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.

Part I		Identification Information							
For calenda	ar plan year 2016 or f	scal plan year beginning 01/01/2	017 	and ending 0°	1/31/2017				
A This ret	urn/report is for:	a single-employer plan a one-participant plan	a multiple-employer pla list of participating em a foreign plan	an (not multiemployer) (aployer information in ac					
B This retu	ırn/report is	the first return/report	the final return/report						
		an amended return/report	X a short plan year return	n/report (less than 12 m	onths)				
C Check b	oox if filing under:	Form 5558	automatic extension		DFVC program				
Dowt II	Dania Dian Info	special extension (enter descr	• •						
Part II		ormation—enter all requested inf	ormation		4 h - Thomas 2000				
1a Name (GASLINE ME		K PROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶	001			
			1c Effective date of 01/01	f plan //2013					
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)					2b Employer Identification (EIN) 91-16	ication Number 634769			
•	ECHANICAL INC	e, country, and ZIP or foreign posta	ai code (ii foreign, see instr	uctions)	2c Sponsor's telep 425-487				
9926 ELLIOTT RD SNOHOMISH, WA 98296					2d Business code (
3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN				
		e plan sponsor has changed since in the modern from the last return/report.	the last return/report filed fo	or this plan, enter the	4b EIN				
a Sponso	•	inber nom the last return/report.			4c PN				
5a Total r	number of participants	at the beginning of the plan year			5a				
		at the end of the plan year			5b				
C Number		account balances as of the end of t			5c	0			
d(1) Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	10			
d(2) Tota	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	0			
than '	100% vested	terminated employment during the			5e	0			
		or incomplete filing of this return				able a Cabadula			
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, a plete.							
SIGN HERE		/valid electronic signature.	08/30/2017	JULIE DIERS					
	Signature of plan a	administrator	Date	Enter name of individual signing as plan administrator					
SIGN HERE									
	Signature of emplo	oyer/plan sponsor name, if applicable) and address (in	Date		ual signing as employe Preparer's telephone				
riepaiei s	mame (including initi)	iame, ii applicable) and address (iii	clude foom or suite number	n)	riepaiei s telepiione	numbei			

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63. Were all of the plan's coasts during the plan year invested in clini	hla agasta?	(Coo instructions)						X Ye	s \square No
	 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 pub 							<u> </u>	3 📙 110
under 29 CFR 2520.104-46? (See instructions on waiver eligibility						X Ye	s 🗌 No		
If you answered "No" to either line 6a or line 6b, the plan can	not use Fo	orm 5500-SF and mus	t inste	ad use	Form	5500.			
c If the plan is a defined benefit plan, is it covered under the PBGC i	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
a Total plan assets	7a		99)					0
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c		99	9					0
Income, Expenses, and Transfers for this Plan Year (a) Amour			nt				(b) Total		
a Contributions received or receivable from:									
(1) Employers	8a(1)			_					
(2) Participants	8a(2)								
(3) Others (including rollovers)	8a(3)		6						
b Other income (loss)	8b			,					0
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								6
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		105	5					
e Certain deemed and/or corrective distributions (see instructions).	8e			\neg					
f Administrative service providers (salaries, fees, commissions)	8f								
q Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10	5
i Net income (loss) (subtract line 8h from line 8c)	8i							-9	9
j Transfers to (from) the plan (see instructions)	8j			\neg					
Part IV Plan Characteristics	l oj								
9a If the plan provides pension benefits, enter the applicable pension	n feature co	odes from the List of Pl	lan Cha	racteri	istic Co	odes in	the instr	uctions:	
2A 2E 2J 2K 2F 2G 3D 3H									
b If the plan provides welfare benefits, enter the applicable welfare	feature cod	des from the List of Pla	ın Char	acteris	tic Coo	des in t	he instru	ctions:	
Part 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 contrib									
described in 29 CFR 2510.3-102? (See instructions and DOL's Program)			10a		X				
b Were there any nonexempt transactions with any party-in-interes			104						
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				
e Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor					X				
the plan? (See instructions.)					X				
	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	-	-	10g						
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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3									

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Part	VI	Pension Funding Compliance							
11	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)							Yes 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	-	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	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		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		1					
13a	13a Has 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	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:			n-based arbor	d [erior y test	/ear" ADP	
			IП '	"Curre	rent year" N/A test				
				centage Average benefit test			□ N/A		
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be 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, en/	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	Was a	any plan participant a 5% owner who had attained at least age 70 ½ 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

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

Revenue Code (the Code).

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Report	Identification Information		actions to the Folling	300-31.				
For calend	lar plan year 2016 or fi	scal plan year beginning	01/01/2017	and ending	01/3	1/2017			
A This so	h	X a single-employer plan	a multiple-employer pl	an (not multiemployer) (Filers checking	ng this box must attach a			
A This re	turn/report is for:	a one-participant plan	list of participating en a foreign plan	nployer information in ac	ccordance wit	th the form instructions.)			
B This ret	urn/report is	the first return/report	X 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 pro	ogram			
Part II	Racic Plan Info	special extension (enter description							
1a Name		rmation—enter all requested in	formation						
Gasline Mechanical Inc 401k Profit Sharing Plan						digit umber 001			
				ve date of plan					
Mailin	g address (include rooi	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		2b Emplo	yer Identification Number			
Gaslin	e Mechanical	e, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)	2c Spons	cor's telephone number			
9926 E	lliott Rd					ess code (see instructions)			
Snohom:	ish	WA 98296							
3a Plan a	idministrator's name ar	nd address 🏻 Same as Plan Spor	nsor.		3b Administrator's EIN				
					- Tananananananananananananananananananan				
				· ·	3c Admin	istrator's telephone number			
4 If the	name and/or EIN of the	e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN				
	or's name	niber from the last return/report.			4c PN				
5a Total	number of participants	at the beginning of the plan year							
b Total	number of participants	at the end of the plan year			5a	10			
C Numb	er of participants with	at the end of the plan yearaccount balances as of the end of	the plan year (only defined	contribution plans	5b				
comp	iete this item)				5c				
d(1) 10t	al number of active par	rticipants at the beginning of the plant	an year		5d(1)	10			
e Numb	al number of active par	rticipants at the end of the plan yea	ar		5d(2)	(
tnan	100% vested	terminated employment during the	2022-0010-0010-		5e				
Under pena	alties of perjury and oth	or incomplete filing of this return her penalties set forth in the instruc-	rions I declare that I have	unless reasonable cau	ise is establ	ished.			
02 01 00110	edule MB completed ar true (correct, and comp	id signed by an enfolied actuary, a	as well as the electronic ver	sion of this return/report	t, and to the b), if applicable, a Schedule lest of my knowledge and			
SIGN HERE	alle	Deles	83017	Julie Diers					
	Signature of plan a	dministrator	Date	Enter name of individu	ual signing as	plan administrator			
SIGN HERE	Simple of the last								
Preparer's	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual signing as	employer or plan sponsor			
Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's name (including firm name, if applicable) and address (include room or suite number)					Preparer's t	elephone number			
For Danamus									

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Р	а	a	e	1

D	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.) If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes									Yes Yes	No No
	rt III Financial Information	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	∐ Not	deterr	mined
7	Plan Assets and Liabilities		(a) Paginning	of Voc							
а	Total plan assets	7a	(a) Beginning	or Year	99		(b) End o	of Year		
	Total plan liabilities	7b			-						C
С	Net plan assets (subtract line 7b from line 7a)	7c			99						0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	·+	-			/b\ T.	-4-1		-
a	Contributions received or receivable from:		(a) Amour					(b) To	otai		
	(1) Employers	8a(1)									
	(2) Participants	8a(2)									
	(3) Others (including rollovers)										
	Other income (loss)	8b			6						
-c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c									6
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			105						
е	Certain deemed and/or corrective distributions (see instructions)	8e			103						
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			10						105
i	Net income (loss) (subtract line 8h from line 8c)	8i									-99
j	Transfers to (from) the plan (see instructions)										-99
Pa	rt IV Plan Characteristics	oj .									
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2J 2K 2F 2G 3D 3H	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in	the instr	uctions		
b	If the plan provides welfare benefits, enter the applicable welfare for										
Par	t V Compliance Questions				-						
10	During the plan year:				Yes	No	N/A		A	4	
a		tions within	the time period		105	140	TW/A		Amou	int	
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction			Х					
b	Program) Were there any nonexempt transactions with any party-in-interest	? (Do not i	nclude transactions	10a		X					
C	reported on line 10a.)			10b							
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd that was caused	10c		X					
	by fraud or dishonesty?			10d		X					
е	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.)	e or all of	the benefits under	10e		х					
f				10f		Х					
g	Tes, enter amount a			10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions 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							

	Fage 3-							
Part								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor (Form 5500) and line 11a below)	nplete Sch	edule SI	3		Yes		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 Cod ERISA?	e or section	1 302 of		Ιп	Yes	X	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver.	ictions, and nth	l enter t Day		of the let Yea		ing	
lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13							
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		12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef negative amount)	t of a	12d				-	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		V/A	
Part '	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?			X Yes		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 brought control of the PBGC?	t under the			X Yes	_ N	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.)	the plan(s)	to					-
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	(3) PI	l(s)	
				l				
Part	VIII Trust Information							
14a	Name of trust		14b	rust's E	IN			
14c	Name of trustee or custodian		14d ⁻	rustee's	s or cust	odian's	 3	
				elephor	ne numb	er		
Par	IN IDS Compliance Questions							
ran	IRS Compliance Questions	To		Г	7			
15a	Is the plan a 401(k) plan? If "No," skip b	Yes		Ĺ	No			
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section	Designment Designment	n-based	· ["Prior	year"	ADF)
	401(k)(3) for the plan year? Check all that apply:		ent year	' г	7			
40		☐ ADP		L	N/A			
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:		entage		erage enefit tes	. Г] N	/A
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4)	test			_			
	for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes Yes		l	No			
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS of the letter and the serial number							f
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter	er the date	of the m	ost rece	ent deter	minati	on	
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 separaservice?	ated 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?		Ye	s [No			