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 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**

		rt Identification Informatior								
For calenda	ar plan year 2016 or	fiscal plan year beginning 07/01/2	2016	and ending 0	6/30/2017					
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac						
	·	a one-participant plan	a foreign plan							
B This retu	urn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	urn/report (less than 12 m	! months)					
C Check box if filing under: Form 5558 automatic extension DFVC program										
	·	special extension (enter desc								
Part II		formation—enter all requested in	nformation		141					
1a Name PACIFIC INT	of plan ERNATIONAL COR		1b Three-digit plan number	001						
					(PN) 1c Effective date					
	· · ·	ployer, if for a single-employer plan)	.		2b Employer Iden	tification Number				
		oom, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos		structions)	(=::+)	1402532				
PACIFIC INT ADAMS & CL	ERNATIONAL COR LARK, INC.		, , ,	,	2c Sponsor's tele	ephone number 47-4600				
ADAMS & CL					2d Business code	(see instructions)				
1720 W 4TH SPOKANE, V	VA 99201-5302				541	330				
3a Plan a	dministrator's name	and address X Same as Plan Spo	onsor.		3b Administrator's EIN					
		_			20 41 114 14 14 14					
					3c Administrator's telephone number					
		the plan sponsor has changed since number from the last return/report.	the last return/report filed	I for this plan, enter the	4b EIN					
		name, EIN, and the plan number from the last return/report. a Sponsor's name 4c F								
5a Total r										
_					4c PN 5a 5b					
b Total r	number of participan				5a	14				
b Total rc Number compl	number of participan er of participants wit ete this item)	its at the end of the plan year	f the plan year (only define	ed contribution plans	5a 5b	14 14				
b Total r c Number completed (1) Total	number of participan er of participants wit ete this item) al number of active p	nts at the end of the plan yearth account balances as of the end of	f the plan year (only define	ed contribution plans	5a 5b 5c	14 14 12				
b Total r c Number compl d(1) Total d(2) Total e Number than a	number of participan er of participants wit ete this item)	ts at the end of the plan yearth account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the	f the plan year (only define plan yearear	ed contribution plans	5a 5b 5c 5d(1) 5d(2) 5e	14 14 12 11				
b Total r c Number complete d(1) Total d(2) Total e Number than a Caution: A	number of participan er of participants wit ete this item)	the act the end of the plan year	olan year (only define olan year ear e plan year with accrued b	ed contribution plans become fits that were less d unless reasonable ca	5a 5b 5c 5d(1) 5d(2) 5e use is established.	14 14 12 11 1				
b Total r c Number complete d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Scheller	number of participan er of participants wit ete this item)	ts at the end of the plan yearth account balances as of the end of the participants at the beginning of the participants at the end of the plan yeat terminated employment during the e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary,	olan year (only define plan yeare e plan year with accrued b controlled the service of the	ed contribution plans penefits that were less d unless reasonable calle examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app	14 14 12 11 1 licable, a Schedule				
b Total r c Number complete d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Schebelief, it is total sign.	number of participan er of participants wit ete this item)	ts at the end of the plan yearth account balances as of the end of the participants at the beginning of the participants at the end of the plan yeat terminated employment during the e or incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary,	olan year (only define plan yeare e plan year with accrued b controlled the service of the	ed contribution plans penefits that were less d unless reasonable calle examined this return/re	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if app	14 14 12 11 1 licable, a Schedule				
b Total r c Number compl d(1) Tota d(2) Tota e Number than Caution: A Under pena SB or Sche belief, it is t	number of participan er of participants wit ete this item)	the account balances as of the end of the plan year	olan year (only define plan yeareare plan year with accrued but the control of the contr	penefits that were less d unless reasonable car we examined this return/repor	5a 5b 5c 5d(1) 5d(2) 5e use is established. sport, including, if app	14 14 12 11 1 licable, a Schedule ny knowledge and				
b Total r c Number complete d(1) Total d(2) Total e Number than a Caution: A Under pena SB or Schebelief, it is total sign HERE	number of participants with leter this item)	the account balances as of the end of the plan year	f the plan year (only define plan yeareare plan year with accrued by the plan year will be assesse uctions, I declare that I have as well as the electronic very the plan year with accrued by the plan year with accrued by the plan year with accrued by the plan year.	penefits that were less d unless reasonable care examined this return/reportersion of this return/reportersion.	5a 5b 5c 5d(1) 5d(2) 5e use is established. sport, including, if app	14 14 12 11 1 licable, a Schedule ny knowledge and				
b Total r c Number complete d(1) Total d(2) Total d(2) Total de Number de Nu	number of participan er of participants with lete this item)	the account balances as of the end of the account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the er incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. End/valid electronic signature. In administrator	f the plan year (only define plan yeareare plan year with accrued but the plan year. It is not the plan year (only define the plan year) accounts the plan year. It is not the plan year (only define the plan year) accounts the plan year.	ed contribution plans penefits that were less d unless reasonable car re examined this return/report DANIEL B. CLARK Enter name of individ Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. sport, including, if app rt, and to the best of n	14 14 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
b Total r c Number complete d(1) Total d(2) Total d(2) Total de Number de Nu	number of participan er of participants with lete this item)	the account balances as of the end of the account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the eor incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. End/valid electronic signature.	f the plan year (only define plan yeareare plan year with accrued but the plan year. It is not the plan year (only define the plan year) accounts the plan year. It is not the plan year (only define the plan year) accounts the plan year.	ed contribution plans penefits that were less d unless reasonable car re examined this return/report DANIEL B. CLARK Enter name of individ Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. eport, including, if apprt, and to the best of necessary and the second and the se	14 14 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
b Total r c Number complete d(1) Total d(2) Total d(2) Total de Number de Nu	number of participan er of participants with lete this item)	the account balances as of the end of the account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the er incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. End/valid electronic signature. In administrator	f the plan year (only define plan yeareare plan year with accrued but the plan year. It is not the plan year (only define the plan year) accounts the plan year. It is not the plan year (only define the plan year) accounts the plan year.	ed contribution plans penefits that were less d unless reasonable car re examined this return/report DANIEL B. CLARK Enter name of individ Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. sport, including, if app rt, and to the best of n	14 14 12 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
b Total r c Number complete d(1) Total d(2) Total d(2) Total de Number de la complete de la comp	number of participan er of participants with lete this item)	the account balances as of the end of the account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the er incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. End/valid electronic signature. In administrator	f the plan year (only define plan yeareare plan year with accrued but the plan year. It is not the plan year (only define the plan year) accounts the plan year. It is not the plan year (only define the plan year) accounts the plan year.	ed contribution plans penefits that were less d unless reasonable car re examined this return/report DANIEL B. CLARK Enter name of individ Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. sport, including, if app rt, and to the best of n	14 14 12 11 1 1 1 1 1 1 1 1 dicable, a Schedule ny knowledge and dministrator				
b Total r c Number complete d(1) Total d(2) Total d(2) Total de Number de la complete de la comp	number of participan er of participants with lete this item)	the account balances as of the end of the account balances as of the end of the participants at the beginning of the participants at the end of the plan year terminated employment during the er incomplete filing of this return other penalties set forth in the instruand signed by an enrolled actuary, mplete. End/valid electronic signature. In administrator	f the plan year (only define plan yeareare plan year with accrued but the plan year. It is not the plan year (only define the plan year) accounts the plan year. It is not the plan year (only define the plan year) accounts the plan year.	ed contribution plans penefits that were less d unless reasonable car re examined this return/report DANIEL B. CLARK Enter name of individ Enter name of individ	5a 5b 5c 5d(1) 5d(2) 5e use is established. sport, including, if app rt, and to the best of n	ny knowledge and dministrator yer or plan sponsor				

Form 5500-SF 2016 Page **2**

62	Ware all of the plan's assets during the plan year invected in cligib	lo accoto?	(Soo instructions)						X Ye	es 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 public accountan under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 								Ye	
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 55									
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year			((b) End	of Year	
<u>a</u>	Total plan assets	7a	1	086473	3				12745	37
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	1	086473	3	1274537				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	ıt				(b) T	otal	
<u>а</u>	Contributions received or receivable from: (1) Employers	8a(1)		20663						
	(2) Participants	8a(2)		54706						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		133416						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2087	85
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		12168	8					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		7995						
g	Other expenses	8g		558						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		2072						21
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							1880	64
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amoun	ıt
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 Normal)	oluntary F	iduciary Correction	10a		X				
b		t? (Do not i	nclude transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					108648
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				
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	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 a	s of year-e	nd.)	10g	X					186
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						

ı	Form	550	0-SF	201	16

Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru				Y	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	ΠY	es X No		
	ERISA?								
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 i		of the letter Year _	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 No)		
	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				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) 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				s or custodia 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 [Test	ar" 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	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 determir	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?			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		Identification Information						
For calenda	ar plan year 2016 or fi	scal plan year beginning	07/01/2016	and ending	06/30/2			
A This retu	urn/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	an (not multiemployer) (l aployer information in ac	Filers checking th cordance with the	is box must attach a e form instructions.)		
71 1110101	211111000111011011	a one-participant plan	a foreign plan					
B This retu	ırn/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	1	DFVC program	n		
·		special extension (enter descri	ription)					
Part II	Basic Plan Info	rmation—enter all requested in	formation					
1a Name	•	l Corporation 401(k)	Profit Sharing	Plan	1b Three-digit plan number			
FACILIC	THE CHIACLOHA.	r corporación for (n)	110110 0		(PN) 1c Effective d	ate of plan		
					11/01/1	-		
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C	D. Box)		12.15.7	dentification Number 1402532		
		ce, country, and ZIP or foreign post AL CORPORATION, INC.	ial code (if foreign, see insti	ructions)	2c Sponsor's 509-747	telephone number		
ADAMS &	CLARK, INC.	ADAMS & CLARK, IN	C.			ode (see instructions)		
1720 W	4TH AVE				541330			
SPOKANE		WA 99201-530			2h			
3a Plan ad	dministrator's name a	nd address 🛛 Same as Plan Spo	nsor		3b Administrator's EIN			
					3c Administra	tor's telephone number		
					41			
4 If the n	name and/or EIN of the	e plan sponsor has changed since mber from the last return/report.	the last return/report filed to	or this plan, enter the	4b EIN			
a Sponso				-	4c PN			
5a Total r	number of participants	at the beginning of the plan year.			. 5a	15		
		at the end of the plan year			. 5b	14		
C Numbe	er of participants with	account balances as of the end of	the plan year (only defined	d contribution plans	5c	14		
•	•	articipants at the beginning of the p			5d(1)	12		
٠,,		articipants at the end of the plan ye			5d(2)	11		
e Numb	oer of participants that	terminated employment during the	e plan year with accrued be	enefits that were less	5e	1		
Caution: A	nenalty for the late	or incomplete filing of this retur	rn/report will be assessed	unless reasonable car	use is establishe	ed.		
SB or Sche	alties of perjury and of edule MB completed a true, correct, and com	ther penalties set forth in the instru and signed by an enrolled actuary, aplete.	ctions, I declare that I have as well as the electronic ve	examined this return/re ersion of this return/repor	port, including, if rt, and to the best	applicable, a Schedule of my knowledge and		
SIGN	May Ob	Plank TRUSTEE	11-16-17	DANIEL B. CLAI	RK			
HERE	Signature of plan a		Date	Enter name of individ	lual signing as pla	n administrator		
SIGN	U.g.			DANIEL B. CLAI				
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	Jual signing as em	ployer or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address (i			Preparer's telep			
	, ,							

	Form 5500-SF 2016		Page 2			_				
b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of 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 If the plan is a defined benefit plan, is it covered under the PBGC in	an indepen and conditi ot use Foi	dent qualified public a ons.) m 5500-SF and must	ccounta t instea	nt (IQ d use	PA) Form	5500.			Yes No
	rt III Financial Information	1	/ \ D		\neg		- 3	h) Fad	of Voor	
7_	Plan Assets and Liabilities		(a) Beginning o	086,4	173		(b) Ena	of Year	,274,537
_ <u>a</u>	Total plan assets	7a	Ι,	000,	± / 3					, 2 / 1 / 3 3 /
_	Total plan liabilities	7b	1	086,4	173				1	,274,537
_	Net plan assets (subtract line 7b from line 7a)	7c		_	1/3					2/1/55/
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	τ	-		-	(a)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		20,6	63					
	(2) Participants	8a(2)		54,	706					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		133,4	116					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								208,785
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		12,	168					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		7,9	95					
g	Other expenses	8g		į	558					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								20,721
ī	Net income (loss) (subtract line 8h from line 8c)	8i								188,064
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt IV Plan Characteristics									
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides pension benefits, enter the applicable pension are plant to the plant provides pension benefits, enter the applicable pension are plant to the plant provides pension benefits, enter the applicable pension are plant to the plant provides welfare benefits, enter the applicable pension are plant to the plant provides welfare benefits, enter the applicable pension are plant to the plant provides welfare benefits, enter the applicable pension are plant to the plant provides welfare benefits, enter the applicable welfare for the plant provides welfare benefits.									
_			oo nom the Electrical							
Pa	rt V Compliance Questions						I I			
10	During the plan year:				Yes	No	N/A		Amou	ınt
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	/oluntary F	iduciary Correction	10a		Х				
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
	Was the plan covered by a fidelity bond?			10c	Х					108,64
						x				

by fraud or dishonesty?
 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.)

f Has the plan failed to provide any benefit when due under the plan?

g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)

h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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

10d

10e

10f

10g

10h

10i

X

X

Х

186

X