For	m 5500-SF	Short Form Annua	al Return/Report Benefit Plan	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089
	rtment of the Treasury nal Revenue Service	This form is required to be filed		4065 of the Employee Re	etirement	2018
	epartment of Labor enefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the		This Form is Open to
Pension Be	enefit Guaranty Corporation	Complete all entries in a	ccordance with the inst	ructions to the Form 55	500-SF.	Public Inspection
Part I		Identification Information scal plan year beginning 01/01/20	018	and onding 10	2/31/2018	
	al plan year 2016 of h	$\overline{X}$ a single-employer plan				ing this box must attach a
A This ret	urn/report is for:		list of participating er			ith the form instructions.)
_		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram
		special extension (enter descri	ption)			-
Part II	Basic Plan Info	rmation—enter all requested info	ormation			
1a Name	•				1b Three	e-digit number
INLAND CO	NSTRUCTION COMP.	ANY RETIREMENT SAVINGS PLA	AN		(PN)	
					1c Effect	tive date of plan 01/01/1999
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.O	Box)		•	oyer Identification Number
City or		e, country, and ZIP or foreign posta		tructions)	(EIN) 2c Spor	sor's telephone number
					2d Duair	509-891-5162 ness code (see instructions)
120 W. CAT/	ALDO, SUITE 100				ZU Dusir	236200
SPOKANE, \	NA 99201					230200
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spon	sor.		<b>3b</b> Admi	nistrator's EIN
					3c Admi	nistrator's telephone number
1 If the r	amo and/or EIN of the	e plan sponsor or the plan name ha	s changed since the last	raturn/raport filed for	4b EIN	
		nsor's name, EIN, the plan name a				
•	or's name				<b>4d</b> PN	
C Plan N	lame					
5a Total	number of participants	at the beginning of the plan year			5a	72
<b>b</b> Total	number of participants	at the end of the plan year			5b	67
		account balances as of the end of t		•	5c	67
•	,	rticipants at the beginning of the pla			5d(1)	56
<b>d(2)</b> Tot	al number of active pa	rticipants at the end of the plan yea	ır		5d(2)	59
		terminated employment during the			5e	0
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	l unless reasonable cau		
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.				
SIGN		/valid electronic signature.	03/11/2019	JON LEMBERG		
HERE	Signature of plan a	dministrator	Date	Enter name of individe	ual signing a	as plan administrator
SIGN	Filed with authorized,	/valid electronic signature.	03/11/2019	JON LEMBERG		
HERE	Signature of emplo		Date	Enter name of individu	ual signing a	as employer or plan sponsor
For Paperw	ork Reduction Act Notic	e, see the Instructions for Form 5500	-SF.			Form 5500-SF (2018) v 171027

v.171027

6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
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 cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information	

7       Plan Assets and Liabilities       (a) Beginning of Year       (b) End of Year         1       Total plan assets       7a       5682782       5683747         5       Total plan assets       7b       5682782       5683747         6       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         6       Combutors received or receivable from:       (a) Amount       (b) Total         7       Total plan isabilities       8a(1)       159565         (2) Panticipants       8a(2)       489798       (b) Total         6       Others income (toss)       8a(3)       64705         0       Others income (toss)       8a(3)       64705       213037         0       Benefits paul (including direct rollovers and insurance prenums to provide rollowers and insurance prenums to provide rollower and insurance prenums to provide rollower and insurance prenums to provide rollower and rollower (salaries, fees, commissions)       8f       16611         9       Other expenses       8g       0       262072         1       Total expense (add lines 8d, 68, 68, and 8g)       8g       0       262072         1       Total expenses (add lines 8d, 74, 74, 74       8g       0       262072         1       Total expenses (add lines 8d, 74, 74				<i>(</i> ) <b>-</b>				
D       Total plan itabilities       Total plan itabilities       Total plan assets (subtract line 7b from line 7a)       Total plan assets (subtract line 7b from line 7a)       Total plan assets (subtract line 7b from line 7a)       Total plan assets (subtract line 7b from line 7a)       Total plan assets (subtract line 7b from line 7a)       Total plan assets (subtract line 7b from line 7a)       Total plan itabilities       (b) Total       (c) Participants       Stall plan (subtract line 7b from line 7a)       Total plan itabilities       (c) Participants       Stall plan (subtract line 7b from line 7a)       (c) Participants       Stall plan (subtract line 7b from line 7a)       (c) Participants       Stall plan (subtract line 7b from line 7a)       (c) Participants       Stall plan (subtract line 7b from line 7a)       (c) Participants       Stall plan (subtract line 7b from line 7a)       (c) Participants       Stall plan (subtract line 7b from line 7a)       (c) Participants       Stall plan (subtract line 7b from line 7a)       (c) Participants       Stall plan (subtract line 7b from line 7a)       (c) Participants       Stall plan (subtract line 7b from line 7a)       Stall pla	7	Plan Assets and Liabilities						(b) End of Year
c       Net plan assets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets		568	82782			5633747
B       Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a       Contributions received or receivable from: (1) Employers.       158655         (a) Participants.       8a(1)       158655         (a) Participants.       8a(2)       449778         (a) Others (including rolevers).       8a(3)       64705         (b) Other income (loss)       8b       601031         c       Total income (loss)       8b       601031         c       Total income (loss)       8c       213037         d       Benifts paid (including direct rolivers and insurance premiums to provide benefits)       8d       245261         e       Catal income (loss)       8b       60       6         f       Administrative sarvice providers (salarias, fees, commissions)       8f       16811         g       O       262072       8h       262072         i Net income (loss) (subtract line 8h from line 8c)       8i       -49035       3i         g       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E = 27       2Z = 21       2X = 30       3i = 27         g       If the plan provides pension benefits, enter the applicable wellare feature	b	Total plan liabilities	7b					
a Contributions received or receivable from:       8a(1)       159565         (1) Employers       8a(2)       489798         (2) Participants       8a(2)       489798         (3) Others (including rollovers),       8a(3)       64705         b Other income (loss),       8a(3)       64705         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       2013037         d Benefits paid (including direct rollovers) and insurance premiums to provide benefits),       8d       245261         e Certain deemed and/or corrective distributions (see instructions),       8e       0       6         f Administrative service providers (salaries, fees, commissions),       8f       16811       9         g Other expenses       6d       245261       -490355       -490355         i Transfers to (from) the plan (see instructions),       8g       0       -490355         j Transfers to (from) the plan (see instructions),       8j       0       -490355         j Transfers to (from) the plan specific sent the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E 2F 2X0 2X X 3D 3H 2T         g If the plan provides genesion benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:         Part V       Compliance Questions       -0	C	Net plan assets (subtract line 7b from line 7a)	7c	56	82782			5633747
(1)       Employers       8a(1)       19565         (2)       Participants       8a(2)       489736         (3)       Other income (loss)       8a(2)       64705         b       Other income (loss)       8b       -501031         C       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       213037         d       Benefits paid (including fuctor followers and insurance premiums at to provide benefits)       8d       245261         e       Certain deemed and/or corrective distributions (see instructions)       8d       245261         g       Other expenses       8g       0       16811         g       Other expenses       8g       0       262072         i       Net income (loss) (subtract line 8h from line 8c)       8i       -49035         j       Transfers to (from) the plan (see instructions)       8i       -49035         j       Transfers to (from) the plan (see instructions)       8j       0       -49035         j       Transfers to (from) the plan (see instructions)       8j       0       -49035         j       Transfers to (from) the plan (see instructions)       8j       0       -49035         j       Transfers to (from) the plan sporticipant contributions within the time period desc	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total
(a) Others (including rollovers)       8a(3)       64705         (b) Other income (dos)       8b       -501031         (c) Total income (dos)       8b       -501031         (c) Total income (dos)       8c       213037         (d) Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8c       0         (e) Cartain deemed and/or corrective distributions (see instructions)       8c       0         (f) Administrative service providers (salaries, fees, commissions)       8f       16811         (g) Other expenses       8g       0       0         (h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       262072         (h Net income (loss) (subtract line 8h from line 8c)       8i       -49035         (j) Transfers to (from) the plan (see instructions)       8j       0       -49035         (j) Transfers to (from) the plan (see instructions)       8j       0       -49035         (j) Turnsfers to (from) the plan series entry the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E 2G 2J 2K 3D 3H 2T         (j) During the plan year:       (j) See instructions and DOL's Voluntary Fiduciary Correction Program)       (j) K       Amount         (k) Was there a failure to transmit to the plan any participant contributions within the time period described in 2 CFR 2210.3-1	а		8a(1)	1	59565			
b       Other income (loss)       8b       -501031         c       Total income (add lines 8d(1), 8d(2), 8d(3), and 8b)       8c       213037         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       245261         e       Certain deemed and/or corrective distributions (see instructions)       8e       0       0         f       Administrative service providers (salaries, fees, commissions)       8f       16811       9         g       Other expenses       8g       0       0       0         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       262072       1         i       Net income (loss) (subtract line 8h from line 8c)       8i       -49035       -49035         j       Transfers to (from) the plan (see instructions)       8j       0       -49035         Part IV       Plan Characteristics       Plan Characteristics       Codes in the instructions:       2E       2F       2G       2J       2K       3D       3H       -49035         10       During the plan provides pension benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E       2F       2G       2J       2K       3D       3H       -       - <th></th> <th>(2) Participants</th> <th>8a(2)</th> <th>48</th> <th>89798</th> <th></th> <th></th> <th></th>		(2) Participants	8a(2)	48	89798			
b       Other income (loss)       8b       -501031         c       Total income (add lines 8d(1), 8d(2), 8d(3), and 8b)       8c       213037         d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       245261         e       Certain deemed and/or corrective distributions (see instructions)       8e       0       0         f       Administrative service providers (salaries, fees, commissions)       8f       16811       9         g       Other expenses       8g       0       0       0         h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       262072       1         i       Net income (loss) (subtract line 8h from line 8c)       8i       -49035       -49035         j       Transfers to (from) the plan (see instructions)       8j       0       -49035         Part IV       Plan Characteristics       Plan Characteristics       Codes in the instructions:       2E       2F       2G       2J       2K       3D       3H       -49035         10       During the plan provides pension benefits, enter the applicable velfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E       2F       2G       2J       2K       3D       3H       -       - <th></th> <th>(3) Others (including rollovers)</th> <th>8a(3)</th> <th></th> <th>64705</th> <th></th> <th></th> <th></th>		(3) Others (including rollovers)	8a(3)		64705			
d       Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b		8b	-50	01031			
Bd       245261         e       Certain deemed and/or corrective distributions (see instructions)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					213037
f       Administrative service providers (salaries, fees, cormissions)	d		8d	24	45261			
g Other expenses	е	Certain deemed and/or corrective distributions (see instructions)	8e		0			
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       262072         i       Net income (loss) (subtract line 8h from line 8c)       8i       -49035         j       Transfers to (from) the plan (see instructions)       8j       0         Part IV       Plan Characteristics       9j       0         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E         2E       2F       2G       2J       2K       3D       3H       2T         b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E         Part V       Compliance Questions       10       Using the plan year:       Yes       No       Amount         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)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       500000         c       Was the plan covered by a fidelity bond?       10c       X       500000       5000000       10d       X       50000	f	Administrative service providers (salaries, fees, commissions)	8f		16811			
h       Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       262072         i       Net income (loss) (subtract line 8h from line 8c)       8i       -49035         j       Transfers to (from) the plan (see instructions)       8j       0         Part IV       Plan Characteristics       9j       0         9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:       2E         2E       2F       2G       2J       2K       3D       3H       2T         b       If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:       2E         Part V       Compliance Questions       10       Using the plan year:       Yes       No       Amount         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)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X       500000         c       Was the plan covered by a fidelity bond?       10c       X       500000       5000000       10d       X       50000	g	Other expenses	8g		0			
i       Net income (toss) (subtract line 8h from line 8c)	h							262072
j       Transfers to (from) the plan (see instructions)			8i					-49035
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:         2E       2F       2G       2J       2K       3D       3H       2T         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:       Yes       No       Amount         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)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       500000         d       Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonest?       10d       X         e       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         g	j				0			
9a       If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:         2E       2F       2G       2J       2K       3D       3H       2T         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:       Yes       No       Amount         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).       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).       10b       X       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?       10d       X       5000000         d       Did the plan failed to provide any benefit when due under the plan?       10f       X       3529         f       Has the plan failed to provide any benefit when due under the plan?       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)       10g       X       3529       1 </th <th>Pa</th> <th>rt IV Plan Characteristics</th> <th>9</th> <th></th> <th></th> <th></th> <th></th> <th></th>	Pa	rt IV Plan Characteristics	9					
Part V       Compliance Questions         10       During the plan year:       Yes       No       Amount         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)		If the plan provides pension benefits, enter the applicable pension 2E $2F$ 2G 2J 2K 3D 3H 2T						
10       During the plan year:       Yes       No       Amount         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)       Yes       No       Amount         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10a       X       X         c       Was the plan covered by a fidelity bond?       10c       X       500000       X       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?       10d       X       \$200000         e       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       3529         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       3529         f       Has individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)       10g       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the       10d       X			eature coo	les from the List of Pla	n Chara	icterist	ic Cod	es in the instructions:
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)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       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?       10d       X         e       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       3529         f       Has the plan have any participant loans? (If "Yes," enter amount as of year-end.)       10g       X         g       Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)       10g       X         i       If 10h was answered "Yes," check the box if you either provided the required notice or one of the       10h       X	Par	t V Compliance Questions						
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)       10a       X         b       Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)       10b       X         c       Was the plan covered by a fidelity bond?       10c       X       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?       10d       X         e       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       3529         f       Has the plan failed to provide any benefit when due under the plan?       10g       X       3529         p       Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)       10g       X         i       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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       i       i	10	During the plan year:				Yes	No	Amount
reported on line 10a.)       10b       X         C       Was the plan covered by a fidelity bond?       10c       X       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?       10c       X       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?       10d       X       500000         e       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       3529         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       3529         g       Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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       I       I       X	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		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?       10d       X         e       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       3529         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       3529         g       Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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       i       i	b		•		10b		Х	
by fraud or dishonesty?       10d       X         e       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       3529         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       3529         g       Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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       I       I	С	Was the plan covered by a fidelity bond?			10c	X		500000
carrier, insurance service, or other organization that provides some or all of the benefits under       10e       X       3529         f       Has the plan failed to provide any benefit when due under the plan?       10f       X       3529         g       Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)       10g       X         h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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       i       i	d				10d		Х	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)       10g       X         h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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       I       I	e	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	10e	Х		3529
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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       Image: Comparison of the sector of t	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х	
h       If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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       Image: Comparison of the section of th	g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		Х	
	h		•				Х	
	i		•		10i			

Page **3-** 1

Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[	Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Ye	s X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1	) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

· · · · · · · · · · · · · · · · · · ·						·····	
Form 5500-SF	Short Form Annua	I Return/R Benefit I	-	of Small Empl	oyee		OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed	under sections 1	04 and 4				2018
Department of Labor Employee Benefits Security Administration		RISA), and sec Revenue Code (			Internal		orm is Open to ic Inspection
Pension Benefit Guaranty Corporation	Complete all entries in ac	cordance with	the instr	uctions to the Form 5	500-SF.	L	•
	t Identification Information						
For calendar plan year 2018 or	fiscal plan year beginning 0	1/01/2018		and ending	12/3	31/2018	
A This return/report is for:	$\mathbf{X}$ a single-employer plan	list of particip	bating en	an (not multiemployer) ( nployer information in ac	•	•	
<b>B</b> This return/report is	a one-participant plan	a foreign plar	ו				
	the first return/report	the final return					
•	an amended return/report	a short plan y	ear retur	n/report (less than 12 m			
<b>C</b> Check box if filing under:	Form 5558	automatic ext	tension		DFVC p	program	
	special extension (enter descript	,					
Part II Basic Plan Inf	ormation—enter all requested infor	rmation					
<b>1a</b> Name of plan						e-digit	
INLAND CONSTRUCT	ION COMPANY RETIREMENT	SAVINGS F	LAN		plan (PN)	number	001
					1c Effect	ctive date o	
2a Plan snonsor's name (empl	oyer, if for a single-employer plan)					/01/199	· · · · · · · · · · · · · · · · · · ·
Mailing address (include roo	om, apt., suite no. and street, or P.O. I			<i></i> 、		)91-165	fication Number 1150
INLAND CONSTRUCT	ice, country, and ZIP or foreign postal ION COMPANY	code (it foreign,	see instr	uctions)		•	hone number
						)-891-51 ness code (	see instructions)
120 W. CATALDO,	SUITE 100						
SPOKANE	WA 99201				236	200	
3a Plan administrator's name a	and address X Same as Plan Sponso	or.			3b Adm	inistrator's I	EIN
					3c Admi	inistrator's t	elephone number
	ne plan sponsor or the plan name has onsor's name, EIN, the plan name and				4b EIN		
a Sponsor's name c Plan Name					<b>4d</b> PN		
5a Total number of participants	s at the beginning of the plan year		•••••		5a		72
<b>b</b> Total number of participants	s at the end of the plan year	••••••			5b		67
	account balances as of the end of the				5c		67
	articipants at the beginning of the plan				5d(1)		5€
d(2) Total number of active pa	articipants at the end of the plan year.				5d(2)		59
than 100% vested	o terminated employment during the p				5e		(
Caution: A penalty for the late	or incomplete filing of this return/re	eport will be as	sessed	unless reasonable cau	use is estal	blished.	
SB or Schedule MB completed a belief, it is true, correct, and corr	ther penalties set forth in the instructic and signed by an enrolled actuary, as y plete	well as the elect	at I have ronic ver	examined this return/report sion of this return/report	port, includi t, and to the	ng, if applic e best of my	able, a Schedule knowledge and
SIGN A	**************************************			Jon Lemberg			
HERE Signature of plan a	administrator	Date3/11	12019	Enter name of individ	ual signing :	as plan adn	ninistrator
SIGN A			+	Jon Lemberg			
HERE Signature of emplo	oyer/plan sponsor	Date 3/1	1/2019	Enter name of individu	ual signing :	as emplove	r or plan sponsor
	ce, see the Instructions for Form 5500-S	F. 7					orm 5500-SF (2018) v.171027

Signature of employer/plan sponsor	Date 3/	1/2019	Enter n
For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.	1	1	

	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
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 cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	. (See instructions.)

7 Plan Assets and Liabilities		(a) Beginning	of Year	r T		(b) End	l of Year	
a Total plan assets	7a		682,			(2) =		33,747
<b>b</b> Total plan liabilities							·····	· · · · · · · · · · · · · · · · · · ·
C Net plan assets (subtract line 7b from line 7a)		5,	682,	782			5,63	33,747
8 Income, Expenses, and Transfers for this Plan Year		(a) Amoun				(b)	Total	
a Contributions received or receivable from:		1				(~/	10101	
(1) Employers	8a(1)		159,	565				
(2) Participants	8a(2)		489,	798				
(3) Others (including rollovers)	8a(3)		64,	705				
<b>b</b> Other income (loss)	8b	-	501,	031				
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							21	.3,037
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			245,	261				
e Certain deemed and/or corrective distributions (see instructions	8e			0				
f Administrative service providers (salaries, fees, commissions)	8f		16,	811				
g Other expenses	8g			0				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						26	52,072
i Net income (loss) (subtract line 8h from line 8c)	8i						- 4	9,035
j Transfers to (from) the plan (see instructions)	1					Construction and the second second second second	Construction and the second	
Part IV         Plan Characteristics           9a         If the plan provides pension benefits, enter the applicable pens		odes from the List of Pla	an Cha	0 racteri	stic Cc	des in the ins	tructions:	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pens         2E       2F       2G       2J       2K       3D       3H       2T         b       If the plan provides welfare benefits, enter the applicable welfare	on feature co			racteri				
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pens         2E       2F       2G       2J       2K       3D       3H       2T         b       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions	on feature co			racteris	íc Cod	les in the insti	uctions:	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pension         2E       2F       2G       2J       2K       3D       3H       2T         b       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions         10       During the plan year:	on feature co	les from the List of Plar		racteri		les in the insti		
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pens         2E       2F       2G       2J       2K       3D       3H       2T         b       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions	on feature co e feature coo ibutions with s Voluntary f	les from the List of Plan		racteris	íc Cod	les in the insti	uctions:	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pens 2E 2F 2G 2J 2K 3D 3H 2T         b       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contra described in 29 CFR 2510.3-102? (See instructions and DOL	on feature co e feature co ibutions with s Voluntary f est? (Do not	les from the List of Plan n the time period Fiduciary Correction	n Chara	racteris	ic Cod	les in the insti	uctions:	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable welfare         b       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contradescribed in 29 CFR 2510.3-102? (See instructions and DOL Program)         b       Were there any nonexempt transactions with any party-in-inter	on feature co e feature coo ibutions with s Voluntary f est? (Do not	les from the List of Plan n the time period Fiduciary Correction	n Chara 10a 10b	racteris	ic Cod	les in the insti	Amount	0,000
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pens 2E 2F 2G 2J 2K 3D 3H 2T         b       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant control described in 29 CFR 2510.3-102? (See instructions and DOL Program)         b       Were there any nonexempt transactions with any party-in-integree or ported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan	on feature co e feature coo ibutions with s Voluntary f est? (Do not	les from the List of Plan n the time period Fiduciary Correction include transactions	n Chara	racterist Yes	ic Cod	les in the insti	Amount	0,000
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pens 2E 2F 2G 2J 2K 3D 3H 2T         b       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant control described in 29 CFR 2510.3-102? (See instructions and DOL Program)         b       Were there any nonexempt transactions with any party-in-interreported on line 10a.)         c       Was the plan covered by a fidelity bond?	on feature co e feature cod ibutions with s Voluntary f est? (Do not n's fidelity bo other person ome or all of	les from the List of Plan n the time period Fiduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c	racterist Yes	ic Cod	les in the insti	Amount	0,000
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pens 2E 2F 2G 2J 2K 3D 3H 2T         b       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contrudescribed in 29 CFR 2510.3-102? (See instructions and DOL Program)         b       Were there any nonexempt transactions with any party-in-interreported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides service	on feature co e feature cod ibutions with s Voluntary f est? (Do not n's fidelity bo other person ome or all of	es from the List of Plan n the time period iduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d 10e	racterist       Yes       X	ic Cod	les in the insti	Amount	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pens 2E 2F 2G 2J 2K 3D 3H 2T         b       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant contra described in 29 CFR 2510.3-102? (See instructions and DOL Program)         b       Were there any nonexempt transactions with any party-in-inter reported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the plan? (See instructions.)	on feature co e feature cod ibutions with s Voluntary f est? (Do not n's fidelity bo other person ome or all of plan?	les from the List of Plan n the time period Fiduciary Correction include transactions nd, that was caused s by an insurance the benefits under	10a 10b 10c 10d	racterist       Yes       X	No X X X	les in the insti	Amount	
Part IV       Plan Characteristics         9a       If the plan provides pension benefits, enter the applicable pens 2E 2F 2G 2J 2K 3D 3H 2T         b       If the plan provides welfare benefits, enter the applicable welfare         Part V       Compliance Questions         10       During the plan year:         a       Was there a failure to transmit to the plan any participant controned described in 29 CFR 2510.3-102? (See instructions and DOL Program)         b       Were there any nonexempt transactions with any party-in-integreported on line 10a.)         c       Was the plan covered by a fidelity bond?         d       Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?         e       Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides set the plan? (See instructions.)         f       Has the plan failed to provide any benefit when due under the	on feature co e feature co ibutions with s Voluntary F est? (Do not n's fidelity bo other person ome or all of other 2 and 1 of other 2 and 1 of other 2 and 1 of other 2 and 1 of other 2 and 1 of other 2 and 1 of other 2 and 1 of other 2 and 1 of other 2 and 1 of other 2 and 1	Ies from the List of Plan n the time period Fiduciary Correction include transactions nd, that was caused s by an insurance the benefits under end.)	10a 10b 10c 10d 10e 10f	racterist       Yes       X	ic Cod No X X X X	les in the insti	Amount	

Form 5500-SF (2018)

Page 3-

<b>n</b>	M Dension Funding Consuliance				****	
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)					Yes 🗌 No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40.		T	1	-1	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Code or sectio		of		Yes 🛛 No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ir granting the waiver.		d enter Da		of the lett Year	er ruling
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	9 13.				
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	1		
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	e 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	XI	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 brocontrol of the PBGC?	Ç.			Yes	X No
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ider which assets or liabilities were transferred.	ntify the plan(s	) to			
1	(3c(1) Name of plan(s):	13c(2)	) EIN(s	)	13c(	<b>3)</b> PN(s)
Ballounda ar containe			unis partiendiani			1918-1919-1919-1919-1919-1919-1919-1919
lorum and a second s		ydynyi yn hyfernyn yn yn yn yn hann yn yn araillefni	utskiedziekulóniste	MIRSECONCERPTICATION NO.	olariabumi tirikin oʻngʻun Qabaliyo	Madvetextistikkeikearskerikkii
nusonnakotan		dan berharip kana bahar bakkan bahar ba	86194-11800er4043167	*****	810211200020000000000000000000000000000	alite and the second