Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Revenue Code (the Code).

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

1210-0089

OMB Nos. 1210-0110

2014

This Form is Open to Public Inspection

Part I	Annual Report	t Identification Information	n					
For calenda	ar plan year 2014 or f	iscal plan year beginning 07/01/2	2014	and ending 06/	30/2015			
A This ret	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a lie of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan							
D =: .	,		H * '					
B This retu	ırn/report is	the first return/report						
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)			
C Check b	oox if filing under:	X Form 5558 Special extension (enter desc	automatic extension		DFVC pro	gram		
Part II		ormation—enter all requested in	nformation					
1a Name		PROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶	001		
					1c Effective date	e of plan /01/1989		
	oonsor's name and a	ddress; include room or suite numl	ber (employer, if for a single-	employer plan)	' '	ntification Number -0926728		
1716 SOUTH	I BROADWAY AVEN	UE			2c Sponsor's telephone number 509-488-5295			
OTHELLO, W						le (see instructions) 7310		
3a Plan ad	dministrator's name a	and address Same as Plan Spor	nsor.		3b Administrator			
HILMES CON	NSTRUCTION, INC.		OUTH BROADWAY AVENUI LO, WA 99344		91-0926728 3c Administrator's telephone number			
					509-	488-5295		
		ne plan sponsor has changed since	e the last return/report filed fo	or this plan, enter the	4b EIN			
a Sponso		umber from the last return/report.			4c PN			
5a Total r	number of participants	s at the beginning of the plan year			5a	8		
b Total r	number of participants	s at the end of the plan year			5b	9		
		account balances as of the end o			5c	<u> </u>		
'	,				30	3		
a(1) Tota	al number of active pa	articipants at the beginning of the p	olan year		5d(1)	6		
d(2) Tota	al number of active pa	articipants at the end of the plan ye	ear		5d(2)			
		terminated employment during the		fits that were	5e	0		
Caution: A	penalty for the late	or incomplete filing of this retu	rn/report will be assessed	unless reasonable cau	se is established.			
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary, nolete.						
SIGN		I/valid electronic signature.						
HERE	Signature of plan administrator		Date	Enter name of individu	idual signing as plan administrator			
SIGN	J.g. a.a.o or pidir		54.0		and organise do pidir (
HERE	0'		Date	Fatana and a Chadhida				
Prenarer's	Signature of employment	oyer/plan sponsor name, if applicable) and address (Date	Enter name of individur.) (optional)		ne number (optional)		
1 Toparer 3	name (morating mm	name, ii appiloasio) and dadress (moldae room or state nambe	i) (optional)	Troparer o teleprie	ne namber (optional)		

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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 the pl	an indepe and condit ot use Fo	ndent qualified public accounta tions.) orm 5500-SF and must instead	nt (IQ	PA) Form	5500.		X Yes	S 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 ∐ I	Not dete	rmined
Par	III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Yea		_		(b) End o		
	Total plan assets	7a	1410)15	_			154	596
	Total plan liabilities	7b	4446		_			454	
	Net plan assets (subtract line 7b from line 7a)	7c	1410)15	-			154	596
	ncome, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	tal	
	Contributions received or receivable from: 1) Employers	8a(1)	12	210					
	2) Participants	8a(2)	100	000					
	3) Others (including rollovers)	8a(3)							
-	Other income (loss)	8b	23	371					
	Fotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						13	581
	Benefits paid (including direct rollovers and insurance premiums								
t	o provide benefits)	8d							
_ e (Certain deemed and/or corrective distributions (see instructions)	8e							
<u>f</u>	Administrative service providers (salaries, fees, commissions)	8f							
<u>g</u> (Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							0
	Net income (loss) (subtract line 8h from line 8c)	8i						13	581
_ J	Fransfers to (from) the plan (see instructions)	8j							
	If the plan provides pension benefits, enter the applicable pension to 2E 2J 2K 3D 2G If the plan provides welfare benefits, enter the applicable welfare fellows Compliance Questions								
10	During the plan year:				Yes	No	A	mount	
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				40000
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 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	<u> </u>								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	······		· 				Yes	s No
<u>11a</u>	Enter the unpaid minimum required contribution for current year from					11a	<u> </u>		
12	Is this a defined contribution plan subject to the minimum funding			or se	ction	302 of	ERISA?	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>		
а	If a waiver of the minimum funding standard for a prior year is bein granting the waiver.	-			, and 6 	enter th Day		e letter ru ′ear	uling

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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 Revenue Code (the Code).

> 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**

Parti		identification information							
For calend	ar plan year 2014 or t	iscal plan year beginning	07/01/2014	and ending	06/30/2				
A This ref	This return/report is for: 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	a foreign plan			•			
B This retu	This return/report is the first return/report the final return/report								
		an amended return/report	a short plan year return/report (less than 12 months)						
C Check	box if filing under:		DFVC program						
		special extension (enter descri	ption)						
Part II	Basic Plan Info	ormation—enter all requested info	ormation						
1a Name	- V-C-10-10-10-10-10-10-10-10-10-10-10-10-10-		31110001		1b Three-digit				
		, Inc. Profit Sharing	Plan		plan number	001			
					1c Effective dat 07/01/19				
2a Plans	ponsor's name and ac Construction	ddress; include room or suite numbe , Inc.	r (employer, if for a single-	employer plan)	2b Employer Ide (EIN) 91-0	entification Number			
					2c Sponsor's te				
1716 S	outh Broadway	Avenue			509-488-				
Othello	0	WA 99344			2d Business coo 237310	de (see instructions)			
3a Plan a	dministrator's name a	nd address Same as Plan Spons	or.		3b Administrato	r's EIN			
Hilmes	Construction	, Inc.			91-0926728 3c Administrator's telephone number				
1716 South Broadway Avenue					509-488-				
Othello	0	WA 99344							
		e plan sponsor has changed since the	he last return/report filed fo	r this plan, enter the	4b EIN	2 8 2 2 No.			
		mber from the last return/report.	ne last retarm eport mea ro	tillo piari, eriter tile	4D EIN				
	or's name				4c PN				
		at the beginning of the plan year			5a	8			
		at the end of the plan year			5b	9			
comple	ete this item)	account balances as of the end of the			5c	3			
		rticipants at the beginning of the pla			5d(1)	6			
d(2) Tota	al number of active pa	articipants at the end of the plan year	r		5d(2)	7			
	And the state of t	erminated employment during the pl		fits that were	5e	0			
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed u	ınless reasonable cau	se is established.				
Under pena	alties of perjury and ot edule MB completed a	her penalties set forth in the instruct nd signed by an enrolled actuary, as	tions. I declare that I have e	examined this return/ren	port including if any	olicable, a Schedule my knowledge and			
haliaf it is t	true correct and com	ninte							
belief, it is t	true, correct, and com	plété.	3/24/16	Stewart J. Hi	lmes				
belief, it is t	true, correct, and com	plété.	10410			administrator			
belief, it is t	Signature of plan a	plété.	3 24/16 Date	Stewart J. Hill		administrator			
belief, it is t	Signature of plan a	plété.	Date	Enter name of individu	ual signing as plan a				
SIGN HERE SIGN HERE	Signature of emplo	plété.	Date	Enter name of individu	ual signing as plan a				
SIGN HERE SIGN HERE	Signature of emplo	ndministrator Dyer/plan sponsor	Date	Enter name of individu	ual signing as plan a	oyer or plan sponsor			
SIGN HERE SIGN HERE	Signature of emplo	ndministrator Dyer/plan sponsor	Date	Enter name of individu	ual signing as plan a	oyer or plan sponsor			
SIGN HERE SIGN HERE	Signature of emplo	ndministrator Dyer/plan sponsor	Date	Enter name of individu	ual signing as plan a	oyer or plan sponsor			

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6a 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 be a continuous control of the plan cannot be under the plan cannot be	an indepe and condi	endent qualified public accountaitions.)	ant (IC	QPA)		X Yes \ No
С	If the plan is a defined benefit plan, is it covered under the PBGC in						
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year
a	Total plan assets	7a	1	410	15		15459
b	Total plan liabilities	7b					
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	1	410	15		15459
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	Qa/1\		12:	10		
	(2) Participants	8a(1) 8a(2)		1000	_		
	(3) Others (including rollovers)	8a(3)		100	-		
b	Other income (loss)	8b		23	71		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-	_	1358
d	Benefits paid (including direct rollovers and insurance premiums						1356
	to provide benefits)	8d					
	Certain deemed and/or corrective distributions (see instructions)	8e				10	
	Administrative service providers (salaries, fees, commissions)	8f					
	Other expenses	8g					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					
	Net income (loss) (subtract line 8h from line 8c)	8i		97			1358
J	Transfers to (from) the plan (see instructions)	8j					
Par							
9a	If the plan provides pension benefits, enter the applicable pension f	eature co	odes from the List of Plan Char	acteri	stic Co	des in	the instructions:
b	2E 2J 2K 3D 2G If the plan provides welfare benefits, enter the applicable welfare fe	aturo and	too from the List of Disa Chave	-4			
	were plant provided world o deficitle, effect the applicable werrare re-	ature cou	les nom the List of Flan Chara	ciensi	ic Coa	es in ti	ne instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а	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 withi	in the time period described in	40-		х	Amount
b	CAMPACT OF THE STATE OF THE STA			10a			
	on line 10a.)			10b		Х	
С	Was the plan covered by a fidelity bond?			10c	х		40000
d	Did the plan have a loss, whether or not reimbursed by the plan's f or dishonesty?	idelity bo	nd, that was caused by fraud	10d		х	
е	Were any fees or commissions paid to any brokers, agents, or other insurance service, or other organization that provides some or all constructions.)	er person	s by an insurance carrier, nefits under the plan? (See	10e		х	
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					2000	
	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	See instru	uctions and 29 CFR	10g		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	e required	d notice or one of the	10h 10i			
Part				101			
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "	Yes," see instructions and com	plete	Sched	ule SB	(Form Yes No
11a	Enter the unpaid minimum required contribution for current year fro	m Sched	Jule SB (Form 5500) line 39			11a	
12	Is this a defined contribution plan subject to the minimum funding r						ERISA? Yes X No
	paragraph to the minimum rations of	- quironic	Si Socioni TIZ di tile Code	UI 26	CHUII 3	JUZ UI	-1/1041 " 102 K 1/0

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling

Year

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forn	n 5500), and skip to line 1	3.			
	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	Subtract the amount in line 12c from the amount in line 12b. Enter the result (negative amount)			12d		
е	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?			Y	es X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer thi	s year		13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred of the PBGC?	d to another plan, or brough	nt under the c	ontrol		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)			0	1	
1	3c(1) Name of plan(s):		13	Bc(2) EIN	l(s)	13c(3) PN(s)
			,			
Part	VIII Trust Information (optional)	50 50 W 472				
14a N	Jame of trust		1	14b Tru	st's EIN	

0.00