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

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) **A** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit IMG RETIREMENT PLAN plan number 001 (PN) • 1c Effective date of plan 10/01/2015 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) (EIN) 91-1274767 City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number INTERMOUNTAIN GLASS, INC. 425-486-6162 2d Business code (see instructions) 23905 MERIDIAN AVE. S. 238100 BOTHELL, WA 98021 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name 5a 16 5a Total number of participants at the beginning of the plan year 5b 14 **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 9 5c complete this item)..... 16 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 13 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less 0 than 100% vested Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

<u>belief, it is t</u>	true, correct, and complete.						
SIGN	Filed with authorized/valid electronic signature.	10/12/2017	DON CLAYTON				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrat				
SIGN							
HERE	Signature of employer/plan sponsor	Enter name of individe	idual signing as employer or plan sponsor				
Preparer's	name (including firm name, if applicable) and address (include i	oom or suite number	r)	Preparer's telephone number			

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Yes	No		
b	b 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	No		
	If you answered "No" to either line 6a or line 6b, the plan cann		,									
С	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		
Pa	rt III Financial Information											
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End o	f Year			
a	Total plan assets	7a	11661			65947						
b	Total plan liabilities	7b										
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c		11661					65947			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total						
а	Contributions received or receivable from:	90/1)		20386								
	(1) Employers	8a(1) 8a(2)		31277	-	-						
	(3) Others (including rollovers)			0.2								
	Other income (loss)	8a(3) 8b		2623	3							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							54286			
d	Benefits paid (including direct rollovers and insurance premiums	80										
	to provide benefits)	8d										
e	Certain deemed and/or corrective distributions (see instructions).	8e										
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										
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							54286			
<u>j</u>	Transfers to (from) the plan (see instructions)	8j										
Pa	rt IV Plan Characteristics											
9a 	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in	the instru	ctions:			
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Cod	des in t	he instruc	tions:			
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.)	•		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 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.)	ne or all of	the benefits under	10e		X						
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X						
9		-		10g		X						
h	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								

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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 con 5500) and line 11a below)					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			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
If	you co	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			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	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					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "Y€	es," 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 broug		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2	2) EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d [Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne 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		<u>'</u>				
	letter		nter the date	e of the n	nost rec	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		Ye	s [No	
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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.

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information							
For caler	ndar plan year 2016 or fi	scal plan year beginning 01/01/2016		and ending 12	2/31/2016				
A This	return/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer employer information in) (Filers checking	this box must attach a			
	0.03 · 0.00 00.0000000000000000000000000	a one-participant plan	a foreign plan	, , , , , , , , , , , , , , , , , , , ,	accordance min	and roll mondonolis.			
B This re	eturn/report is	the first return/report	the final return/repor						
		an amended return/report	a short plan year retu	urn/report (less than 12	months)				
C Check	k box if filing under:	X Form 5558	automatic extension		DFVC progr	am			
Dowt II	Danie Blandafe	special extension (enter description							
Part II		rmation—enter all requested inform	nation		т				
1a Nam	e of plan REMENT PLAN				1b Three-dig				
IIVIG KETIF	ACIVIENT FLAIN				plan num (PN)	001			
					1c Effective	date of plan			
					10/01/20				
Mailir	ng address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O. Bo	ox)		2b Employer (EIN) 91-	Identification Number 1274767			
	or town, state or province JNTAIN GLASS, INC.	e, country, and ZIP or foreign postal co	ode (if foreign, see ins	tructions)		s telephone number (425) 486-6162			
					2d Rusiness	code (see instructions)			
23905 MER	RIDIAN AVE. S.				238100	code (see instructions)			
BOTHELL,	WA 98021								
3a Plan a	administrator's name and	d address 🛛 Same as Plan Sponsor.			3b Administrator's EIN				
					3c Administrator's telephone number				
4 If the	name and/or FIN of the	plan sponsor has changed since the l	ast return/report filed	for this plan, enter the	Ah Eu				
name	e, EIN, and the plan num	ber from the last return/report.	ast retain/report filed	of this plan, enter the	4b EIN				
a Spons	sor's name		~		4c PN				
5a Total	number of participants a	t the beginning of the plan year			5a				
b Total	number of participants a	t the end of the plan year			. 5b	14			
C Numb comp	per of participants with ad lete this item)	count balances as of the end of the p	lan year (only defined	contribution plans	5c	9			
d(1) Tot	al number of active parti	cipants at the beginning of the plan ye	ear		5d(1)	16			
d(2) Tot	tal number of active parti	cipants at the end of the plan year			5d(2)	13			
e Numb than	ber of participants that te 100% vested	rminated employment during the plan	year with accrued be	nefits that were less	5e	0			
Caution: A	A penalty for the late or	incomplete filing of this return/rep	ort will be assessed	unless reasonable car	use is establishe	ed.			
SB or Sche	alties of perjury and other edule MB completed and true, correct, and comple	er penalties set forth in the instructions signed by an enrolled actuary, as we	s, I declare that I have II as the electronic ver	examined this return/re rsion of this return/repor	port, including, if t, and to the best	applicable, a Schedule of my knowledge and			
SIGN	x Mul	Xanta	10/19/17	x Done P	hutori				
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	ual signing as pla	n administrator			
SIGN					dar orgrining as pie	in administrator			
HERE	Cinneture of annulus								
Preparer's	Signature of employer name (including firm name	ne, if applicable) and address (include	Date	Enter name of individu	ual signing as em Preparer's telep	ployer or plan sponsor			
	(araanig iliini ridi	, application and address (moldate	2.30m or suite numbe	" /	i reparer s telep	TIONE HUMBEI			
	26								
]					

	 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) 							X Yes No	
	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		,						X Yes No
c	If the plan is a defined benefit plan, is it covered under the PBGC in								Not determined
	rt III Financial Information	iodianoo p	- Control Control		1021).	L			
7	Plan Assets and Liabilities		(a) Beginning	of Voa	,	***		(b) End o	f Voor
a	Total plan assets	7a	(a) Degiiiiiiig	116		-		(b) End o	65947
<u>u</u>	Total plan liabilities	7b			-				00047
c	Net plan assets (subtract line 7b from line 7a)	7c		116	61				65947
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amou						
a	Contributions received or receivable from: (1) Employers	8a(1)	(a) Amou	203	86			(b) To	tai
	(2) Participants	8a(2)		312	77				
	(3) Others (including rollovers)	8a(3)						1000	
b	Other income (loss)	8b		26	23				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1				54286
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d					n in a series		
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			2/50-8 5-2/55				
i	i Net income (loss) (subtract line 8h from line 8c)								54286
j	Transfers to (from) the plan (see instructions)	8j							
Pai	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature cod	es from the List of PI	an Cha	racteris	stic Co	odes in	the instru	ctions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	s from the List of Pla	n Chara	cterist	ic Cod	des in th	ne instruct	ions:
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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Von Program)	oluntary Fid	luciary Correction	10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		Х		04/100	
С	Was the plan covered by a fidelity bond?			10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's f 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		Х			
f	Has the plan failed to provide any benefit when due under the plan	?		10f		Χ			
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year-en	d.)	10g		Х	10000		
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 2520.101	e required i	notice or one of the	10i					

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Part VI Pension Funding Compliance	201-1							
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and	comple	ete Sc	hedule S	В	Тпу	on \square No		
(Form 5500) and line 11a below)						es No		
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40								
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the CERISA?	ode or	section	on 302 of	f 	O Y	es 🛛 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 ins	tructio	nn	d optor t	bo doto	of the letter			
granting the waiver	Month_	iis, ai	Day		Year	ruling		
If 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 negative amount)		12d						
e 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	X No			
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 broug control of the PBGC?	tht und	er the			Yes X	No		
c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.)) to			310		
13c(1) Name of plan(s):	•	13c(2) EIN(s) 13c(3				PN(s)		
Part VIII Trust Information								
14a Name of trust		14b Trust's EIN						
14c Name of trustee or custodian			14d Trustee's or custodian's					
			telephone number					
Part 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:			Design-based afe harbor "Prior year" A					
To find the plant year. Check all that apply.	Ш.	'Curre ADP t	rent year" 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	- Average -			□ N/A		
16b 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	10-11-11-11-1		No			
17a 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.	pinion	letter	or adviso	ory lette	er, enter the	date of		
17b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is an individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is a plan individually-designed plan that received a favorable determination letter from the IRS, enterties the plan is a plan individual plan individu	ter the	date d	of the mo	st recei	nt determina	tion		
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 separ service?		om	Yes		No			
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?							