For	m 5500-SF	F Short Form Annual Return/Report of Small Employ Benefit Plan					MB Nos. 1210-0110 1210-0089		
	tment of the Treasury nal Revenue Service	This form is required to be filed	1065 of the Employee R	etirement	2016				
Employee Be	partment of Labor enefits Security Administration	Income Security Act of 1974 (							
Pension Be	nefit Guaranty Corporation	Complete all entries in ad dentification Information	ccordance with the instr	uctions to the Form 5	500-SF.		•		
	ar plan year 2016 or fisc		16	and ending 12	2/31/2016				
A This ret	urn/report is for:	a single-employer plan	a multiple-employer pla list of participating em a foreign plan	an (not multiemployer) ( nployer information in ac		-			
<b>B</b> This retu	ırn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	orogram			
Part II	Basic Plan Inform	<b>mation</b> —enter all requested info	,						
1a Name	of plan	PROFIT SHARING PLAN	Innauon		(PN)	number	001 plan /2002		
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O. country, and ZIP or foreign postal		ructions)	(EIN	loyer Identif 91-21	ication Number 72065		
	SULTING, INC.				-	Sponsor's telephone number 509-476-2762			
PO BOX 604 OROVILLE, V	VA 98844				2d Busin	ness code ( 1113	see instructions) 00		
	dministrator's name and SULTING, INC.	PO BOX 60					relephone number		
name,	EIN, and the plan numb	blan sponsor has changed since the performed by the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN				
a Sponso					4c PN 5a		2		
		t the beginning of the plan year			5a 5b		2		
C Numbe	er of participants with ac	t the end of the plan year	ne plan year (only defined	contribution plans	5c		2		
<b>d(1)</b> Tota	al number of active partie	cipants at the beginning of the pla	n year		5d(1)		2		
e Numb	er of participants that te	cipants at the end of the plan year rminated employment during the p	plan year with accrued be	nefits that were less	5d(2) 5e		2		
than 1 Caution: A	penalty for the late or	incomplete filing of this return/	report will be assessed	unless reasonable cau		blished.			
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruct I signed by an enrolled actuary, as	ions, I declare that I have	examined this return/re	port, includ	ing, if applic	able, a Schedule knowledge and		
SIGN		alid electronic signature.	09/11/2017	DAVID TABER					
HERE	Signature of plan adı	ministrator	istrator Date Enter name of indivi			as plan adn	ninistrator		
SIGN HERE	Signature of employe	er/nlan sponsor	Date	Enter name of individ	ual signing	as employe	r or plan sponsor		
Preparer's		me, if applicable) and address (inc				s telephone			

6a 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 If you answered "No" to either line 6a or line 6b, the plan cann	an indeper and condit I <b>ot use Fo</b>	ndent qualified public accountant (IQP, ions.) rm 5500-SF and must instead use F	A) Ves No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 4021)?	Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	844014	99035
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	844014	99035
8	Income Expenses and Transfers for this Plan Year		(a) Amount	(b) Total

Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
<ul><li>a Contributions received or receivable from:</li><li>(1) Employers</li></ul>	8a(1)	3200	
(2) Participants	8a(2)	48000	
(3) Others (including rollovers)	8a(3)	0	
<b>b</b> Other income (loss)	8b	6683	
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		57883
<b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	800951	
e Certain deemed and/or corrective distributions (see instructions).	8e	0	
Administrative service providers (salaries, fees, commissions)	8f	0	
g Other expenses	8g	1911	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		802862
Net income (loss) (subtract line 8h from line 8c)	8i		-744979
Transfers to (from) the plan (see instructions)	8i	0	
Part IV Plan Characteristics	3		

## **Plan Characteristics**

9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2J 2E
	2J 2E

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

## Part V Compliance Questions

10	During the plan year: Ye		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)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			75000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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		x		
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		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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	10i				

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)					י 🗌 י	′es	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 Co					. П Y	′es 🗙	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	uction	is, and	enter t	he date	of the lette	r 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 1	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 tive amount)			12d				
е	Will	the 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 XN	0	
		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 h assets or liabilities were transferred. (See instructions.)			to				
		Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)	
	. ,			. ,					
Part	VIII	Trust Information							
14a	Name	of trust			<b>14b</b> ⊺	Trust's E	EIN		
14c	Name	e of trustee or custodian					s or custod ne number	an'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:		Desigi safe h	n-basec arbor	[	Prior ye test	ar" ADP	
				"Curre ADP t	nt 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	ntage		verage enefit test	N/	A
16b		ne 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		-			-			ł
17b	10 11 -	plan is an individually-designed plan that received a favorable determination letter from the IRS, end	ter the	date	of the m	ost rec	ent determi	nation	
	letter	//							
18	letter Defin Were		rated f	rom	Yes	6 [	No		

	rm 5500-SF	Short Form Annual Return/Report of Small Emp Benefit Plan				OMB Nos. 1210-0110 1210-0089		
Inte	artment of the Treasury rmal Revenue Service	This form is required to be file	d under sections 104 a	and 4065 of the Employee	Retirement	2016		
Employee E	Department of Labor Benefits Security Administration	Income Security Act of 1974		This Form is Open to Public Inspection				
	enefit Guaranty Corporation	Complete all entries in a	accordance with the i	nstructions to the Form	5500-SF.	Public Inspection		
For calence	Annual Report lo lar plan year 2016 or fisc	dentification Information						
T OF CALENC		X a single-employer plan	01/01/2016	and ending		1/2016		
A This re	turn/report is for:	a one-participant plan	list of participating	er plan (not multiemployer) g employer information in a	(Filers check accordance w	ing this box must attach a ith the form instructions.)		
<b>B</b> This ret	urn/report is	the first return/report	the final return/rep					
	1	an amended return/report	a short plan year r	eturn/report (less than 12 r	nonths)			
C Check	box if filing under:	X Form 5558	automatic extensi	on	DFVC pr	ogram		
Part II	Bacio Plan Infor	special extension (enter descr						
1a Name		mation—enter all requested inf	ormation		1			
	S 48/03/28	401(k) Profit Shari	ng Plan		(PN) 1c Effect	ive date of plan		
2a Plans	ponsor's name (employe	er, if for a single-employer plan)				1/2002		
Mailing	g address (include room,	apt., suite no. and street, or P.O	. Box)			over Identification Number		
		country, and ZIP or foreign posta	al code (if foreign, see i	instructions)		91-2172065 sor's telephone number		
TABER (	CONSULTING, INC	•				476-2762		
PO BOX	604				and the second sec	ess code (see instructions)		
OROVILI	Æ	WA 98844						
	dministrator's name and ONSULTING, INC	address Same as Plan Spon	SOF.		<b>3b</b> Admin 91-21	istrator's EIN 72065		
					3c Admin	istrator's telephone number		
PO BOX	604					76-2762		
OROVILL	E	WA 98844						
4 If the r name,	name and/or EIN of the p , EIN, and the plan numb	lan sponsor has changed since the second since the last return/report.	he last return/report file	ed for this plan, enter the	4b EIN			
a Sponse	or's name				4c PN			
5a Total r	number of participants at	the beginning of the plan year			5a	2		
		the end of the plan year			5b	2		
C Numbe	er of participants with ac	count balances as of the end of th	he plan year (only defir	ned contribution plans	5c	2		
		ipants at the beginning of the pla			5d(1)			
		pipants at the end of the plan year			5d(2)	2		
e Numb	er of participants that ter	minated employment during the	plan year with accrued	benefits that were less	5e	2		
Caution: A	penalty for the late or	incomplete filing of this return	report will be assess	ed unless reasonable ca	use is establ	ished.		
SB or Sche	alties of perjury and other	<ul> <li>penalties set forth in the instruct signed by an enrolled actuary, as</li> </ul>	ions I declare that I ha	we examined this return/re	nort including	if applieghle a Cabadula		
SIGN	1 lawin	he tala		David Taber				
HERE	Signature of plan adn	inistrator	Data					
SIGN			Date	Enter name of individ	ual signing as	plan administrator		
HERE			10.00 M					
	Signature of employe	r/plan sponsor ne, if applicable) and address (inc	Date	Enter name of individ		employer or plan sponsor		
		ייי איז איז איז איז איז איז איז איז איז	nude room of suite hun	прег )	Preparer's t	elephone number		

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6a b	Were all of the plan's assets during the plan year invested in eli Are you claiming a waiver of the annual examination and report	gible assets? (See	instructions.)		X Yes No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibili	ity and conditions.)			X Yes 🗌 No	
	If you answered "No" to either line 6a or line 6b, the plan ca f the plan is a defined benefit plan, is it covered under the PBG0				Not determined	
Par					_	
7	Plan Assets and Liabilities	1. Z	(a) Beginning of Year	(b) End o	f Year	
	(u) beginning of real (b) End o					

				(=) === = = = = =
a	Total plan assets	7a	844,014	99,035
b	Total plan liabilities	7b		
c	Net plan assets (subtract line 7b from line 7a)	7c	844,014	99,035
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	3,200	
	(2) Participants	8a(2)	48,000	
	(3) Others (including rollovers)	8a(3)	0	
b	Other income (loss)	8b	6,683	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		57,883
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	800,951	
е	Certain deemed and/or corrective distributions (see instructions)	8e	0	
f	Administrative service providers (salaries, fees, commissions)	8f	0	and the state of the state
g	Other expenses	8g	1,911	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		802,862
i	Net income (loss) (subtract line 8h from line 8c)	8i		-744,979
j	Transfers to (from) the plan (see instructions)	8j	0	
				and the second

## Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2J 2E

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

Par	V Compliance Questions					
10	During the plan year:	Т	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)	Da		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions	)b		х		
C	Was the plan covered by a fidelity bond?	)c	Х			75,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	bd		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	De		x	2	
f	Has the plan failed to provide any henefit when due upder the plan?	of		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	a	_	Х		
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	Di				

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Part							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)	complete Sch	nedule 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 C	Code or sectio	n 302 o	f	П	Yes F	X No
	ERISA? (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 in granting the waiver.	structions, and Month	d enter Dav		of the lette Year	er rulir	ıg
lfy	ou 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				
<b>C</b>	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 negative amount)	left of a	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No 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 "Yes," enter the amount of any plan assets that reverted to the employer this year		13a				
	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou control of the PBGC?				Yes 🛛	No	
с	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	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3	) PN(	S)
Part	VIII Trust Information		-				
				19 10 T 10 1			
14a N	ame of trust		14b 1	rust's E	IN		
14c N	Name of trustee or custodian				s or custod le number	ian's	
Part	IX IRS Compliance Questions						
<b>15a</b>	s the plan a 401(k) plan? If "No," skip b	Yes	**	[	No		
15b H 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 h	n-based arbor ent year"	L	"Prior ye test	ar" A[	OP
		ADP to			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:	Ratio perce test	ntage		erage nefit 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 t	f 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 letter		-			of
	f the plan is an individually-designed plan that received a favorable determination letter from the IRS, e etter	nter the date of	of the m	ost rece	nt determir	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	Yes		] No		
<b>19</b> v	Vas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		] No		