### 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I Annual Report	rt Identification Information							
For calendar plan year 2016 or	fiscal plan year beginning 01/01/2	016	and ending 12/	31/2016				
A This return/report is for:	X a single-employer plan		plan (not multiemployer) (F employer information in acc	•				
	a one-participant plan	a foreign plan	, ,		,			
<b>B</b> This return/report is	the first return/report	the final return/repo						
_	an amended return/report	a short plan year ref	turn/report (less than 12 mo	? months)				
C Check box if filing under:	Form 5558	automatic extension	n [	DFVC prograi	m			
	special extension (enter descr							
Part II Basic Plan In	formation—enter all requested inf	formation						
<b>1a</b> Name of plan INLAND MECHANICAL, INC. PF	ROFIT SHARING PLAN			1b Three-digit plan numb (PN) ▶				
				1c Effective d	late of plan 07/01/1988			
Mailing address (include ro	oloyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				dentification Number 91-1309226			
City or town, state or provide INLAND MECHANICAL, INC.	nce, country, and ZIP or foreign post	al code (if foreign, see in	nstructions)		telephone number 9-762-5524			
				<b>2d</b> Business o	code (see instructions)			
13222 E WHEELER MOSES LAKE, WA 98837					238900			
<b>3a</b> Plan administrator's name INLAND MECHANICAL, INC.	<u> </u>	nsor. VHEELER		<b>3b</b> Administra	tor's EIN 91-1309226			
		AKE, WA 98837			tor's telephone number 9-762-5524			
	the plan sponsor has changed since number from the last return/report.	the last return/report file	d for this plan, enter the	<b>4b</b> EIN				
a Sponsor's name	<u>'</u>			4c PN				
5a Total number of participan	ts at the beginning of the plan year			5a	27			
· · ·	ts at the end of the plan year		-	5b	23			
complete this item)	h account balances as of the end of	piari year (oriiy deiiri	ed contribution plans	5c	19			
	participants at the beginning of the pl			5d(1)	24			
• •	participants at the end of the plan yea at terminated employment during the			5d(2)	22			
than 100% vested				5e	(			
Under penalties of perjury and	e or incomplete filing of this return other penalties set forth in the instruc and signed by an enrolled actuary, a molete	ctions, I declare that I ha	ve examined this return/rep	ort, including, if	applicable, a Schedule			
	d/valid electronic signature.	02/28/2018	SCOTT HARPER					
HERE Signature of plan	administrator	Date	Enter name of individua	al signing as pla	n administrator			
SIGN								
HERE O	1	D-1-	Fatanasa att 8 11	.1 .1 1				

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number )

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2** 

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Yes No Not determined  ear 823628
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	ear 823628
Part III Financial Information 7 Plan Assets and Liabilities	ear 823628
7 Plan Assets and Liabilities 7 Total plan assets (subtract line 7b from line 7a)	823628
a Total plan assets	823628
b Total plan liabilities	
C Net plan assets (subtract line 7b from line 7a)	823628
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers	823628
a Contributions received or receivable from: (1) Employers	
(1) Employers	
(2) Participants	
(2) Others (including rollovers)	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	310285
to provide benefits)	
f Administrative service providers (salaries, fees, commissions) 8f g Other expenses	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	
j Transfers to (from) the plan (see instructions)	446809
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 instructive 2E 2G 2J 2K 3D 2F 2T  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction  Part V Compliance Questions	136524
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction  b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction  Part V Compliance Questions	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction  Part V Compliance Questions	
Part V Compliance Questions	ons:
	ns:
10 During the plan year: Yes No N/A A	
	mount
a 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)	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	
C Was the plan covered by a fidelity bond?	500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 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 2520.101-3.)	
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	

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 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	<b>2)</b> EIN(s)		13c(3	<b>)</b> 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		ort Identification Information						
For calenda	ar plan year 2016 o	r fiscal plan year beginning	01/01/2016	and ending	12/3	1/2016		
		X a single-employer plan				ng this box must attach a		
A This ret	urn/report is for:	a one-participant plan		nployer information in ac	ccordance wit	th the form instructions.)		
		a one-participant plan	a foreign plan					
R This retu	ırn/report is	the first return/report	the final return/report					
D mis lett	inineport is	an amended return/report	H	rn/report (less than 12 m	nonthe)			
		an amended return/report	☐ a short plan year retu	Tilreport (less triair 12 III	ionins)			
C Check I	oox if filing under:	Form 5558	automatic extension		DFVC pro	ogram		
		special extension (enter desc	ription)					
Part II	Basic Plan in	iformation—enter all requested in	formation		:::			
1a Name					1b Three	-digit		
INLAND N	MECHANICAL,	INC. PROFIT SHARING PI	LAN			umber 001		
					(PN)			
					1.0	ive date of plan L/1988		
2a Plan sr	nonsor's name (em	ployer, if for a single-employer plan)				yer Identification Number		
Mailing	ı address (include r	oom, apt., suite no. and street, or P.C			17 mm - 17 V n	91-1309226		
-		rince, country, and ZIP or foreign post	tal code (if foreign, see inst	ructions)		sor's telephone number		
INLAND	MECHANICAL,	INC.				762-5524		
12000 -					2d Busine	ess code (see instructions)		
13222 E	Wheeler				23890	00		
MOSES I	7 VE	WA 98837						
			DOOF.		3h Admin	istrator's EIN		
3a Plan administrator's name and address Same as Plan Sponsor. INLAND MECHANICAL, INC.				91-13				
י מאשנואדו	AECHANICAL,	11/6.			3c Administrator's telephone number			
13222 E	Wheeler				509-762-5524			
MOSES LA	AKE	WA 98837						
4 If the n	ame and/or EIN of	the plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN			
		number from the last return/report.			4			
a Sponse	Opt 194				4c PN	27		
<b>5a</b> Total r	number of participa	nts at the beginning of the plan year.						
		nts at the end of the plan year			. 5b	23		
		ith account balances as of the end of		-	5c	19		
	,				5d(1)			
		participants at the beginning of the p				24		
		participants at the end of the plan ye			5u(2)	22		
		nat terminated employment during the			5e	0		
Caution: A	penalty for the la	te or incomplete filing of this retur	n/report will be assessed	unless reasonable car		lished.		
		other penalties set forth in the instru- d and signed by an enrolled actuary, a						
	rue, correct, and co		as well as the electronic ve	rsion of this return/repor	t, and to the i	best of my knowledge and		
SIGN	8.5	Thornie	6.6.17	SCOTT HARPER				
HERE	Signature of plan	n administrator	Date	Enter name of individ	lual signing a	s nlan administrator		
0.01	Oignature of plan	1 administrator	Date	Enter Harrie of Hidria	dai signing a	o piari dariiriioti atoi		
SIGN HERE				1				
		ployer/plan sponsor n name, if applicable) and address (ii	Date			s employer or plan sponsor telephone number		
Preparer s i	name (including lin	n name, ii applicable) and address (ii	include room or suite numb	SI )	Freparers	telepriorie number		

	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	an indeper	dent qualified public a	account	ant (IC	(PA			X 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 in	nsurance p	rogram (see ERISA se	ection 4	021)?		Yes	∐No	∐ Not	t determined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Yea	
a	Total plan assets	7a	1,	960,	152					1,723,628
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	1,	960,	152		1,723,628			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b)	Total	
a 	Contributions received or receivable from: (1) Employers	8a(1)	e .							
	(2) Participants	8a(2)		68,	137					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		142,	148					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				210,28			210,285	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		443,632						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f_	Administrative service providers (salaries, fees, commissions)	8f		3,	177					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_					446,809
i_	Net income (loss) (subtract line 8h from line 8c)	8i							-236,524	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	rt IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E\ 2G\ 2J\ 2K\ 3D\ 2F\ 2T$	feature co	des from the List of PI	an Cha	racteri	stic Co	odes in	the ins	tructions	S:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Pla	n Chara	acteris	tic Cod	des in t	the instr	uctions:	
Par	t V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amo	unt
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 V. Program)	oluntary F	duciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's 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 pla	ın?		10f		Х				
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	nd.)	10g		Х				
h	2520.101-3.)			10h		Х				
Ī	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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Form 5500-SF 2016

#### 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		t Identification Information						
For calend	ar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2	2016		
A This ref	turn/report is for:	a single-employer plan	_	an (not multiemployer) aployer information in a				
		a one-participant plan	a foreign plan					
B This retu	urn/report is	the first return/report	the final return/report		- 41-3			
		X an amended return/report	a short plan year return	n/report (less than 12 m	nonths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC progra	m		
D-411	D:- DI I	special extension (enter descri						
Part II		ormation—enter all requested info	ormation		T 45			
1a Name INLAND		INC. PROFIT SHARING PLA	AN		1b Three-digi plan numb (PN) ▶			
					1c Effective of 07/01/1			
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.				Identification Number		
•	MECHANICAL,	nce, country, and ZIP or foreign posta INC .	I code (If foreign, see instr	ructions)	<b>2c</b> Sponsor's 509-762	telephone number		
13222 E	E Wheeler				2d Business of 238900	code (see instructions)		
MOSES I		WA 98837						
	dministrator's name		sor.		<b>3b</b> Administrator's EIN 91-1309226			
INLAND I	MECHANICAL,	INC.			3c Administrator's telephone number			
12222 🖫	Wheeler				509-762-5524			
17222 1	WILCOTOL							
MOSES L	AKE	WA 98837						
		ne plan sponsor has changed since the umber from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN			
a Spons	or's name				4c PN			
5a Total r	number of participant	s at the beginning of the plan year			5a	27		
<b>b</b> Total r	number of participant	s at the end of the plan year			5b	23		
		account balances as of the end of the			5c	19		
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the pla	n year		5d(1)	24		
d(2) Tota	al number of active p	articipants at the end of the plan year	· · · · · · · · · · · · · · · · · · ·		5d(2)	22		
e Numb	er of participants tha	t terminated employment during the p	olan year with accrued bei	nefits that were less	5e	0		
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable ca		ed.		
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, as inplete:						
SIGN HERE	Door	Wars	2.28.18	SCOTT HARPER				
TILIXE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator		
SIGN			La constant de la con					
HERE		oyer/plan sponsor	Date		lual signing as em	nployer or plan sponsor		
Preparer's	name (including firm	name, if applicable) and address (inc	lude room or suite numbe	r)	Preparer's telep	ohone number		

	Form 5500-SF 2016		Page 2			_				
b	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 indeper and condit ot use Fo	ndent qualified public a ions.)	account t instea	ant (IC	PA) Form	5500.			
	rt III   Financial Information	isurance p	rogram (see ENOA se	COLIOIT 4	021):		] 103			IIIIcu
7	Plan Assets and Liabilities		(a) Beginning	of Year	T			(b) End	of Year	
a	Total plan assets	7a		960,	_			(b) Liid	1,823	,628
	Total plan liabilities	7b			$\dashv$					
-	Net plan assets (subtract line 7b from line 7a)	7c	1,	960,	152				1,823	,628
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour		$\neg$			(b) T		
	Contributions received or receivable from: (1) Employers	8a(1)	(4) / 1111041	100,	000			(5)		
	(2) Participants	8a(2)		68,	137					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		142,	148					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							310	,285
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		443,	632					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		3,	177					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					446,80			
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				-136,5			,524	
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 2G 2J 2K 3D 2F 2T	feature co	des from the List of Pl	an Cha	acteri	stic Co	des in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	cterist	tic Coc	les in t	he instr	uctions:	
Par										
10	During the plan year:			_	Yes	No	N/A		Amount	
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 Verogram)	oluntary F	iduciary Correction	10a		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	•		10b		Х				
С	C Was the plan covered by a fidelity bond?			10c	Х				500	0,00
d	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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ne or all of	the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				

X

Х

10g

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

2520.101-3.)

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.....