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).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Report Identification Information

		fiscal plan year beginning 01/01/2		and ending 12	2/31/2014				
1 Of Outoria	al plair your 2017 or	a single-employer plan				hav must attach a list			
A This ret	turn/report is for:	a single-employer plan		olan (not multiemployer) oyer information in accor					
71 11110101	tarrificport to for.	a one-participant plan	a foreign plan	byer information in accor	dance with the form	mondono)			
R This retu	urn/report is	the first return/report	the final return/report						
D IIIIS IEU	um/report is	an amended return/report	H	rn/report (less than 12 m	onths)				
		an amended return/report	a short plan year retu	m/report (less than 12 m	1011(115)				
C Check	box if filing under:	Form 5558	automatic extension		DFVC pro	gram			
	3	special extension (enter desc	cription)						
	· · · · · · · · · · · · · · · · · · ·								
Part II		ormation—enter all requested in	nformation		145				
1a Name	of plan CONSTRUCTION 4	O1/K) PLAN			1b Three-digit plan number				
WOONTAIN	CONSTRUCTION 4	OT(IX) I LAIV			(PN)	002			
					1c Effective dat	e of plan			
					07	/01/1995			
		ddress; include room or suite numl	ber (employer, if for a single	e-employer plan)		entification Number			
MOUNTAIN	CONSTRUCTION, IN	ic.			- '	-1182653			
					2c Sponsor's te				
	ISON STREET 'A 98409-1000					-474-5281 de (see instructions)			
,						6200			
3a Plan a	dministrator's name a	and address XSame as Plan Spor	nsor.		3b Administrato				
						Administrator 3 Env			
					3c Administrato	3c Administrator's telephone number			
4 If the r	name and/or EIN of th	ne plan sponsor has changed since	e the last return/report filed	for this plan, enter the	4b EIN				
		umber from the last return/report.		,	TO LIT				
a Spons	or's name				4c PN				
5a Total	number of participant	s at the beginning of the plan year			5a	45			
b Total	number of participant	s at the end of the plan year			5b	41			
		account balances as of the end o		-	5c				
	,					41			
a(1) lot	al number of active p	articipants at the beginning of the p	olan year		5d(1)	29			
d(2) Tot	al number of active p	articipants at the end of the plan ye	ear		5d(2)	25			
e Numbe	er of participants that	terminated employment during the	plan year with accrued ber	efits that were	5e	1			
less th	an 100% vested								
		or incomplete filing of this retu	•						
		other penalties set forth in the instru and signed by an enrolled actuary,							
	true, correct, and con								
SIGN	Filed with authorized	d/valid electronic signature.	05/04/2015	LARRY FOCKLER					
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator			
SIGN									
HERE	Signature of ampl	over/plen energer	Date	Enter name of individ	luol oigning oo omni	over or plan aponeer			
Preparer's		oyer/plan sponsor name, if applicable) and address (Enter name of individual er) (optional)		one number (optional)			
	- (- : - : - : - : - : - : - : - : - : - 	, 411 , (7 (-1 ·7)		(
I									

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b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a runder 29 CFR 2520.104-46? (See instructions on waiver eligibility a figure of you answered "No" to either line 6a or line 6b, the plan cannot with the plan cannot want to be a second to be a second to the plan cannot want to be	an indepe and condi ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.	Xes No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40)21)? .		Yes	No Not determined
Par -					-		
	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End of Year
	Fotal plan assets	7a	27445				3030077
	Fotal plan liabilities	7b	27445	0			2020077
	Net plan assets (subtract line 7b from line 7a)	7c	27445	033			3030077
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
	Contributions received or receivable from: 1) Employers	8a(1)	269	925			
	2) Participants	8a(2)	1622	239			
	3) Others (including rollovers)	8a(3)					
	Other income (loss)	8b	1394	188			
C	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					328652
d	Benefits paid (including direct rollovers and insurance premiums		405	. 4.7			
	o provide benefits)	8d	405	047			
	Certain deemed and/or corrective distributions (see instructions)	8e	0.5	.04			
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f	25	61			
	Other expenses	8g					40400
	Fotal expenses (add lines 8d, 8e, 8f, and 8g)	8h					43108
	Net income (loss) (subtract line 8h from line 8c)	8i					285544
	Fransfers to (from) the plan (see instructions)	8j					
b	ZE 2F 2G 2J 2K 3D 2A 2T If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature coo	les from the List of Plan Charad	cterist	ic Cod	les in t	he instructions:
10	During the plan year:				Yes	No	Amount
a b	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest'	ıciary Cor	rection Program)	10a		X	
	on line 10a.)	`	•	10b		X	
С	Was the plan covered by a fidelity bond?			10c	X		303008
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ber	efits under the plan? (See	10e	X		15863
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year	end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (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 2520.101			10i			
Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year from	om Sched	dule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						
a	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6	enter th Day	

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lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	m 5500), and skip to line 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		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	-	1 124		
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		🔲 Y	′es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred the PBGC?		inder the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify th	e plan(s) to		
1	3c(1) Name of plan(s):		13c(2) EI	N(s)	13c(3) PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

▶ Complete all entries in accordance with the Instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

Part I Annual Repor	rt Identification Information				
For calendar plan year 2014 or		01/01/2014	and ending	12/31/2	014
A This return/report is for:	a single-employer plan	of participating emp	r plan (not multiemployer) ployer information in accor		
	a one-participant plan	a foreign plan			
B This return/report is	the first return/report	the final return/repor	rt		
	an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)	
C Check box if filing under:	Form 5558	automatic extension	1	DFVC pro	ogram
	special extension (enter desc	inption)			
Part II Basic Plan In	formation—enter all requested in	formation		Manuscon .	
1a Name of plan MOUNTAIN CONSTRUCT	ION 401(K) PLAN			1b Three-digit plan number (PN) ▶	002
				1c Effective dat 07/01/1	
2a Plan sponsor's name and a Mountain Construct	address; include room or suite numb ion, Inc.	er (employer, if for a sing	le-employer plan)	2b Employer Id (EIN) 91-1	entification Number L182653
7457 S Madison Str	eet			2c Sponsor's to 253-474	The state of the s
Tacoma	WA 98409-100	00			de (see instructions)
	and address XSame as Plan Spon			3b Administrato	or's EIN
• • • • • • • • • • • • • • • • • • • •				_	
				3C Administrate	or's telephone number
		**			
		181			
4 If the name and/or EIN of t	the plan sponsor has changed since	the last return/report file	d for this plan, enter the	4b EIN	
name, EIN, and the plan n	the plan sponsor has changed since number from the last return/report.	the last return/report filed	d for this plan, enter the		
name, EIN, and the plan n a Sponsor's name	number from the last return/report.			4c PN	
name, EIN, and the plan n a Sponsor's name 5a Total number of participan	number from the last return/report.			4c PN . 5a	45
name, EIN, and the plan n a Sponsor's name 5a Total number of participan b Total number of participan	number from the last return/report. Its at the beginning of the plan year. Its at the end of the plan year			4c PN . 5a	45 41
name, EIN, and the plan in a Sponsor's name 5a Total number of participan b Total number of participans with complete this item)	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year Ith account balances as of the end of	the plan year (defined be	enefit plans do not	4c PN . 5a . 5b . 5c	
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name, EIN, and the plan in a Sponsor's name 5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active p	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year Ith account balances as of the end of	the plan year (defined be	enefit plans do not	4c PN 5a 5b 5c	41 41 29
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name, EIN, and the plan in a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	number from the last return/report. Its at the beginning of the plan year. Its at the end of the plan year It account balances as of the end of participants at the beginning of the plan year terminated employment during the plan year terminated employment during the plan year terminated employment during the period of this return the penalties set forth in the instruant signed by an enrolled actuary,	the plan year (defined be plan year	enefit plans do not enefits that were ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established	41 41 29 25 1 oplicable, a Schedule
name, EIN, and the plan in a Sponsor's name 5a Total number of participants b Total number of participants with complete this item) d(1) Total number of active processes than 100% vested Caution: A penalty for the late Under penalties of perjury and SB or Schedule MB completed belief, it is true, correct, and co	number from the last return/report. Its at the beginning of the plan year. Its at the end of the plan year It account balances as of the end of participants at the beginning of the plan year terminated employment during the plan year terminated employment during the plan year terminated employment during the period of this return the penalties set forth in the instruant signed by an enrolled actuary,	the plan year (defined be plan year	enefit plans do not enefits that were ed unless reasonable ca	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established aport, including, if apt, and to the best of	41 41 29 25 1 oplicable, a Schedule
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name, EIN, and the plan in a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year Ith account balances as of the end of participants at the beginning of the properticipants at the end of the plan year terminated employment during the error incomplete filling of this return the penalties set forth in the instrument is gined by an enrolled actuary, implete.	the plan year (defined be plan year	enefit plans do not enefits that were end unless reasonable ca ve examined this return/repor Larry Fockler Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if apt, and to the best of the dual signing as plant dual signing as emp	41 429 25 1 . oplicable, a Schedule firmy knowledge and administrator
name, EIN, and the plan in a Sponsor's name 5a Total number of participants b Total number of participants with complete this item)	number from the last return/report. Its at the beginning of the plan year Its at the end of the plan year Ith account balances as of the end of participants at the beginning of the properticipants at the end of the plan year terminated employment during the error incomplete filling of this return the penalties set forth in the instrument is gined by an enrolled actuary, implete.	the plan year (defined be plan year	enefit plans do not enefits that were end unless reasonable ca ve examined this return/repor Larry Fockler Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established eport, including, if apt, and to the best of the dual signing as plant dual signing as emp	41 429 25 1 . oplicable, a Schedule f my knowledge and administrator

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either line 6a or line 6b, the plan cannot the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use Form	dent qualified public accounta ns.) n 5500-SF and must instead	nt (IQ d use	PA) Form	5500.		
	t III Financial Information	Surunoc pro	ogram (see Ervier viscolish 40	21):		100		
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) End of Year	
а	Total plan assets	7a		1453	3		3030077	
b	Total plan liabilities	7b			0			
С	Net plan assets (subtract line 7b from line 7a)	7c	274	4453	3		3030077	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:			2692	5			
	(1) Employers	8a(1)			_	-		
	(2) Participants	8a(2)		5223	9			
	(3) Others (including rollovers)	8a(3)	15	3948	0			
	Other income (loss)	8b		3340	0		328652	
	Benefits paid (including direct rollovers and insurance premiums	8c			-	-	320032	
	to provide benefits)	8d		4054	.7			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		256	1			
g	Other expenses	8g				14.		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					43108	
i	Net income (loss) (subtract line 8h from line 8c)	8i					285544	
j	Transfers to (from) the plan (see instructions)	8j				2 1		
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 3D 2A 2T	feature cod	es from the List of Plan Chara	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	s from the List of Plan Charac	cterist	ic Cod	es in tl	he instructions:	
Раг	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х	_	
С	Was the plan covered by a fidelity bond?			10c	х		303008	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?		•	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the bene	fits under the plan? (See	10e	х		15863	
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year er	nd.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	10i				

C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... 8с d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d e Certain deemed and/or corrective distributions (see instructions)... 8e f Administrative service providers (salaries, fees, commissions)...... 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)..... 8j Part IV **Plan Characteristics**

ya	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charac <u> 2E 2F 2G 2J 2K 3D 2A 2T</u>	icteris	tic Co	des in i	the instruct	ions:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charact	teristi	c Cod	es in th	ne instructio	ons:	
Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amour	nt
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х			
С	Was the plan covered by a fidelity bond?	10c	х				303008
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	х				15863
f	Has the plan failed to provide any benefit when due under the plan?	10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			*
h		10h		х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			S. I. W.		
art	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500) and line 11a below)					Y	'es No
11a	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39			11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	orse	ction 3	302 of I	ERISA?	Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver.		and e	nter th		he letter Year _	r ruling

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If	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (F	form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year		12b		
	DOS SERVICIOS DE TITO DESCRIPTION		T	T	
<u>c</u>	Enter the amount contributed by the employer to the plan for this plan year		12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the res	. (12d		
е	Will the minimum funding amount reported on line 12d be met by the fund	ding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets				
13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes X N	0
	If "Yes," enter the amount of any plan assets that reverted to the employe	er this year	13a		
b	Were all the plan assets distributed to participants or beneficiaries, transfer of the PBGC?		control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the plan(s) to		
	13c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)				
14a	Name of trust		14b ⊤	rust's EIN	