the ic	im instructions.)			
B This return/repor	t is	the first return/report	the final return/report	t				
·		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)			
C Check box if filir	ng under:	X Form 5558	automatic extension	n	DFVC program			
		special extension (enter desc	ription)					
Part II Basic	c Plan Info	ormation—enter all requested in	formation					
1a Name of plan GASLINE MECHANIC	CAL INC 401	K PROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶	001		
					1c Effective date	of plan /01/2013		
Mailing address	s (include roc	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.0			2b Employer Ider (EIN) 91	ntification Number -1634769		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) GASLINE MECHANICAL INC					2c Sponsor's tele 425-4	ephone number 87-2359		
					2d Business code	e (see instructions)		
9926 ELLIOTT RD SNOHOMISH, WA 98	3296				23	8220		
3a Plan administra	ator's name a	nd address X Same as Plan Spo	nsor.		3b Administrator'	s EIN		
					3C Administrator	s telephone number		
4 If the name and	d/or EIN of th	e plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN			
name, EIN, an	d the plan nu	mber from the last return/report.	·	,	4c PN			
a Sponsor's nam		and the character of the other case.			5a	12		
_		at the beginning of the plan year.			5b	12		
		at the end of the plan yearaccount balances as of the end of			. 30			
	•	account balances as of the end of	. , ,	•				
• •		articipants at the beginning of the p	-		5d(1)			
• •		articipants at the end of the plan ye terminated employment during the			5d(2)	10		
•	•	deminated employment during the	. ,		5e	(
		or incomplete filing of this retur						
	completed a	ther penalties set forth in the instru and signed by an enrolled actuary, plete.						
0.0.1	th authorized	/valid electronic signature.	08/30/2017	JULIE DIERS				
HERE Signat	ure of plan	administrator	Date	Enter name of individ	dual signing as plan a	dministrator		
SIGN								
		oyer/plan sponsor	Date	Enter name of individ				
Preparer's name (ir	cluding firm i	name, if applicable) and address (i	nclude room or suite num	iber)	Preparer's telepho	ne number		

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6a Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)	f an independ and condition	dent qualified public a	account	ant (IC	(PA)			X Yes	
If you answered "No" to either line 6a or line 6b, the plan can C If the plan is a defined benefit plan, is it covered under the PBGC					_		ПNо	□ Not det	ermined
Part III Financial Information	modranoc pro	ogram (see Errier vo	000011 4	021).		100	□.,,		citimica
7 Plan Assets and Liabilities		(a) Beginning	of Voor				(b) End	of Voor	
a Total plan assets	7a	(a) Beginning	60305				(D) Ellu (99	9
b Total plan liabilities	7b			_					
C Net plan assets (subtract line 7b from line 7a)	† †		60305					99	9
8 Income, Expenses, and Transfers for this Plan Year	10	(a) Amour	nt .				(b) To	ntal	
a Contributions received or receivable from: (1) Employers	8a(1)	(a) Amoun					(5)	<u>Julia</u>	
(2) Participants	8a(2)		7801						
(3) Others (including rollovers)	8a(3)								
b Other income (loss)	8b		4500						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1230	1
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		68270						
e Certain deemed and/or corrective distributions (see instructions).	8e								
f Administrative service providers (salaries, fees, commissions)	8f		4237						
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7250	7
i Net income (loss) (subtract line 8h from line 8c)	8i							-6020	6
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	n feature cod	es from the List of Pl	an Cha	racteri	stic Co	des in	the instr	uctions:	
b If the plan provides welfare benefits, enter the applicable welfare	feature code	s from the List of Pla	n Char	acteris	tic Cod	les in t	he instru	ctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary Fig	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C Was the plan covered by a fidelity bond?			10c		X				
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				
Were any fees or commissions paid to any brokers, agents, or o carrier, insurance service, or other organization that provides so the plan? (See instructions.)	me or all of tl	ne benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the pl	an?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-er	nd.)	10g		X				
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruc	ctions and 29 CFR	10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	the required	notice or one of the	10i						

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Part	VI P	ension Funding Compliance							
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500) and line 11a below)						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 section ERISA?							[Yes	X No
а	If a wa	iver of the minimum funding standard for a prior year is being amortized in this plan year, see insignificant the waiver.		ns, and	d enter		e of the lo		ng
If	_	npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line				<u>y</u>		ai	
		ne minimum required contribution for this plan year			12b				
		ne amount contributed by the employer to the plan for this plan year			12c				
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)	left of a	l	12d				
Will the minimum funding amount reported on line 12d be met by the funding deadline?						Yes	No		I/A
Part		Plan Terminations and Transfers of Assets						· · · · · · · · · · · · · · · · · · ·	
13a	Has a	resolution to terminate the plan been adopted in any plan year?				X Ye	s	No	
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou I of the PBGC?		er the			Yes	X No)
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identassets or liabilities were transferred. (See instructions.)	tify the	olan(s) to				
	13c(1) N	lame of plan(s):		13c(2)	EIN(s)		13	c(3) PN	(s)
_									
Part		Trust Information							
14a	Name o	f trust			14b	Trust's I	EIN		
14c	Name o	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions			ı				
15a	Is the p	olan a 401(k) plan? If "No," skip b		Yes			No		
		d the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		safe h	n-based narbor		☐ "Prio	r year" A	ADP
				"Curre	ent year test	~"	N/A		
16a 		esting 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 te	st 🗌	N/A
16b		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		
	the lett								
	letter_	lan is an individually-designed plan that received a favorable determination letter from the IRS, e/	enter the	date	of the n	nost rec	ent dete	rminatio	n
18	Were a	d Benefit Plan or Money Purchase Pension Plan Only: Iny distributions made during the plan year to an employee who attained age 62 and had not sep?		from	Ye	s	No		
19	Was ar	ny plan participant a 5% owner who had attained at least age 70 $^{1\!\!/}_{2}$ during the prior plan year?			Ye	s	No		

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).

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

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part		t Identification Informat	ion						
For calenda	r plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2	016			
A This retu	urn/report is for:	X a single-employer plan			(Filers checking this box must attach a accordance with the form instructions.)				
	·	a one-participant plan	a foreign plan	•		,			
B This retu	rn/report is	the first return/report	the final return/report						
		an amended return/repor	t a short plan year return	report (less than 12 mor	nths)				
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC progra	m			
Daw II	Decis Disp Inf	special extension (enter							
Part II		formation—enter all request	ed information		41				
1a Name		T 4011- D 5' 61			1b Three-digiting plan number				
Jasiine	Mechanical .	Inc 401k Profit Sha	iring Plan		(PN)	001			
			1c Effective of	late of plan					
					01/01/2	013			
		oloyer, if for a single-employer p oom, apt., suite no. and street, o			100000000000000000000000000000000000000	Identification Number			
			postal code (if foreign, see instr	uctions)		1634769			
Gasline	Mechanical	Inc			425-487	telephone number			
						code (see instructions)			
9926 El	liott Rd				238220	,			
Snohomi	sh	WA 9829	96						
3a Plan a	dministrator's name	and address X Same as Plan	Sponsor.		3b Administra	ator's EIN			
					3c Administra	ator's telephone number			
		the plan sponsor has changed s number from the last return/repo	since the last return/report filed foort.	or this plan, enter the	4b EIN				
a Spons	or's name				4c PN				
5a Total	number of participan	nts at the beginning of the plan	year		5a	12			
					5b	10			
			nd of the plan year (only defined		5c				
d(1) Tot	al number of active	participants at the beginning of	the plan year		5d(1)				
d(2) Tot	al number of active	participants at the end of the pl	an year		5d(2)	1			
than	100% vested		ng the plan year with accrued be		5e				
			return/report will be assessed						
SB or Sche		and signed by an enrolled actu	instructions, I declare that I have uary, as well as the electronic ver						
SIGN HERE	delie	Dille	83017	Julie Diers					
TIERE	Signature of plan	n administrator	Date	Enter name of individu	ual signing as p	an administrator			
SIGN									
HERE		ployer/plan sponsor	Date	Enter name of individu	vidual signing as employer or plan sponsor				
Preparer's	name (including fim	n name, if applicable) and addr	ess (include room or suite numbe	er)	Preparer's tele	ephone number			

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Р	а	α	е	2

b	Were all of the plan's assets during the plan year invested in eligible. 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 the sum of the plan of the plan cannual of the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit ot use Fo	ndent qualified public actions.)rm 5500-SF and must	counta	nt (IQI d use	PA) Form	5500.		☐ No
	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of	f Year	T		(1) End of Year	
а	Total plan assets	7a		60,3	305		•		99
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		60,3	305				99
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total	
а	Contributions received or receivable from:		0						
	(1) Employers	8a(1)			001				-
	(2) Participants	8a(2)		7,8	30 T				
	(3) Others (including rollovers)	8a(3)			- 0.0				
	Other income (loss)	8b		4,!	500				
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							12,301
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		68,	270				
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		4,:	237				
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				72,50			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i				-60,206			60,206
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics	1 -5							
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 3D	feature co	odes from the List of Pla	n Cha	racteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare	feature cod	des from the List of Plar	Chara	acterist	ic Coc	les in ti	ne instructions:	
	rt V Compliance Questions				V	Ma	L NUA		
10	During the plan year: Was there a failure to transmit to the plan any participant contribution.	utiono with	in the time period		Yes	No	N/A	Amount	
	described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary l		10a		Х			
	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		Х			
(Was the plan covered by a fidelity bond?			10c		Х			
(Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х			
(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			
1	f Has the plan failed to provide any benefit when due under the plan?			10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount			10g		Х			
	1 If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			
	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			10i					

	Point 5500-5F 2016 Page 3-						
	No. and the second seco						
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and conform 5500) and line 11a below)	omplete Sch	edule S	В		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 Co ERISA?	de or sectio	n 302 of	f		Yes 2	No 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 inst granting the waiver	ructions, and	d enter t Dav		of the let Year		g
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.	Duj		- I cai	Pilling	
	Enter the minimum required contribution for this plan year	The second secon	12b				
c	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 lengative amount)	eft of a	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	□ N/	Ά
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes	s \square	No	
	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 another plan, or broug control of the PBGC?	ht under the			Yes	X No	0
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s)) to	1			
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) PN(s)
Part							
14a	Name of trust		14b	Trust's E	EIN		
14c	Name of trustee or custodian				's or custo		
Par	IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b	Yes			No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	Designment Designment	n-based narbor	d ["Prior test	year" A	DP
		"Curre	ent year test	"	N/A		
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio	entage		verage enefit test		N/A
	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		
	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	opinion letter					
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, er letter	ter the date	of the m	nost rec	ent deterr	nination	1
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sepa service?	rated from	Ye	s [No		

19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?.....

Yes

No