## 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.

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to Public Inspection

Part I		t Identification Information	<u> </u>							
For calend	ar plan year 2015 or f	iscal plan year beginning 01/01/2	<u> 2016                                   </u>	and ending 0	3/24/2016					
A This rea	turn/ranartia fari	x a single-employer plan			ver) (Filers checking this box must attach a n accordance with the form instructions)					
A This rei	turn/report is for:	a one-participant plan	a foreign plan	npioyer illiornation ill a	ccordance with the	FIOTH HISTIACTIONS)				
<b>B</b> This retu	urn/report is	the first return/report	x the final return/report							
	·	an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)					
C Check	box if filing under:	X Form 5558	automatic extension		DFVC	program				
		special extension (enter desc	ription)		_					
Part II	Basic Plan Info	ormation—enter all requested in	formation							
1a Name	of plan				1b Three-digit					
GRAAFSTR	RA BACKHOE 401(K)	PLAN			plan numb					
					(PN) 1c Effective d	ate of plan				
					TO Elicolive a	01/01/2006				
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C	D. Box)		2b Employer I (EIN)	dentification Number 91-1184174				
City or		ce, country, and ZIP or foreign post		ructions)	<b>2c</b> Sponsor's	telephone number				
	, ,					ode (see instructions)				
16410 84TH					Zu Busiliess C	ode (see ilistractions)				
LAKE STEVI	ENS, WA 98258					238900				
3a Plan a	dministrator's name a	and address XSame as Plan Spon	sor.		<b>3b</b> Administra	tor's EIN				
					3c Administra	tor's telephone number				
		ne plan sponsor has changed since	the last return/report filed	for 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	number of participants	s at the beginning of the plan year			5a	2				
<b>b</b> Total	number of participants	s at the end of the plan year			5b	0				
		account balances as of the end of			5c	0				
		articipants at the beginning of the p			5d(1)	2				
		articipants at the end of the plan ye				0				
		t terminated employment during the			5e	0				
		or incomplete filing of this return				d.				
Under pena SB or Sche	alties of perjury and o	ther penalties set forth in the instruand signed by an enrolled actuary, a	ctions, I declare that I have	e examined this return/re	port, including, if a	applicable, a Schedule				
SIGN	true, correct, and com	lplete.  I/valid electronic signature.	11/05/2016	STEVE GRAAFSTRA	<u> </u>					
HERE	Signature of plan		Date	Enter name of individ		n administrator_				
SIGN										
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	dual signing as em	ployer or plan sponsor				
Preparer's		name, if applicable) and address (in	nclude room or suite numb		Preparer's telep					

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6a Were all of the plan's assets during the plan year invested in eligib  b 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 second or line 6b.	an independendendendendendendendendendendendende	dent qualified public a ons.) m 5500-SF and mus	ccount	ant (IQ	PA)  <b>Form</b>	5500.			Yes	No No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not d	etermin	ed
Part III Financial Information										
7 Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Yea	r	
a Total plan assets	7a		154	942					0	
<b>b</b> Total plan liabilities	7b 7c		454	0.40						
Net plan assets (subtract line 7b from line 7a)      Income. Expenses. and Transfers for this Plan Year	(a) A		942		0					
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(a)	Total		
(1) Employers	8a(1)									
(2) Participants	8a(2)									
(3) Others (including rollovers)	8a(3)									
<b>b</b> Other income (loss)	8b			202						
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								202	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		155	144						
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f									
<b>g</b> Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1	55144	
i Net income (loss) (subtract line 8h from line 8c)	8i							-1	54942	
j Transfers to (from) the plan (see instructions)	8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature cod	des from the List of Plant	an Cha	racteris	stic Co	des in t	he instru	ctions:		
B If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instruc	tions:		
Part V   Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	unt	
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 Fi	duciary Correction	10a		X					
<b>b</b> Were there any nonexempt transactions with any party-in-interest					<b>V</b>					
reported on line 10a.)			10b		X					
C Was the plan covered by a fidelity bond?			10c		Χ					
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X					
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.)	ner persons ne or all of t	by an insurance he benefits under	10e		X					
f Has the plan failed to provide any benefit when due under the plan					X					
			10f							
<ul><li>g Did the plan have any participant loans? (If "Yes," enter amount a</li><li>h If this is an individual account plan, was there a blackout period?</li></ul>	•	,	10g		X					
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 2520.10.			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
11a Enter the unpaid minimum required contribution for all years from						11a				
12 Is this a defined contribution plan subject to the minimum funding	requireme	nts of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA?		Yes X	No

	F	orm 5500-SF 2015 Page <b>3</b> - 1					
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ng the waiver		enter the Day	e date of	the letter ru Year	ling
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Τσαι	
b	Enter ti	he minimum required contribution for this plan year		12b			
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c			
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d			
		ve amount)			Yes	No	N/A
Part		e minimum funding amount reported on line 12d be met by the funding deadline?  Plan Terminations and Transfers of Assets			163	NO	IN/A
		resolution to terminate the plan been adopted in any plan year?			X Ye	sПNo	
		s," enter the amount of any plan assets that reverted to the employer this year		13a		<u> </u>	(
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou PBGC?	ght under the co	ontrol	×	Yes	No
С	If duri	ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identiassets or liabilities were transferred. (See instructions.)					
•	13c(1) N	lame of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part		Trust Information					
14a	Name o	f trust		14b 1	rust's Ell	N	
14c	Name	of trustee or custodian				s or custodi	an's
					telepnon	e number	
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan?		☐ Ye	s	No	
	10 110			_ D	esign-		
15b		"," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ha	sed safe arbor ethod	ADF test	P/ACP
15c		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c		Ye		No	
		method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4(ii))?					
16a		the box to indicate the method used by the plan to satisfy the coverage requirements under section			atio ercentage		erage efit test
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by come with any other plans under the permissive aggregation rules?		Ye		No	
17a		e plan been timely amended for all required tax law changes?		Ye	S	No	N/A
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire termination letter from the IRS, entire from the IRS, en		the plai	 n's last fa	vorable	
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	S	No	
19	Were in	n-service distributions made during the plan year?		Ye	s	No	
	If "Yes	," enter amount	·····	19			
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w ), as required under section 401(a)(9)?		Ye	s	No	N/A

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I		t Identification Information							
For calenda	ir plan year 2015 or f	iscal plan year beginning	01/01/2016	and ending	03/24/2	2016			
A This retu	urn/report is for:	a single-employer plan  a one-participant plan		an (not multiemployer) ployer information in ac					
		a one-participant plan	a foreign plan						
<b>B</b> This retu	rn/report is	the first return/report an amended return/report	X the final return/report						
		/report (less than 12 m	months)						
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC	program			
Part II	Basic Plan Inf	special extension (enter description—enter all requested in							
		ormation—enter all requested in	lormation		1b Three-digit				
<b>1a</b> Name of Graafst	ra Backhoe 4	01(k) Plan			plan numbe	er 001			
					1c Effective da 01/01/2	•			
Mailing	address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C				lentification Number 1184174			
	town, state or provin stra Backhoe,	ce, country, and ZIP or foreign post Inc.	al code (if foreign, see instru	uctions)	2c Sponsor's 425-334	elephone number			
16410	84th St NE				2d Business co 238900	ode (see instructions)			
Lake S	tevens	WA 98258							
3a Plan ac	dministrator's name a	and address XSame as Plan Spons	sor.		3b Administrat	or's EIN			
					3c Administrat	or's telephone number			
		ne plan sponsor has changed since	the last return/report filed fo	r this plan, enter the	4b EIN				
a Sponso		umber from the last return/report.			4c PN				
<b>5a</b> Total r	number of participant	s at the beginning of the plan year			5a	2			
		s at the end of the plan year			5b	0			
		account balances as of the end of			5c	0			
		articipants at the beginning of the pl			5d(1)	2			
d(2) Tota	al number of active p	articipants at the end of the plan ye	ar	****************************	5d(2)	0			
		t terminated employment during the			5e	0			
Under pena SB or Sche	penalty for the late alties of perjury and o	or incomplete filing of this return other penalties set forth in the instru- and signed by an enrolled actuary, a	n/report will be assessed in ctions, I declare that I have	unless reasonable car examined this return/re	port, including, if a	i, pplicable, a Schedule			
SIGN	火して			Steve Graafst	ra				
HERE	Signature of plan	administrator	Date 11 · 5 - 16	Enter name of individ	ual signing as plar	n administrator			
SIGN HERE									
COMPONENT CONTRACT		loyer/plan sponsor name, if applicable) and address (ir	Date	Enter name of individ	ual signing as em Preparer's telept				
reparers	rame (moluding inin	mame, ii applicable) and address (ii	round from or state frames	, ,	Treparer 3 telepr	ione number			

	Form 5500-SF 2015		Page 2								
6a	Were all of the plan's assets during the plan year invested in eligib	ole assets? (	(See instructions.)	100-11				X Yes No			
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 cann		i mini.		X Yes No						
С	If the plan is a defined benefit plan, is it covered under the PBGC in							No Not determined			
	rt III   Financial Information	Tourance pr	ogram (see Entert se		021): .		103				
7	Plan Assets and Liabilities	12 500	(a) Beginning	of Vo	25			(b) End of Year			
	Total plan assets	. 7a	(a) Degilining		4,94	2		(b) End of rear			
	Total plan liabilities	7b			1/01						
	Net plan assets (subtract line 7b from line 7a)	7c		15.	4,94	2		0			
8	Income, Expenses, and Transfers for this Plan Year	Define 3	(a) Amou		1,51	-	W				
	Contributions received or receivable from:		(a) Amou	mı		1222	-	(b) Total			
	(1) Employers	. 8a(1)				7016	131(1)	A Phonon and the second			
	(2) Participants	8a(2)				10,59					
	(3) Others (including rollovers)	8a(3)			-	- 31	The service of the se				
	Other income (loss)	. 8b	C FINE DE L	202				St. A FUND LINE ACTION			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				200					
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		15	5,14	4	0.7				
е	Certain deemed and/or corrective distributions (see instructions)	8e									
_	Administrative service providers (salaries, fees, commissions)					ibas	1910	we keep to be able to be			
a	· And Andrews						2 7/3-2 (Sept. 1541) (Sept. 1542)				
b h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h	25 July 2-76		V 75 -	1	-	155,144			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						-154,942			
	Transfers to (from) the plan (see instructions)	1									
<u> </u>	t IV Plan Characteristics	8j					- 6.55				
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D	feature cod	des from the List of PI	an Cha	racteris	stic Co	odes in t	he instructions:			
В	If the plan provides welfare benefits, enter the applicable welfare f	feature code	es from the List of Pla	n Chara	acterist	ic Cod	les in th	e instructions:			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	N/A	Amount			
а	a 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)					Х	L				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х	House of				
С						Х	1181				
d						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.)					Х	1282				
f	Has the plan failed to provide any benefit when due under the pla	in?		10f		Х	-52				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year er	nd.)	10g		X	対響				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		Х	Page 1				
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							

Part V 10

Did the plan trust incur unrelated business taxable income? Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes No 5500) and line 11a below)..... 11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40. Yes X 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?..

(If "Yes,"	n 5500-SF 2015 Page 3 -						
	complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
	er of the minimum funding standard for a prior year is being amortized in this plan year, see instru the waiver		enter th Day		the lett Year		ng
If you comp	oleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13						
<b>b</b> Enter the	minimum required contribution for this plan year		12b				
<b>c</b> Enter the	amount contributed by the employer to the plan for this plan year		12c				
	the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left amount)		12d				
e Will the r	ninimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		N/A
Part VII Pla	an Terminations and Transfers of Assets						
13a Has a res	solution to terminate the plan been adopted in any plan year?			X Ye	s N	٧o	
If "Yes,"	enter the amount of any plan assets that reverted to the employer this year		13a				
	the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought BGC?			. [2	X Yes	_ N	10
C If during	this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify sets or liabilities were transferred. (See instructions.)						
<b>13c(1)</b> Nar	ne of plan(s):	13c(2)	EIN(s)	)	130	c(3) PI	V(s)
					101		
Part VIII T	rust Information						
14a Name of tr	ust		140	Trust's El	IN		
14c Name of	trustee or custodian		140	Trustee' telephor			n's
Part IX I	RS Compliance Questions						
15a Is the pla	n a 401(k) plan?		Y	es es		No	
	now does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and econtributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			Design- based safe harbor method	• [	ADP/ test	ACP
testing m	P/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "currethod" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401)?	(m)-	_ Y	'es		No	
16a Check the	e box to indicate the method used by the plan to satisfy the coverage requirements under section	410(b):	ΙЦ	Ratio percentage lest	e [	Aver bene	age ofit test
	plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combination tests of sections 410(b) and 401(a)(b) by combination tests of sections 410(b) and 401(a)(d) by combination tests of sections 410(b) and 410(b) a		_ Y	es/es		No	
17a Has the p	lan been timely amended for all required tax law changes?		Y	es/es		No	N/A
	last plan amendment/restatement for the required tax law changes was adopted v changes and codes).	. Enter the	applic	able code	(	See in	struction
170 1111 1	n sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan letter, enter the date of that favorable letter	,	t to a	favorable	IRS op	inion o	r
	n is an individually-designed plan and received a favorable determination letter from the IRS, enter		the pl	an's last fa	avorabl	е	
advisory l	tion letter		Yes No				
advisory I  17d If the plan determina  18 Is the Pla	n maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h merican Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is		Y	es		No	
advisory 17d If the plar determina 18 Is the Pla made), A	n maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h	lands)?		es 'es			
advisory I  17d If the plan determina  18 Is the Plan made), A  19 Were in-s	n maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) h merican Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Is	lands)?					