## 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		Identification Information							
For calenda	ar plan year 2014 or f	iscal plan year beginning 01/01/20	14	and ending 12	/31/2014				
A This ret	a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions)  a one-participant plan								
<b>D</b>		the first return/report	a foreign plan the final return/report						
<b>B</b> This retu	urn/report is								
		an amended return/report	a short plan year return	n/report (less than 12 m	onths)				
C Check I	box if filing under:		DFVC progra	am					
		special extension (enter descri	ption)						
Part II	Basic Plan Info	ormation—enter all requested info	ormation						
1a Name					1b Three-digit				
EDIFICE CC	DNSTRUCTION CO.,	INC. 401(K) PROFIT SHARING PLA	AN		plan number	004			
					(PN)	001			
					1c Effective date of 10/01	/1996			
<b>2a</b> Plan sp EDIFICE CO	ponsor's name and ac NSTRUCTION CO., I	ddress; include room or suite numbe NC	r (employer, if for a single-	employer plan)	2b Employer Identi (EIN) 91-10	fication Number 083087			
16120 WOOI	DINVILLE REDMOND	) RD NF			2c Sponsor's telep	phone number 6-1350			
SUITE #3	LE, WA 98072-9090				2d Business code (see instructions)				
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or.		<b>3b</b> Administrator's	EIN			
					3c Administrator's	talanhana numbar			
					<b>3c</b> Administrator's	telepriorie numbei			
		e plan sponsor has changed since t	he last return/report filed fo	or this plan, enter the	4b EIN				
	, EIN, and the plan nu or's name	imber from the last return/report.			4c PN				
<b>5a</b> Total r	number of participants	s at the beginning of the plan year			5a	39			
<b>b</b> Total r	number of participants	s at the end of the plan year			5b	45			
<b>C</b> Numb	er of participants with	account balances as of the end of the	he plan year (defined bene	efit plans do not	5c	35			
	,	articipants at the beginning of the pla			5d(1)	34			
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan yea	r		5d(2)	36			
		erminated employment during the pl			5e	0			
		or incomplete filing of this return			iso is ostablished				
Under pena	alties of perjury and o	ther penalties set forth in the instruct	tions, I declare that I have	examined this return/rep	port, including, if applic				
	edule MB completed a true, correct, and com	and signed by an enrolled actuary, as uplete.	s well as the electronic ver	Sion of this return/report	i, and to the dest of my	kilowieage and			
SIGN	Filed with authorized	/valid electronic signature.	07/06/2015	JON MCCORMICK					
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as plan adı				
SIGN						ministrator			
	Ciamatura of ample					ministrator			
HERE		oyer/plan sponsor	Date		ual signing as employe				
		oyer/plan sponsor name, if applicable) and address (inc			ual signing as employe Preparer's telephone	er or plan sponsor			
						er or plan sponsor			
						er or plan sponsor			
						er or plan sponsor			

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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 a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condit	ndent qualified public accountations.)	nt (IQ	PA)			X Ye	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	program (see ERISA section 40	)21)?		Yes	No	Not det	ermined
Par	t III Financial Information	1	1						
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End		
	Total plan assets	7a	27196	888				275	5917
	Total plan liabilities	7b	27196	200	-			2751	5917
	Net plan assets (subtract line 7b from line 7a)	7c		000					5917
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otal	
	(1) Employers	8a(1)							
	(2) Participants	8a(2)	1696	888					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1929	927					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						362	2615
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	2969	919					
	Certain deemed and/or corrective distributions (see instructions)	8e	173	325					
f	Administrative service providers (salaries, fees, commissions)	8f	121	142					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						320	6386
i_	Net income (loss) (subtract line 8h from line 8c)	8i						30	6229
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Par	t IV Plan Characteristics								
b		eature cod	les from the List of Plan Chara	cterist			ı		
10	During the plan year:	C 20-2	and the officer will be a state of the officer.	1	Yes	No		Amoun	t
	Was there a failure to transmit to the plan any participant contribu 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			
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 or dishonesty?			10d		X			
e	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			
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 a	s of year	end.)	10g	X				26409
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i					
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Ye	es X No
11a	Enter the unpaid minimum required contribution for current year fr	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	ection	302 of	ERISA?	Ye	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,		·						
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter Year	ruling

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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 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		
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?			Yes 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?		nt under the contro	1	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	the plan(s) to		
1	3c(1) Name of plan(s):		13c(2)	EIN(s)	<b>13c(3)</b> PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

For calend	-1 2011 and	C. I.I			- 2 / 0 1		
1010010110	ar plan year 2014 or i	fiscal plan year beginning	01/01/2014	and ending	12/31/		
A This re	turn/report is for:	a single-employer plan		olan (not multiemployer) oyer information in accor	(A) (E) (E) (E) (E) (E) (E) (E) (E) (E) (E	his box must attach a list m instructions)	
		a one-participant plan	a foreign plan				
B This ret	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 n	nonths)		
C Check b	ox if filing under:		DFVC program				
		special extension (enter desc	cription)				
Part II	Racic Plan Info	ormation—enter all requested in	aformation				
1a Name		Jimation enter an requested in	normation		1b Three-digit	<u> </u>	
ra mame	or plan				plan numb		
		ON CO., INC. 401(K)			(PN) ▶	001	
PROFIT	SHARING PLAN	i			1c Effective d	A CONTRACTOR OF THE PROPERTY O	
2a Plan s	ponsor's name and a	ddress; include room or suite numb	per (employer, if for a single	-employer plan)	1	dentification Number	
EDIFIC	E CONSTRUCTIO	ON CO., INC			the second secon	1083087	
					2c Sponsor's	telephone number	
					(425) 2	86-1350	
16120 SUITE	WOODINVILLE R #3	EDMOND RD NE			2d Business c	ode (see instructions)	
WOODIN	VILLE		WA	98072-9090	236200		
3a Plan a	dministrator's name a	nd address Same as Plan Spon	sor.		3b Administra	tor's EIN	
					OC Administra	tor's telephone number	
name,		e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN		
	EIN, and the plan nu sor's name	e plan sponsor has changed since mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN 4c PN		
<b>a</b> Spon	sor's name					39	
a Spon 5a Total r	sor's name number of participants	mber from the last return/report.			4c PN	39	
<ul><li>a Spon</li><li>5a Total r</li><li>b Total r</li><li>c Number</li></ul>	sor's name number of participants number of participants er of participants with	at the beginning of the plan year at the end of the plan year account balances as of the end of	the plan year (defined bene	efit plans do not	4c PN 5a	45	
a Spon 5a Total r b Total r c Number	sor's name number of participants number of participants er of participants with ete this item)	at the beginning of the plan year.	the plan year (defined bene	efit plans do not	4c PN 5a 5b	45 35	
a Spon 5a Total r b Total r c Number completed(1) Total	sor's name number of participants number of participants er of participants with ete this item) al number of active pa	at the beginning of the plan year at the end of the plan year account balances as of the end of the plan year account balances as of the end of	the plan year (defined bene lan year	efit plans do not	4c PN 5a 5b 5c 5d(1)	45 35 34	
a Spon 5a Total r b Total r c Numbe comple d(1) Tota d(2) Tota e Numbe	sor's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa r of participants that te	anther from the last return/report.  s at the beginning of the plan year.  s at the end of the plan year.  account balances as of the end of articipants at the beginning of the plan year increase and the plan year increase at the end of the plan year increase are the plan year increase at the end of the plan year increase are the plan year increase at the end of the plan year increase are the plan year increase are the plan year.	the plan year (defined bene lan yearararararar.wolan year with accrued bene	efit plans do not	4c PN 5a 5b 5c	45 35 34 36	
a Spon 5a Total r b Total r c Number completed (1) Total d(2) Total e Number less that	sor's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa r of participants that te an 100% vested	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year.	the plan year (defined bene lan yearar. ar	efit plans do not	4c PN 5a 5b 5c 5d(1) 5d(2) 5e	45 35 34 36	
a Spon 5a Total r b Total r C Number completed (1) Total d(2) Total d(2) Total d(2) Total d(2) Total d(3) Tota	sor's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa r of participants that te an 100% vested penalty for the late alties of perjury and of	at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year.	the plan year (defined bene lan yearar	efit plans do not efits that were unless reasonable cau examined this return/rep	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established bort, including, if a	45 35 34 36 0	
a Spon  5a Total r  b Total r  C Number completed (1) Total  d(2) Total  e Number less that  Caution: A  Under penal SB or Scheelbelief, it is t	sor's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa r of participants that te an 100% vested  penalty for the late alties of perjury and of dule MB completed a	at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year.	the plan year (defined bene lan year	efit plans do not efits that were unless reasonable cau examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established out, including, if a a, and to the best of	45 35 34 36 0	
a Spon 5a Total r b Total r C Number completed (1) Total d(2) Total e Number less that Caution: A Under penal SB or Sche	sor's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa of participants that to an 100% vested  penalty for the late alties of perjury and of dule MB completed a rue, correct, and com	at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year.	the plan year (defined beneather the plan year with accrued beneather that I have as well as the electronic ver	efit plans do not  efits that were  unless reasonable cau examined this return/report  JON MCCORMICK	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established cort, including, if a a, and to the best cort	45 35 34 36 0 i. pplicable, a Schedule of my knowledge and	
a Spon 5a Total r b Total r C Number completed (1) Total r d (2) Total r e Number less that Caution: A Under penal SB or Schebelief, it is t SIGN HERE	sor's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa r of participants that te an 100% vested  penalty for the late alties of perjury and of dule MB completed a	at the beginning of the plan year account balances as of the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year.	the plan year (defined bene lan year	efit plans do not efits that were unless reasonable cau examined this return/report	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established cort, including, if a a, and to the best cort	45 35 34 36 0 i. pplicable, a Schedule of my knowledge and	
a Spon 5a Total r b Total r C Number completed (1) Total r d (2) Total r e Number less that Caution: A Under penas SB or Schebelief, it is t SIGN HERE	sor's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa r of participants that te an 100% vested  penalty for the late alties of perjury and of dule MB completed a rue, correct, and com  alguard of plan a	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year.	the plan year (defined beneather the plan year with accrued beneather that I have as well as the electronic ver	efit plans do not  efits that were  examined this return/report  JON MCCORMICK  Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e se is established bort, including, if a a, and to the best could be a signing as plant and signing and signing as plant and signing as plant and signing as plant and signing as plant and signing and signi	45 35 34 36 0 1. pplicable, a Schedule of my knowledge and	
a Spon 5a Total r b Total r C Number completed (1) Total r d (2) Total r e Number less that Caution: A Under pena SB or Schebelief, it is t SIGN HERE	sor's name number of participants number of participants er of participants with ete this item) al number of active pa al number of active pa r of participants that te an 100% vested  penalty for the late alties of perjury and of dule MB completed a rue, correct, and com  Signature of plan a	at the beginning of the plan year at the end of the plan year account balances as of the end of articipants at the beginning of the plan year articipants at the end of the plan year.	the plan year (defined beneather) lan year	efit plans do not efits that were unless reasonable cau examined this return/report JON MCCORMICK Enter name of individu	4c PN 5a 5b 5c 5d(1) 5d(2) 5e see is established port, including, if a and to the best of	45 35 34 36 0 1. pplicable, a Schedule of my knowledge and	

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Form	5500-SF	2014

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 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 lift the plan is a defined benefit plan, is it covered under the PBGC in	an independe and condition ot use Form	ent qualified public account ns.) a 5500-SF and must instea	ant (IC	QPA) e Forn	า 5500.	X Yes No
Pa	rt III   Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year
a	Total plan assets	7a	2,71		38		2,755,917
b	Total plan liabilities	7b					
С	Net plan assets (subtract line 7b from line 7a)	9,68	38		2,755,917		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)					
	(2) Participants.	8a(2)	16	9,68	28		
	(3) Others (including rollovers)	8a(3)	10	J, 00			
b	Other income (loss)	8b	1.93	2,92	27		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1		362,615
d	Benefits paid (including direct rollovers and insurance premiums						
	to provide benefits)	8d		6,91			
	Certain deemed and/or corrective distributions (see instructions)	8e		7,32			
-	Administrative service providers (salaries, fees, commissions)	8f	1.	2,14	2		
	Other expenses	8g 8h			+		226 206
-	Net income (loss) (subtract line 8h from line 8c)	8i			+	-	326,386 36,229
_	Transfers to (from) the plan (see instructions)	8j			+		30,229
	t IV Plan Characteristics	0)					
b	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe  V Compliance Questions	ature codes	from the List of Plan Charad	cterist	ic Cod	es in th	ne instructions:
10	During the plan year:				Yes	No	Amount
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ions within th	e time period described in ion Program)	10a		Х	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	ude transactions reported	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 or dishonesty?	fidelity bond,	that was caused by fraud	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 cinstructions.)	of the benefit	s under the plan? (See	10e		х	
f		THE R. P. LEWIS CO., LANSING	The second secon	10f		Х	
q	en de la companya de			10g		Δ	26 400
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g	Х	Х	26,409
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	e required no	otice or one of the	10i		Λ	
Part 11	VI Pension Funding Compliance  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 fro			-		11a	
12	Is this a defined contribution plan subject to the minimum funding r (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below.			or se	ction 3	02 of E	RISA? Yes X No
a	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortized i	n this plan year, see instruc		and e	nter the Day	e date of the letter ruling Year

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lf	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Fo	rm 5500), and skip to line 13.		
b	Enter the minimum required contribution for this plan year		12b	
	Enter the amount contributed by the employer to the plan for this plan year		12c	
d		t (enter a minus sign to the left of a	12d	
е	Will the minimum funding amount reported on line 12d be met by the funding	ng deadline?		Yes No N/A
Part	t 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
	If "Yes," enter the amount of any plan assets that reverted to the employer t	his year	13a	
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?	ed to another plan, or brought under the	e control	Yes No
С			s) to	
1	13c(1) Name of plan(s):		13c(2) EIN(	(s) 13c(3) PN(s)
Part	t VIII Trust Information (optional)			
1	Name of trust		14b Trus	st's EIN