Form	5500-SF	Short Form Annual Return/Report of Small Emp				DIOYEE OMB Nos. 1				
	t of the Treasury evenue Service	This form is required to be file	Benefit Pla		etirement	2015				
Employee Benefits	nent of Labor s Security Administration	Income Security Act of 1974	This Form is Open to Public Inspection							
	Guaranty Corporation			nstructions to the Form 5	500-SF.		•			
		dentification Information al plan year beginning 01/01/		and ending 1	2/31/2015					
A This return/	report is for:	x a single-employer plan a one-participant plan		er plan (not multiemployer) g employer information in ac	•	0				
B This return/r	eport is	the first return/report an amended return/report	the final return/rep	ort eturn/report (less than 12 m	ionths)					
C Check box	if filing under:	X Form 5558 special extension (enter desc	automatic extension	on	[] D	FVC progra	m			
Part II B	asic Plan Infor	mation—enter all requested ir								
1a Name of p	lan	OFIT SHARING PLAN			(PN)	umber	002 Dian			
2a Plan spons	sor's name (employe	er, if for a single-employer plan)				01/01/				
	n, state or province,	, apt., suite no. and street, or P. country, and ZIP or foreign pos		instructions)	(EIN)	91-13				
					2d Busine	360-683 ess code (se	B-5447 ee instructions)			
70 CARLSBOR EQUIM, WA 98						23611	0			
3a Plan admir	nistrator's name and	address XSame as Plan Spon	sor.		3b Admir	istrator's El	N			
					3c Admir	iistrator's te	ephone number			
		plan sponsor has changed since	the last return/report fi	ed for this plan, enter the	4b EIN					
name, EIN a Sponsor's		ber from the last return/report.			4c PN					
5a Total num	ber of participants a	t the beginning of the plan year.			5a		4			
		t the end of the plan year			5b		2			
		ccount balances as of the end of			5c		2			
		cipants at the beginning of the p			5d(1)		4			
d(2) Total nu	umber of active parti	cipants at the end of the plan ye	ar		5d(2)		1			
than 1009	% vested	erminated employment during the			5e	liabed	0			
Under penalties SB or Schedule	s of perjury and othe	 incomplete filing of this returner penalties set forth in the instruction of the instruction of	ctions, I declare that I h	ave examined this return/re	port, includin	g, if applica				
	ed with authorized/va	alid electronic signature.	10/11/2016	GREGORY PARRISH	1					
	ignature of plan ad	ministrator	Date	Enter name of individ	lual signing a	s plan admi	nistrator			
SIGN HERE Si	gnature of employe	er/plan sponsor	Date	Enter name of individ	lual signing a	s emplover	or plan sponsor			
		me, if applicable) and address (i			Preparer's					
For Paperwork F	Reduction Act Notice	and OMB Control Numbers, see th	e instructions for Form	5500-SF.		F	orm 5500-SF (201			

-	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 a under 20 CER 2520 404 462 (See instructions on university eligibility)	an indepe	ndent qualified public a	ccount	ant (IQ	PA)			X Yes	No
	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								163	
C	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	program (see ERISA se	ection 4	021)?		Yes	No	Not deterr	nined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End c	of Year	
a	Total plan assets	7a		113	028				1123	85
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c		113	028				1123	85
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) To	otal	
а	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-	643					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			-64	43
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_				
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				_			-64	43
	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2R$ $2T$ $3D$	feature co	odes from the List of Pla	an Cha	racteris	stic Co	odes in t	the instruct	ions:	
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Pla	n Chara	acterist	ic Coo	les in th	ne instructio	ons:	
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)			10a		Х				
bb	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x				
С	Was the plan covered by a fidelity bond?			10c	х					50000
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.)	ne or all of	the benefits under	10e		X				
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 a	s of year e	end.)	10g	Х					23313
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			10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	No

12	Is this a defined contribution	plan subject to the minimum	funding requirements of section	412 of the Code or section 302 of ERISA?

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...

Yes X No

11a

Form 5500-SF 2015

Page 3 - 1

 (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 in granting the waiver. 		enter the Day	e date of th	he letter ru Year	ling	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_				
b Enter the minimum required contribution for this plan year		12b				
		12c				
 C Enter the amount contributed by the employer to the plan for this plan year d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the 						
negative amount)		12d			1	
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?			X Yes	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 brou of the PBGC?		ontrol		Yes 🗙	No	
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which 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 ⊺	rust's EIN	l		
14c Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Part IX IRS Compliance Questions		I				
15a Is the plan a 401(k) plan?		Ye:	S	No		
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha	esign- ised safe irbor ethod	ADP/ACP test		
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "or testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?		Yes			No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):				erage nefit test	
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con this plan with any other plans under the permissive aggregation rules?	0	Ye:	S	No		
17a Has the plan been timely amended for all required tax law changes?		Ye	s	No	N/A	
17b Date the last plan amendment/restatement for the required tax law changes was adopted//for tax law changes and codes).	Enter the ap	plicable	code	(See ins	structions	
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pl advisory letter, enter the date of that favorable letter/ and the letter's serial n		ct to a fa	vorable IF	RS opinion	or	
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, e determination letter/	nter the date of	the plar	n's last fav	vorable		
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	;	No		
19 Were in-service distributions made during the plan year?		Ye	s	No		
If "Yes," enter amount		19				
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w retired), as required under section 401(a)(9)?		Ye	S	No	N/A	

						OMB Nos. 1210-011			
Form 5500-SF	Short Form Annu	al Return/Report o Benefit Plan	of Small Emplo	yee		1210-008			
Department of the Treasury Internal Revenue Service	This form is required to be fil-	ed under sections 104 and 40	65 of the Employee Ref	tirement	2015				
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	4 (ERISA), and sections 6057 Revenue Code (the Code).	(b) and 6058(a) of the li	This Form is Open to Public Inspection					
Pension Benefit Guaranty Corporation	Complete all entries in	accordance with the instru	ctions to the Form 550	00-SF.					
Part I Annual Repor	t Identification Information	1							
For calendar plan year 2015 or 1	fiscal plan year beginning 01/01/20)15	and ending 12/31						
A This return/report is for:	X a single-employer plan	a multiple-employer pla list of participating emp	n (not multiemployer) (loyer information in acc	Filers che cordance v	ecking this b with the form	ox must attach a n instructions)			
	a one-participant plan	a foreign plan							
B This return/report is	the first return/report	the final return/report	report (less than 12 mo	onthe)					
	an amended return/report	a short plan year return/	report (less than 12 mo	intria)					
C Check box if filing under:	X Form 5558	automatic extension			DFVC prog	ram			
	special extension (enter des			_					
		the second se							
	ormation—enter all requested i	nformation		1b Thr	ee-diait				
1a Name of plan RIMO CONSTRUCTION, INC.	DROEIT SHARING PLAN			pla	n number	002			
RIMO CONSTRUCTION, INC.	PROFIL SHARING FLAN			(PN	1)	002			
					ective date o 01/2004	f plan			
2a Plan sponsor's name (emp	loyer, if for a single-employer plan) om, apt., suite no. and street, or P	.O. Box)			ployer Ident N) 91-13801	ification Number 82			
City or town, state or provin RIMO CONSTRUCTION, INC.	nce, country, and ZIP or foreign po	stal code (if foreign, see instru	uctions)		ponsor's telephone numbe (360) 683-5447				
					. ,	(see instructions)			
70 CARLSBORG RD.				230	5110				
EQUIM, WA 98382	and address XSame as Plan Spo	insor.		3b Ad	ministrator's	EIN			
				3c Adı	ministrator's	telephone numbe			
4 If the name and/or EIN of	the plan sponsor has changed sinc	e the last return/report filed for	or this plan, enter the	4b Ell	N				
name, EIN, and the plan r	number from the last return/report.			4C PN					
a Sponsor's name				5a	<u> </u>	4			
5a Total number of participar	nts at the beginning of the plan yea	r							
b Total number of participar	nts at the end of the plan year			5b		2			
c Number of participants wi	th account balances as of the end	of the plan year (defined bene	efit plans do not	5c		2			
d(1) Total number of active	participants at the beginning of the	plan year		5d(1)	_	4			
d(2) Total number of active	participants at the end of the plan	year				1			
e Number of participants th	nat terminated employment during t	the plan year with accrued be	nefits that were less	5e		0			
	the second star filling of this rot	urn/ronort will be seeneedd	unless reasonable ca	use is es	iding if ann	icable, a Schedul			
Under penalties of perjury and SB or Schedule MB completed	other penalties set forth in the insi and signed by an enrolled actuary					ny knowledge and			
belief, it is true, correct, and co		110-11-14	× Gregovy	M	wich				
SIGN X	Mura		Enter name of individ	dual signir	na as nlan a	dministrator			
HERE Signature of pla	n administrator	Date	Enter name of Individ	uuar signir	iy as pian a	anninatatol			
SIGN									
HERE Signature of em	ployer/plan sponsor	Date	Enter name of individ	dual signir	ng as emplo	yer or plan spons			
Preparer's name (including fir	m name, if applicable) and address	(include room or suite numbe		Prepare	er's telephor	ne number			
				177-11-16					
		the instructions for Form 5500	SF			Form 5500-SF (2			

Form 5500-SF 2015

Page 2

-	and the second se	o accete?	(See instructions)						K I	Yes		lo
b	Were all of the plan's assets during the plan year invested in eligibl 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	an indepen and condition	dent qualified public ac ons.)	countai	nt (IQP	'A)				Yes [lo
1	f you answered "No" to either line 6a or line 6b, the plan cann	ot use For	m 5500-Sr and must	tion 40	21)2		Yes 🛛	No 🗆	Not de	etermi	ned	
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA see		21):	···· 🗋						_
Par	III Financial Information					1					-	-
7 1	Plan Assets and Liabilities		(a) Beginning			+		(b) End		r 2385		_
a	Total plan assets	7a		113028	>	+			114	2305		_
	Total plan liabilities	7b		44000		+			111	2205		_
С	Net plan assets (subtract line 7b from line 7a)	7c		113028	3	+				2385		
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	nt				(b) T	otal			
	Contributions received or receivable from:	80(4)										
	(1) Employers	8a(1)						N				
	2) Participants	8a(2)										_
and the second division of the second divisio	(3) Others (including rollovers)	8a(3)		-64	3							
the second s	Other income (loss)	8b		-04	5					-643		
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80								040		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d										
	Certain deemed and/or corrective distributions (see instructions)	8e										
The rest of the local division in which the local division in which the local division in the local division i	Administrative service providers (salaries, fees, commissions)											
Contraction of the local division of the loc							1					
Statement of the local division in which the local division in the	Other expenses											
and the second se	Total expenses (add lines 8d, 8e, 8f, and 8g)									-643		
	Net income (loss) (subtract line 8h from line 8c)			10 (K)		-						
	Transfers to (from) the plan (see instructions)	· 8j									2.2.4	
Par	t IV Plan Characteristics	for other state	dea from the List of Dis	n Char	actoria	tic Co	dee in th	no instru	ctions:			
9a	If the plan provides pension benefits, enter the applicable pension 2E 2R 2T 3D	feature co	des from the List of Pla	in Chai	acteris				5110113.			
В	If the plan provides welfare benefits, enter the applicable welfare f	feature coo	les from the List of Plar	Chara	cterist	ic Cod	les in the	e instruct	ions:			
0												
Par	V Compliance Questions											
10	During the plan year:				Yes	No	N/A		Amo	unt		
a	Was there a failure to transmit to the plan any participant contribu	utions withi	in the time period									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	-iduciary Correction	10a		X						
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	it? (Do not	include transactions	10b		х						
с				10c	Х						500	00
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	s fidelity bo	ond, that was caused	10d		х					_	
e	Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides sor	me or all of	the benefits under			x						
	the plan? (See instructions.)			10e								
f	Has the plan failed to provide any benefit when due under the pla	NAME OF TAXABLE PARTY.		10f		X	14				222	12
g				10g	X		-				233	13
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 exceptions to providing the notice applied under 29 CFR 2520.10	the require	ed notice or one of the	10i								
j	Did the plan trust incur unrelated business taxable income?			10j								
Par	VI Pension Funding Compliance											
11	Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)	ments? (If	"Yes," see instructions	and co	mplete	Sche	dule SB	(Form		Yes		No
11.	Enter the unpaid minimum required contribution for all years from											
12	Is this a defined contribution plan subject to the minimum fundin							RISA?		Yes	X	No
14	is this a defined contribution plan subject to the minimum further											

Form 5500-SF 2015

Page 3 - 1

		1			
(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 instruction of the waiver. Monthematical Standard Standard Standard For a prior year is being amortized in this plan year, see instruction.	ctions, and er	nter the Day	date of t	he letter rulir Year	ng
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		101			
b Enter the minimum required contribution for this plan year		12b			
C 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 (enter a minus sign to the left of negative amount)	ofa	12d			
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?			X Yes	s 🗌 No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?		ntrol		Yes X M	No
C 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.)	he plan(s) to				
13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
Part VIII Trust Information					
14a Name of trust		14b ⁻	Trust's Ell	N	
14c Name of trustee or custodian		14d Trustee's or custodian's telephone number			
Part IX IRS Compliance Questions					
15a is the plan a 401(k) plan?		∐ Ye		No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	employer	b h	esign- ased safe arbor nethod	ADP test	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "curre testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401 2(a)(2)(ii))?	(m)-	[] Ye		No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	410(b):	1 1	atio ercentage est		erage efit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine this plan with any other plans under the permissive aggregation rules?	ning	1 Ye	es	No	
17a Has the plan been timely amended for all required tax law changes?		Y	es	No	N/A
for tax law changes and codes).	Enter the a			`	struction
17c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan and the letter's serial nu					or
17d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter determination letter		1		avorable	
 18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is 	as been alands)?	Ye		No	
19 Were in-service distributions made during the plan year?		Y []	es	No	
If "Yes," enter amount		19			
20 Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whe retired), as required under section 401(a)(9)?	ther or not	[] Y	es	No	□ N/A