Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Part I	Annual Report Ide	entification Information				
For cale	ndar plan year 2015 or fisca	Il plan year beginning 08/01/20	015	and ending 07/31/20	16	
A This	return/report is for:	a multiemployer plan;		mployer plan (Filers checking the generation in according the generation in according the manager plant in according the manager plant in according to the manager plant in acco		
		a single-employer plan;	a DFE (spec	cify)		
B This	return/report is:	the first return/report;	the final retu	urn/report;		
		an amended return/report;	a short plan	year return/report (less than 12	months).
C If the	nlan is a collectively-hargai	ned plan, check here				
	F	_	_			—
D Chec	k box if filing under:	Form 5558;	automatic ex	tension;	∐ th	e DFVC program;
		special extension (enter des	1 /			
Part	II Basic Plan Infor	mation—enter all requested	I information			
	ne of plan ON CONSTRUCTION EMPL	OYEE BENEFIT PLAN				Three-digit plan number (PN) ▶ 501
					1c	Effective date of plan 08/01/2015
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)				2b	Employer Identification Number (EIN)	
-	or town, state or province, on the construction, inc.	country, and ZIP or foreign pos	stal code (if foreign, see in	structions)	20	91-1662877
0,					20	Plan Sponsor's telephone number 253-922-2787
406 PORTER WAY MILTON, WA 98354-9638 406 PORTER WAY MILTON, WA 98354-9638			2d	Business code (see instructions) 238210		
				ed unless reasonable cause is		
				ve examined this return/report, in the best of my knowledge and bel		
SIGN HERE	Filed with authorized/valid	electronic signature.	12/28/2016	DARRIN MOLOZNIK		
HERE	Signature of plan admin	istrator	Date	Enter name of individual si	gning as	plan administrator
SIGN	Filed with authorized/valid e	electronic signature.	12/28/2016	DARRIN MOLOZNIK		
HERE	Signature of employer/p	lan sponsor	Date	Enter name of individual si	gning as	employer or plan sponsor
		•			<u> </u>	. , , ,
SIGN						
HERE	Signature of DFE		Date	Enter name of individual si	anina as	DFE
Preparei		ne, if applicable) and address (i				telephone number
DARRIN	I MOLOZNIK					050 000 0757
CANNO	N CONSTRUCTION					253-922-2787
	RTER WAY I, WA 98354					

Form 5500 (2015) Page **2**

3a	Plan administrator's name and address Same as Plan Sponsor		3b Administra	tor's EIN
			3c Administrat	or's telephone
4	If the name and/or EIN of the plan sponsor has changed since the last return EIN and the plan number from the last return/report:	n/report filed for this plan, enter the name,	4b EIN	
а	Sponsor's name		4c PN	
5	Total number of participants at the beginning of the plan year		5	146
6	Number of participants as of the end of the plan year unless otherwise stated 6a(2) , 6b , 6c , and 6d).	d (welfare plans complete only lines 6a(1),		
a(ʻ) Total number of active participants at the beginning of the plan year		6a(1)	146
a(2	Total number of active participants at the end of the plan year		6a(2)	123
b	Retired or separated participants receiving benefits		6b	0
С	Other retired or separated participants entitled to future benefits		6c	0
d	Subtotal. Add lines 6a(2), 6b, and 6c.		6d	123
е	Deceased participants whose beneficiaries are receiving or are entitled to re-	ceive benefits	6e	0
f	Total. Add lines 6d and 6e		6f	123
g	Number of participants with account balances as of the end of the plan year complete this item)		6g	0
h	Number of participants that terminated employment during the plan year with less than 100% vested		6h	0
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer plans complete this item)	. 7	
b	If the plan provides pension benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan at the plan provides welfare benefits, enter the applicable welfare feature could be plan at the plan provides welfare benefits, enter the applicable welfare feature could be plan at the plan provides welfare benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable pension feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan provides welfare benefits, enter the applicable welfare feature could be plan at the plan provides welfare benefits, enter the applicable welfare feature could be plan at the plan provides welfare benefits.	les from the List of Plan Characteristics Code	s in the instruction	
эa	Plan funding arrangement (check all that apply) (1)	9b Plan benefit arrangement (check all the (1) Insurance	at apply)	
	(2) Code section 412(e)(3) insurance contracts	(2) Code section 412(e)(3)	insurance contra	cts
	(3) Trust	(3) Trust		
10	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are a	(4) General assets of the subtrached and where indicated enter the num		ee instructions)
		_	bei attached. (5	ee manuchons)
а	Pension Schedules (1) R (Retirement Plan Information)	b General Schedules (1) H (Financial Inform	mation)	
	(2) MP (Multiampleyer Defined Benefit Blan and Cartain Manay		,	
	(2) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan	(2) I (Financial Inform		all)
	actuary	(4) C (Service Provide		
	(3) SB (Single-Employer Defined Benefit Plan Actuarial	(5) D (DFE/Participat	ing Plan Informat	ion)
	Information) - signed by the plan actuary	(6) G (Financial Trans	saction Schedule	s)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
2520.101-2	provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2.)
11b Is the plan	currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.)
enter the R	eceipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, eceipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure alid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Form 5500 (2015)

Receipt Confirmation Code__

Page 3

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

OMB No. 1210-0110

2015

			ERISA section 103(a)(2).		lion	This Fo	rm is Open to Public Inspection
For calendar plan year 201	15 or fiscal pla	n year beginning 08/01/2015		and en	nding 07/31/	2016	•
A Name of plan CANNON CONSTRUCTION	ON EMPLOYE	E BENEFIT PLAN			e-digit number (PN))	501
C Plan sponsor's name a CANNON CONSTRUCTION	ON, INC.		1000000	91-	oyer Identificat		
on a separat		ning Insurance Contract Individual contracts grouped a					
1 Coverage Information:							
(a) Name of insurance cal PREMERA BLUE CROSS	rrier		(a) Approximate as		T	Deliever	contract vege
(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate nu persons covered at policy or contract	end of	(f) F		(g) To
91-0499247	47570	4006253	111	. your	08/01/2015		07/31/2016
2 Insurance fee and commodescending order of the		ation. Enter the total fees and to	otal commissions paid. Li	st in line 3	the agents, br	rokers, and	other persons in
·	mount of com	missions paid		(b) To	otal amount of	fees paid	
		26073		(-)			
3 Persons receiving com	missions and f	ees. (Complete as many entrie	es as needed to report all p	persons).			
	(a) Name a	and address of the agent, broke	er, or other person to whor	n commiss	sions or fees w	ere paid	
MADDOCK & ASSOCIATE	S	SUIT	WILLOW RD E E C WA 98424				
(b) Amount of sales ar	d boos	Fe	ees and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code
	26073			•			3
	(a) Name a	and address of the agent, broke	er, or other person to whor	n commiss	sions or fees w	vere paid	
(b) Amount of sales ar	nd base	F	ees and other commission	s paid			
commissions pai		(c) Amount		(d) Purpose	е		(e) Organization code

Page 2 - 1	
-------------------	--

(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
	-	·	
		Fees and other commissions paid	
(b) Amount of sales and base			(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) No	me and address of the agent broke	r or other person to whom commissions or food were poid	
(a) Na	ine and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•	•	, , ,	
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	4.50
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
confinissions paid	(C) Amount	(u) Fulpose	code
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(2)			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			•
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	(-)	727	

_		
ยวก	Δ	
uq		•

P	art I	Where individual contracts are provided, the entire group of such indiv	idual contracts w	ith each carrier may be treated	d as a unit for purposes of
1	Cur	this report. Tent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in the general accounts at year e			
_		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		· DO	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)	d annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check	k here	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separ	ate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation g	juarantee	
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		, -			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	. 7c(2)		
		(3) Interest credited during the year			
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		<u></u>	
		Total of balance and additions (add lines 7b and 7c(6)).		7d	
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(4) Other (specify below)	- (4)		
		• Chief (Specify Below)			
		(5) Total deductions			
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

0		_		
Schedule A (Form 5500) 2015		Pag	je 4	
Welfare Benefit Contract Information If more than one contract covers the same goinformation may be combined for reporting pothe entire group of such individual contracts.	roup of employees of the same urposes if such contracts are e	experienc	e-rated as a unit. Where contra	
efit and contract type (check all applicable boxes)				
Health (other than dental or vision)	b Dental	С	Vision	d Life insurance
Temporary disability (accident and sickness)	f Long-term disability	g	Supplemental unemployment	h Prescription drug
Stop loss (large deductible)	j HMO contract	kX	PPO contract	I Indemnity contract
Other (specify)	_			_
erience-rated contracts:				
Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but unpai	d	9a(2)		7
(3) Increase (decrease) in unearned premium res		9a(3)		
(4) Earned ((1) + (2) - (3))			9a(4)	
Benefit charges (1) Claims paid		9b(1)		
(2) Increase (decrease) in claim reserves		9b(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
Remainder of premium: (1) Retention charges (c	on an accrual basis)			
(A) Commissions	9c	(1)(A)		
(B) Administrative service or other fees		(1)(B)		
	<u> </u>	(4)(0)		

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

521461

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Benefit and contract type (check all applicable boxes)

a | X | Health (other than dental or vision)

Experience-rated contracts:

Part III

a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid.....

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions..... (B) Administrative service or other fees (C) Other specific acquisition costs..... (D) Other expenses

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(D) 9c(1)(E)

9c(1)(F)

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2015

		pursuant to Ef	RISA section 103(a)(2).		Inspection
For calendar plan year 20	15 or fiscal plar	n year beginning 08/01/2015	and er		•
A Name of plan CANNON CONSTRUCTION EMPLOYEE BENEFIT PLAN				e-digit number (PN)	501
C Plan sponsor's name a CANNON CONSTRUCTION		e 2a of Form 5500		oyer Identification Number (1662877	EIN)
		ing Insurance Contract C Individual contracts grouped as a			
1 Coverage Information:					
(a) Name of insurance ca		MPANY			
/L) FINI	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or co	ontract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
13-5581829	65978	TS05359604	119	08/01/2015	07/31/2016
2 Insurance fee and communication descending order of the		ation. Enter the total fees and tota	commissions paid. List in line 3	the agents, brokers, and o	ther persons in
(a) Total a	amount of comm		(b) To	otal amount of fees paid	
		11587			6726
3 Persons receiving com	missions and fe	ees. (Complete as many entries a	is needed to report all persons).		
	(a) Name a	nd address of the agent, broker, o	or other person to whom commiss	sions or fees were paid	
GIS BENEFITS			UPONSEE ST 3, IL 60450		
(b) Amount of sales ar	nd hase	Fees	and other commissions paid		
commissions pai		(c) Amount	(d) Purpos	е	(e) Organization code
	0	3015 BE	NEFIT ADMINISTRATION		3
	(a) Name a	nd address of the agent, broker, o	or other person to whom commiss	sions or fees were paid	
BOON CHAPMAN BENEF		RATOR 9401 AM	MBERGLEN BLVD STE 100 , TX 78729		
(b) Amount of sales ar	nd hase	Fees	and other commissions paid		
commissions pai		(c) Amount	(d) Purpos	e	(e) Organization code
	11587	3711 BE	NEFITS ADMINISTRATION		5
For Donomyouls Dodynatio	n Act Notice c	and OMP Central Numbers, see	the instructions for Form FEOD		1

Page 2 - 1	
-------------------	--

(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
	-	·	
		Fees and other commissions paid	
(b) Amount of sales and base			(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) No	me and address of the agent broke	r or other person to whom commissions or fees were poid	
(a) Na	ine and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			T
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
•	•	, , ,	
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	4.50
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
confinissions paid	(C) Amount	(u) Fulpose	code
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(2)			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			•
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	(-)	727	

_		
ยวก	Δ	
uq		•

Р	art II	Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indivithis report.	idual contracts with each	carrier may be treated as a unit	for purposes of
4	Curr	ent value of plan's interest under this contract in the general account at year	end	4	0
		ent value of plan's interest under this contract in the general accounts at year e			0
_		tracts With Allocated Funds:	11 u		
·	a	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year			
	d	If the carrier, service, or other organization incurred any specific costs in co	nnection with the acquisi	ion or 6d	
		retention of the contract or policy, enter amount		ou	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferre	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check here	▶ □	
7		tracts With Unallocated Funds (Do not include portions of these contracts ma		ounte)	
•	a	` ·	ate participation guarante	,	
	и				
		(3) guaranteed investment (4) other			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year	7c(1)		
		(2) Dividends and credits			
		(3) Interest credited during the year			
		(4) Transferred from separate account			
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		7c(6)	
		Total of balance and additions (add lines 7b and 7c(6))		7d	
	е	Deductions:	- (1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	. 7e(4)		
)			
		(5) Total deductions		7e(5)	
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)			

Schedule A (Form 5500) 2015	_	Page 4			
Welfare Benefit Contract Informa If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	group of employees of the sourposes if such contracts	are experience-rated as	a unit. Where contract		_
and contract type (check all applicable boxes)				
lealth (other than dental or vision)	b X Dental	C X Vision		d Life insurance	
emporary disability (accident and sickness)	f Long-term disabilit	ty g Supplem	nental unemployment	h Prescription drug	
Stop loss (large deductible)	j HMO contract	k ☐ PPO con	ntract	I Indemnity contract	
Other (specify)	_	_		_	
nce-rated contracts:					
miums: (1) Amount received		9a(1)			
Increase (decrease) in amount due but unpai	id	9a(2)			
Increase (decrease) in unearned premium re	serve	9a(3)			
Earned ((1) + (2) - (3))			9a(4)		(
nefit charges (1) Claims paid		9b(1)			
Increase (decrease) in claim reserves		9b(2)			
Incurred claims (add (1) and (2))			9b(3)		
Claims charged			9b(4)		

8	Ben	efit and contract type (check all applicable boxes)						
	а	Health (other than dental or vision)	b X Dental	CX	Vision		d Life insurance	
	е	Temporary disability (accident and sickness)	f Long-term disability	, g	Supplemental unem	plovment	h Prescription drug	1
	ιΓ	Stop loss (large deductible)	j HMO contract	, J_ k[PPO contract	, , ,	I Indemnity contra	
	" L		I HIMO contract	κ_	PPO contract		I ☐ Indeminity contra	Ci
	m	Other (specify)						
_	_							
9	•	erience-rated contracts:	Г	0. (4)			_	
	a	Premiums: (1) Amount received	F	9a(1)			_	
		(2) Increase (decrease) in amount due but unpaid		9a(2)			-	
		(3) Increase (decrease) in unearned premium res	_	9a(3)		0=/4\		
	L	(4) Earned ((1) + (2) - (3))	F			. 9a(4)		0
	b	Benefit charges (1) Claims paid	-				_	
		(2) Increase (decrease) in claim reserves	<u> </u>			05/2)		
		(3) Incurred claims (add (1) and (2))				9b(3)		
	_	(4) Claims charged				. 9b(4)		
	С	Remainder of premium: (1) Retention charges (or	· · · · · · · · · · · · · · · · · · ·	0-(4)(A)			4	
		(A) Commissions		9c(1)(A)			4	
		(B) Administrative service or other fees	l e	9c(1)(B)			_	
		(C) Other specific acquisition costs	-	9c(1)(C)			_	
		(D) Other expenses	<u> </u>	9c(1)(D) 9c(1)(E)			_	
		(E) Taxes	F	9c(1)(E)			4	
		(F) Charges for risks or other contingencies (G) Other retention charges	L				4	
			_			00/1\/L	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		(H) Total retention	_			9c(1)(H	,	
		(2) Dividends or retroactive rate refunds. (These						
	d	Status of policyholder reserves at end of year: (1)	•					
		(2) Claim reserves				9d(2)		
	_	(3) Other reserves				9d(3)		
	е_	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	in line 9c(2)	.)	. 9e		
10	_	nexperience-rated contracts:						
	a	Total premiums or subscription charges paid to ca				. 10a		116048
	b	If the carrier, service, or other organization incurre			•	10b		
	0	retention of the contract or policy, other than repo	orted in Part I, line ∠ above	е, героп атс	unt	מטו		
	Sp	pecify nature of costs						

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Part III

¹² If the answer to line 11 is "Yes," specify the information not provided. **\rightarrow**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

		pursuant to	ERISA Section 103(a)(2)	•			Inspection
For calendar plan year 20°	15 or fiscal plan	year beginning 08/01/2015		and er	nding 07/3	31/2016	
A Name of plan CANNON CONSTRUCTION	ON EMPLOYE	BENEFIT PLAN			ee-digit n number (P	N) •	501
C Plan sponsor's name a CANNON CONSTRUCTION		e 2a of Form 5500			oyer Identific -1662877	cation Number	(EIN)
		ing Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca		NCE COMPANY					
(1) FINI	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or c	ontract year
(b) EIN	code	identification number	persons covered a policy or contract		(f)	From	(g) To
35-0472300	65676	000010206972 00	106		08/01/201	5	07/31/2016
2 Insurance fee and communication descending order of the		tion. Enter the total fees and to	tal commissions paid. Li	st in line 3	the agents,	brokers, and c	ther persons in
(a) Total a	amount of comr	nissions paid		(b) T	otal amount	of fees paid	
838 542							
3 Persons receiving com		es. (Complete as many entries					
	(a) Name a	nd address of the agent, broker	•	n commiss	sions or fees	were paid	
MARK S METTILLE			AUPONSEE ST RIS, IL 60450				
(b) Amount of sales ar	nd base	Fe	es and other commissior	is paid			
commissions pai		(c) Amount		(d) Purpos	se		(e) Organization code
		495 T	PA FEES				3
	(a) Name a	nd address of the agent, broker	, or other person to whor	n commiss	sions or fees	were paid	
BOON CHAPMAN BENEF		RATOR PO BO	DX 9201 IN, TX 78729				
(b) Amount of sales ar	nd base	Fe	es and other commission	s paid			
commissions pai		(c) Amount		(d) Purpos	e		(e) Organization code
		46 T	PA FEES				3
For Paperwork Reductio	n Act Notice a	nd OMB Control Numbers, se	e the instructions for F	orm 5500		Scho	dulo A (Form 5500) 2015

O	/F =====	
Schedule A	(Form 5500) 2015

Page **2** - 1

(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
MADDOCK & ASSOCIATES		WILLOW RD E	
		WA 98424	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
838			3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(a) Na	The and address of the agent, broke	1, or other person to whom commissions or rece were paid	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
	(-)	(2)	
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) NIa			
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

_		
ยวก	Δ	
uq		•

P	art I	Where individual contracts are provided, the entire group of such indiv	idual contracts w	ith each carrier may be treated	d as a unit for purposes of
1	Cur	this report. Tent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in the general accounts at year e			
_		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		· DO	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)	d annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check	k here	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separ	ate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation g	juarantee	
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		, -			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	. 7c(2)		
		(3) Interest credited during the year			
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		<u></u>	
		Total of balance and additions (add lines 7b and 7c(6)).		7d	
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(4) Other (specify below)	- (4)		
		• Chief (Specify Below)			
		(5) Total deductions			
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

Schedule A (Form 5500) 2015		Page 4		
rt III Welfare Benefit Contract Infoll If more than one contract covers the sa information may be combined for report the entire group of such individual contract.	me group of employees of the sing purposes if such contracts	are experience-rated as a	unit. Where contract	
Benefit and contract type (check all applicable be	oxes)			
a Health (other than dental or vision)	b Dental	c Vision		d X Life insurance
e Temporary disability (accident and sickne	ss) f Long-term disabilit	ty g Supplemen	tal unemployment	h Prescription drug
i Stop loss (large deductible)	j HMO contract	k PPO contra		I Indemnity contract
	, I imo contidot	N □ 11 0 comic		
m ☐ Other (specify) ▶				
Experience-rated contracts:				
a Premiums: (1) Amount received		9a(1)		
(2) Increase (decrease) in amount due but u	ınpaid	9a(2)		
(3) Increase (decrease) in unearned premiu	m reserve			
(4) Earned ((1) + (2) - (3))			9a(4)	
b Benefit charges (1) Claims paid		9b(1)		
(2) Increase (decrease) in claim reserves		9b(2)		
(3) Incurred claims (add (1) and (2))			9b(3)	
(4) Claims charged			9b(4)	
c Remainder of premium: (1) Retention charge	ges (on an accrual basis)			
(A) Commissions		9c(1)(A)		
(B) Administrative service or other fees				
(C) Other specific acquisition costs		9c(1)(C)		
(D) Other expenses		9c(1)(D)		

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

3966

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Part III

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(E)

9c(1)(F)

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public Inspection

		pursuant to E	ERISA section 103(a)(2).				Inspection
For calendar plan year 20°	15 or fiscal plar	year beginning 08/01/2015		and en	ding 07/3	1/2016	
A Name of plan CANNON CONSTRUCTION	ON EMPLOYE	E BENEFIT PLAN			e-digit number (PN	N) •	501
C Plan sponsor's name a CANNON CONSTRUCTION		e 2a of Form 5500			yer Identific 1662877	ation Number (EIN)
		ing Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance ca THE LINCOLN NATIONAL		NCE COMPANY					
	(c) NAIC	(d) Contract or	(e) Approximate nu			Policy or co	ntract year
(b) EIN	code	identification number	persons covered at policy or contract		(f)	From	(g) To
35-0472300	65676	000010206973	123		08/01/201	5	07/31/2016
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.							
(a) Total amount of commissions paid (b) Total amount of fees paid							
	3389 920						
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all p	persons).			
		nd address of the agent, broker,		n commiss	ions or fees	were paid	
MADDOCK & ASSOCIATE	S	SUITE	VILLOW RD E C VA 98424				
(b) Amount of sales ar	nd hase	Fee	es and other commission	s paid			
commissions pai		(c) Amount	(d) Purpose			(e) Organization code	
	1896						3
	(a) Name a	nd address of the agent, broker,	or other person to whom	n commiss	ions or fees	were paid	
MARK S METTILLE		422 W	AUPONSEE ST IS, IL 60450			·	
(b) Amount of sales ar	nd base	Fee	es and other commission	s paid			
commissions pai		(c) Amount		d) Purpose	Э		(e) Organization code
	1493	684 TI	PA FEES				3

Schodulo A	/Earm	5500\	2015
Schedule A	(Form	2200)	2015

Page **2** - 1

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BOON CHAPMAN BENEFFIT ADMII	NISTRATOR PO BO AUST	OX 9201 FIN, TX 78766	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount 236	(d) Purpose TPA FEES	code 3
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

_		
ยวก	Δ	
uq		•

P	art I	Where individual contracts are provided, the entire group of such indiv	idual contracts w	ith each carrier may be treated	d as a unit for purposes of
1	Cur	this report. Tent value of plan's interest under this contract in the general account at year	end	4	
		rent value of plan's interest under this contract in the general accounts at year e			
_		tracts With Allocated Funds:			
	а	State the basis of premium rates			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		· DO	
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)	d annuity		
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan, check	k here	
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in separ	ate accounts)	
	а	Type of contract: (1) deposit administration (2) immedia	ite participation g	juarantee	
		(3) ☐ guaranteed investment (4) ☐ other ▶			
		, -			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	. 7c(2)		
		(3) Interest credited during the year			
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		•			
		(6)Total additions		<u></u>	
		Total of balance and additions (add lines 7b and 7c(6)).		7d	
	е	Deductions:	70(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	7e(2)		
		(4) Other (specify below)	- (4)		
		• Chief (Specify Below)			
		(5) Total deductions			
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f	

Schedule A (Form 5500) 2015		Pa	ge 4		
Welfare Benefit Contract Informat If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	roup of employees of the saurposes if such contracts a	ire experienc	ce-rated as a unit. Wh	nere contrac	
efit and contract type (check all applicable boxes)					
Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
Temporary disability (accident and sickness)	f X Long-term disability	, g ☐	Supplemental unem	ployment	h Prescription drug
Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
Other (specify)	- <u>L</u>	_	_		
erience-rated contracts:					
Premiums: (1) Amount received		9a(1)			
(2) Increase (decrease) in amount due but unpai	d	9a(2)			
(3) Increase (decrease) in unearned premium res	serve	9a(3)			
(4) Earned ((1) + (2) - (3))				. 9a(4)	
Benefit charges (1) Claims paid		9b(1)			
(2) Increase (decrease) in claim reserves		9b(2)		1	
(3) Incurred claims (add (1) and (2))				. 9b(3)	
(4) Claims charged				. 9b(4)	
Remainder of premium: (1) Retention charges (c	on an accrual basis)				
(A) Commissions		9c(1)(A)			
(B) Administrative service or other fees		9c(1)(B)			
(O) Other and a 'C' and a second a 'C' and a second		9c(1)(C)			

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

19679

Specify nature of costs

9c(1)(D) 9c(1)(E)

9c(1)(F)

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

Benefit and contract type (check all applicable boxes)

a Health (other than dental or vision)

Experience-rated contracts:

10 Nonexperience-rated contracts:

Part III

a Premiums: (1) Amount received..... (2) Increase (decrease) in amount due but unpaid.....

Remainder of premium: (1) Retention charges (on an accrual basis) --(A) Commissions (B) Administrative service or other fees (C) Other specific acquisition costs..... (D) Other expenses.....

(E) Taxes..... (F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

¹² If the answer to line 11 is "Yes," specify the information not provided.

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2015

This Form is Open to Public

		· · · · · · · · · · · · · · · · · · ·			mopoditon
For calendar plan year 20	15 or fiscal plar	year beginning 08/01/2015	and o	ending 07/31/2016	
A Name of plan CANNON CONSTRUCTION EMPLOYEE BENEFIT PLAN				ree-digit an number (PN)	501
C Plan sponsor's name a CANNON CONSTRUCTION		e 2a of Form 5500	-	oloyer Identification Numb 1-1662877	er (EIN)
			Coverage, Fees, and Cor a unit in Parts II and III can be re		
1 Coverage Information:					
(a) Name of insurance ca THE LINCOLN NATIONAL		NCE COMPANY			
	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy o	r contract year
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	(g) To
35-0472300	65676	000010206976	122	08/01/2015	07/31/2016
2 Insurance fee and communication descending order of the		ation. Enter the total fees and total	al commissions paid. List in line	3 the agents, brokers, and	d other persons in
(a) Total a	amount of comr	nissions paid	(b)	Total amount of fees paid	
2282 506				506	
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all persons).		
	(a) Name a	nd address of the agent, broker,	or other person to whom commi	ssions or fees were paid	
BOON CHAPMAN BENEF	FIT ADMINISTI		X 9201 N, TX 78729		
(b) Amount of sales ar	nd base	Fee	es and other commissions paid		
commissions pa		(c) Amount	(d) Purpo	ose	(e) Organization code
		127 TF	PA FEE		3
	(a) Name a	nd address of the agent, broker,	or other person to whom commi	ssions or fees were paid	
MARK S METTILLE		422 WA	AUPONSEE ST IS, IL 60450		
(la) Amazout et eel	4 6	Fee	es and other commissions paid		
(b) Amount of sales ar commissions pai		(c) Amount	(d) Purpo	ose	(e) Organization code
	903	` '	PA FEE		3
For Paperwork Reduction	n Act Notice a	nd OMB Control Numbers see	e the instructions for Form 550	<u> </u>	

O	/F =====	
Schedule A	(Form 5500) 2015

Page **2 -** 1

(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
MADDOCK & ASSOCIATES	SUITI	WILLOW RD E E C	
	FIFE,	WA 98424	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
1378			3
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
	Г		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
		Fees and other commissions paid	
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
•	,		
(a) No	me and address of the agent broke	I are other person to whom commissions or feed were paid	
(a) Na	ime and address of the agent, broke	r, or other person to whom commissions or fees were paid	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
	<u> </u>		
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code

_		
ยวก	Δ	
uq		•

Part II		Where individual contracts are provided, the entire group of such indivi	with each carrier may be treated	d as a unit for purposes of				
1	Cur	this report. Tent value of plan's interest under this contract in the general account at year of the second secon	and	4				
		rent value of plan's interest under this contract in the general accounts at year en						
_		tracts With Allocated Funds:						
a State the basis of premium rates								
	b	Premiums paid to carrier		6b				
	C	Premiums due but unpaid at the end of the year		6c				
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount		. 00				
		Specify nature of costs						
	е	Type of contract: (1) individual policies (2) group deferred (3) other (specify)	d annuity					
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan, che	ck here				
7	Con	tracts With Unallocated Funds (Do not include portions of these contracts ma	intained in sep	arate accounts)				
	а	Type of contract: (1) deposit administration (2) immedia	te participation	guarantee				
		(3) guaranteed investment (4) other						
		_						
	b	Balance at the end of the previous year		7b				
	С	Additions: (1) Contributions deposited during the year						
		(2) Dividends and credits	7c(2)					
		(3) Interest credited during the year	7c(3)					
		(4) Transferred from separate account	7c(4)					
		(5) Other (specify below)	7c(5)					
		•						
				- (-)				
		(6)Total additions		<u>`_</u> `_				
		Total of balance and additions (add lines 7b and 7c(6))		7d				
	е	Deductions:	70(1)					
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)					
		(2) Administration charge made by carrier	7e(2)					
		(3) Transferred to separate account	7e(4)					
		(4) Other (specify below)	, , , , ,					
* *								
		(5) Total deductions						
	f	Balance at the end of the current year (subtract line 7e(5) from line 7d)		7f				

Schedule A (Form 5500) 2015		Paç	ge 4		
Welfare Benefit Contract Informatio If more than one contract covers the same grou information may be combined for reporting purp the entire group of such individual contracts with	p of employees of the sa oses if such contracts ar	e experienc	e-rated as a unit. V	here contrac	
efit and contract type (check all applicable boxes)					
Health (other than dental or vision)	Dental	С	Vision		d Life insurance
Temporary disability (accident and sickness)	Long-term disability	g∏	Supplemental une	mployment	h Prescription drug
Stop loss (large deductible)	HMO contract	k 🗍	PPO contract		I Indemnity contract
Other (specify)		<u></u>			_ ·
erience-rated contracts:					
Premiums: (1) Amount received		9a(1)			
(2) Increase (decrease) in amount due but unpaid		9a(2)			
(3) Increase (decrease) in unearned premium reserv	/e	9a(3)			
(4) Earned ((1) + (2) - (3))	<u></u>			9a(4)	
Benefit charges (1) Claims paid		9b(1)			
(2) Increase (decrease) in claim reserves		9b(2)			
(3) Incurred claims (add (1) and (2))				9b(3)	
(4) Claims charged				9b(4)	
Remainder of premium: (1) Retention charges (on a	n accrual basis)				
(A) Commissions		9c(1)(A)			
(B) Administrative service or other fees		9c(1)(B)			
(C) Other specific acquisition costs		9c(1)(C)			
(D) Other expenses		9c(1)(D)			

9c(2)

9d(1)

9d(2) 9d(3)

9e

10a

10b

10826

retention of the contract or policy, other than reported in Part I, line 2 above, report amount..... Specify nature of costs

10 Nonexperience-rated contracts:

Benefit and contract type (check all applicable boxes)

a Health (other than dental or vision)

Experience-rated contracts:

Part III

(E) Taxes.....

(F) Charges for risks or other contingencies

(H) Total retention

(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)

(2) Claim reserves

(3) Other reserves Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....

Total premiums or subscription charges paid to carrier

If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or

d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement......

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	X No	

9c(1)(E)

9c(1)(F)

¹² If the answer to line 11 is "Yes," specify the information not provided.