Form	5500-SF	Short Form Annua	t of Small Employ	ee	OMB Nos. 1210-0110 1210-0089				
	nt of the Treasury Revenue Service	This form is required to be filed	Benefit Plan under sections 104 and	4065 of the Employee Retire	ement	2015			
Employee Benefit	ment of Labor ts Security Administration	Income Security Act of 1974 ((ERISA), and sections 60 Revenue Code (the Cod	957(b) and 6058(a) of the Inte le).	ernal		orm is Open to ic Inspection		
		Complete all entries in a dentification Information	ccordance with the ins	tructions to the Form 5500-	-SF.		-		
		cal plan year beginning 01/01/20	015	and ending 12/31	/2015				
A This return	/report is for:	a single-employer plan		plan (not multiemployer) (Fil- mployer information in accore		0			
B This return/		the first return/report	the final return/report	rn/report (less than 12 month	ns)				
C Check box	if filing under:	Form 5558	automatic extension		[] [OFVC progr	am		
		special extension (enter descri	,						
		mation—enter all requested info	ormation						
1a Name of p TRICO CONTR		K) PROFIT SHARING		11	b Threp plan (PN)	number	001		
				10	C Effec	tive date of 01/0	plan 1/1999		
Mailing ad	ldress (include room	er, if for a single-employer plan) , apt., suite no. and street, or P.O.			b Empl (EIN)	-	ication Number		
		, country, and ZIP or foreign posta	il code (if foreign, see ins	tructions) 20	c Spor		hone number 57-2373		
				20	d Busir	ness code (see instructions)		
P.O. BOX 409 BURLINGTON, V	WA 98233					2389	00		
3a Plan admi	nistrator's name and	d address XSame as Plan Sponse	or.	31	b Admi	nistrator's E	EIN		
.							elephone number		
	N, and the plan num	plan sponsor has changed since t ber from the last return/report.	he last return/report filed		b EIN c PN				
· · · ·		at the beginning of the plan year			5a		32		
		at the end of the plan year			5b		29		
C Number of	of participants with a	ccount balances as of the end of th	he plan year (defined ber	nefit plans do not	5c		22		
d(1) Total n	umber of active part	icipants at the beginning of the pla	ın year	5	id(1)		31		
d(2) Total n	umber of active part	icipants at the end of the plan yea	r		id(2)		21		
than 100	% vested	erminated employment during the			5e		0		
		r incomplete filing of this return, er penalties set forth in the instruct					able a Schedule		
SB or Schedul		d signed by an enrolled actuary, as							
		alid electronic signature.	06/21/2016	BRIAN WOLFE					
S	ignature of plan ad	Iministrator	Date	Enter name of individual	signing a	as plan adn	ninistrator		
SIGN HERE	ignature of employ	ver/plan sponsor	Date	Enter name of individual	sianina a	as emplove	r or plan sponsor		
		me, if applicable) and address (ind				telephone			
	B		· · · · · · · · · · · · · · · · · · ·						
For Paperwork	Reduction Act Notice	and OMB Control Numbers, see the	Instructions for Form 550	U-3F.			Form 5500-SF (2015)		

			Ū					
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann	an indepei and condit	ndent qualified public a ions.)	ccount	ant (IQ	PA)		
c	If the plan is a defined benefit plan, is it covered under the PBGC in						_	No Not determined
	rt III Financial Information	isulance p	Togram (see ERISA se		021):		165	
<u>га</u> 7				f V				
<u> </u>	Plan Assets and Liabilities	70	(a) Beginning	1489		-		(b) End of Year 1713746
 b	Total plan assets Total plan liabilities	7a 7b		1409	000	_		1715740
		7b		1489	600	-		1713746
	Net plan assets (subtract line 7b from line 7a)	7c	(-) •		000	-		
<u>8</u> a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amou	Int		_		(b) Total
a	(1) Employers	8a(1)		76	417			
	(2) Participants	8a(2)		133	096			
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b		14	862			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						224375
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	8d				_		
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e				_		
<u>t</u>	Administrative service providers (salaries, fees, commissions)	8f			229	_		
<u> </u>	Other expenses	. 8g				_		000
<u>n</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						229
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				_		224146
	Transfers to (from) the plan (see instructions)	8j						
	rt IV Plan Characteristics			~				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	odes in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature coc	les from the List of Plar	n Chara	acterist	ic Coc	les in th	ne instructions:
Par	t V Compliance Questions				-	-	-	
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest			IVa				
	reported on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	x			200000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x		
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e		х		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year e	end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10g	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 require	d notice or one of the	10i	Х			
j	Did the plan trust incur unrelated business taxable income?			10j				
Par	VI Pension Funding Compliance			. 0)	I	I	1	1

i ait		
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	c
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	c

Form 5500-SF 2015

Page **3 -** 1

					1				
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.				
b	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract 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?						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	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c Name of trustee or custodian					14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):					atio ercentag est		erage nefit test		
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?					es	No			
17a Has the plan been timely amended for all required tax law changes?					es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir	Ye	S	No				
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?	Y	es	No	N/A			

	rm 5500-SF	Short Form Annu	al Return/Report Benefit Plan	t of Small Emp	loyee	OMB Nos. 1210-0110 1210-0089				
Inte	artment of the Treasury ernal Revenue Service	This form is required to be file	d under sections 104 and			2015				
Employee	Department of Labor Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 609 Revenue Code (the Code		e Internal	This Form is Open to Public Inspection				
Pension E	Benefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form §	5500-SF.					
Part I		Identification Information								
For calend	dar plan year 2015 or fis	scal plan year beginning	01/01/2015	and ending	12/	31/2015				
A This re	eturn/report is for:	a single-employer plan	list of participating en			king this box must attach a the form instructions)				
			a foreign plan							
B This ret	turn/report is	the first return/report	the final return/report	reframent (loss than 10 m	e e e the)					
C Chook	box if filing under:	an amended return/report	a short plan year retur	n/report (less than 12 n						
C Check	box if filing under:	Form 5558	automatic extension			FVC program				
D (1)		special extension (enter descr	•							
Part II		rmation—enter all requested inf	formation		21					
1a Name TRICO (525411540240840340340	nc. 401(k) Profit Sha	aring			number				
						live date of plan				
0						01/1999				
Mailin	g address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O	Box)	ructional		oyer Identification Number 91-1075222				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRICO Contracting, Inc.					2c Sponsor's telephone number (360) 757–2373				
					2d Business code (see instructions)					
P.O. Bo	ox 409				2389	900				
Burling	gton		WA	98233						
3a Plan a	dministrator's name and	d address XSame as Plan Spons	or.	÷	3b Admir	nistrator's EIN				
					3c Admir	istrator's telephone number				
4 If the r	name and/or EIN of the	plan sponsor has changed since to be from the last return/report.	he last return/report filed for	or this plan, enter the	4b EIN					
	or's name	ber nom the last return report.	. South a star		4c PN					
		at the beginning of the plan year		1	5a	32				
					5b					
		at the end of the plan year			50	29				
		ccount balances as of the end of th			5c	22				
		icipants at the beginning of the pla			5d(1)	31				
e Numb	per of participants that te	icipants at the end of the plan year erminated employment during the	plan year with accrued ber	nefits that were less	5d(2) .5e	21				
than than	100% vested					0				
Under pena SB or Sche	alties of perjury and othe dule MB completed and	r incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, as	ions. I declare that I have	examined this return/re	port, including	, if applicable a Schedule				
	rue, correct, and compl	ete		· · · · · · · · · · · · · · · · · · ·						
SIGN		Zasa alle	6-13-16	Brian Wolfe						
HERE 0	Signature of plan ad	ministrator	Date	Enter name of individ	ual signing as	s plan administrator				
SIGN	ad the fire of the se				and the second					
HERE	Signature of employ	er/nlan sponsor	Date	Enter name of individ	ual eigning -					
Preparer's		me, if applicable) and address (inc		r)		employer or plan sponsor elephone number				
						nga - wanana kara kara ta'an ta'a ta'a				
		a ser a s				e de la companya de la				
				*						
	2 S.					1.4				

. . .

Form 5500-SF 2015		Page 2							
 6a Were all of the plan's assets during the plan year invested in eligit b 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 can 	an independ and condition and use Form	dent qualified public ons.) m 5500-SF and mus	accoun st inste	ad use	QPA) e Forn	n 5500.		X Ye	s 🗌 No
C If the plan is a defined benefit plan, is it covered under the PBGC in Part III Financial Information	nsurance pro	ogram (see ERISA s	ection 4	4021)?		Yes	No	Not dete	ermined
Part III Financial Information 7 Plan Assets and Liabilities	Г	(-) D			-				
a Total plan assets	. 7a	(a) Beginnin	1,48		0		(b) End		713,746
b Total plan liabilities	. 7a . 7b							-1	
C Net plan assets (subtract line 7b from line 7a)	-		1,48	9,60	0			1.7	713,746
8 Income, Expenses, and Transfers for this Plan Year	69000	(a) Amo					(b) T		
a Contributions received or receivable from: (1) Employers	. 8a(1)	(4) * ****		6,41	7		(2) 1		
(2) Participants	. 8a(2)			3,09					
(3) Others (including rollovers)	. 8a(3)								
b Other income (loss)	. 8b		1	4,86	2		1.1.		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c							2	24,375
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	0.4								
Certain deemed and/or corrective distributions (see instructions)	. 8d . 8e				-				
f Administrative service providers (salaries, fees, commissions)	8f			22	9				
g Other expenses	8g				-				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	- Franks - P			+				229
i Net income (loss) (subtract line 8h from line 8c)	8i							2	24,146
j Transfers to (from) the plan (see instructions)	8j				1		the second second		
B If the plan provides welfare benefits, enter the applicable welfare fr Part V Compliance Questions	eature code:	s from the List of Pla	in Char	acteris	tic Coo	des in th	e instructi	ons:	
10 During the plan year:				Yes	No	N/A		Amount	
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program).	oluntary Fid	uciary Correction	10a		X			Anount	
b Were there any nonexempt transactions with any party-in-interest					X				
reported on line 10a.)			10b		<u>^</u>				
C Was the plan covered by a fidelity bond?			10c	Х	- 20			2	00,000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х				
e Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of th	e benefits under	10e		X				
f Has the plan failed to provide any benefit when due under the plan			10f		• Х	1		<u>.</u>	
g Did the plan have any participant loans? (If "Yes,"_enter amount a	s of vear end	4.)	10g		X ·	1.0			
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruct	ions and 29 CFR	10g	X					The Second
i If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10 ⁻¹	ne required r	notice or one of the	101	X					
j Did the plan trust incur unrelated business taxable income?									-
Part VI Pension Funding Compliance		1	10j	L					
 Is this a defined benefit plan subject to minimum funding requirements and line 11a below) 	ents? (If "Ye	s," see instructions a	and con	nplete	Sched	ule SB	(Form	T Yes	s 🛛 No
11a Enter the unpaid minimum required contribution for all years from						11a	··········		
12 Is this a defined contribution plan subject to the minimum funding			1.4				RISA?	Yes	No X No

	Form 5500-SF 2015 Page 3 -					
	(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	tions, and o	enter the Day_	e date of t	ne letter ru Year	uling
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
ł	D 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			
с 	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left o negative amount)	fa	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	a 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 this year		13a			
b		nder the co	ontrol		Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)				1	5
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Part	VIII Trust Information			I		5
14a	Name of trust		14b ⊤	rust's EIN		
14c	Name of trustee or custodian			Trustee's elephone		an's
Par	t IX IRS Compliance Questions					
15a	Is the plan a 401(k) plan?		Yes	3	No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and emp matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ba	sign- sed safe rbor ethod	ADF test	
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m 2(a)(2)(ii))?	t year)-	Yes	5	No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 41		Ra per tes	rcentage		erage efit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	g	Yes		No	
17a	Has the plan been timely amended for all required tax law changes?		Yes	3	No	N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted En for tax law changes and codes).		1.1	1. A. A.	(See inst	1.1.8
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan tha advisory letter, enter the date of that favorable letter and the letter's serial number		1581415		······	or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the determination letter.	• •	he plan	's last favo	orable	
	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has I made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Island	ds)?	Yes	··· · · · ·	No	2
	Were in-service distributions made during the plan year?		Yes		No	i
	If "Yes," enter amount		19			1997 1997
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether retired), as required under section 401(a)(9)?	r or not	Yes		No	N/A

Attachment to 2015 Form 5500 Form 5500-SF Multiple Employer Plan Participating Employer Information

Plan Name _{TRICO Contracting, Inc. 401(k} Plan Sponsor's Name <u>TRICO Contracting</u> ,	PN: 001	
inico contracting,	EIN: <u>91-1075222</u> PN: 001	
		Percent
Name of participating employer		
value of participating employer	EIN	of Total
		Contributions
RICO Companies, LLC	46-1346762	100.0
RICO Contracting, Inc	91-1075222	0.0
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		2

Attachment to 2015 Form 5500 Form 5500-SF Multiple Employer Plan Participating Employer Information

Plan NameTRICO Contracting, Inc. 401(k) Profit SharingEIN: 91-1075222Plan Sponsor's NameTRICO Contracting, Inc.PN: 001

Name of participating employer	EIN	Percent of Total Contributions
TRICO Companies, LLC	46-1346762	100.00
TRICO Contracting, Inc	91-1075222	0.00
	1	