Form	5500-SF	Short Form Annu	•	•	oyee	(OMB Nos. 1210-0110 1210-0089		
	t of the Treasury evenue Service	This form is required to be fill	Benefit Pla	-	etirement		2015		
Employee Benefits	nent of Labor s Security Administration Guaranty Corporation	Income Security Act of 1974		6057(b) and 6058(a) of the		This Form is Open to Public Inspection			
		 Complete all entries in dentification Information 		nstructions to the Form 5	500-SF.				
		al plan year beginning 07/01/		and ending 0	6/30/2016				
A This return/	report is for:	a single-employer plan		er plan (not multiemployer) employer information in a	`	0			
B This return/re	eport is	the first return/report an amended return/report	the final return/repo	ort eturn/report (less than 12 m	nonths)				
C Check box i	if filing under:	Form 5558 special extension (enter desc	automatic extension	n		FVC progra	am		
Part II B	asic Plan Infor	mation —enter all requested in							
1a Name of pl	lan	ROFIT SHARING PLAN			(PN)	number	001 plan		
		er, if for a single-employer plan)				oyer Identifi	/1989 cation Number		
	n, state or province,	apt., suite no. and street, or P. country, and ZIP or foreign pos		nstructions)	(EIN) 91-0926728 2c Sponsor's telephone number 509-488-5295				
					2d Business code (see instructions)				
OTHELLO, WA 9	99344					2373	10		
3a Plan admir ILMES CONST			OUTH BROADWAY AVE	NUE			926728		
			-O, WA 99344			509-488	elephone number 8-5295		
		plan sponsor has changed since per from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN				
a Sponsor's	name				4c PN				
5a Total num	ber of participants a	t the beginning of the plan year.					8		
		t the end of the plan year			5b		6		
		count balances as of the end of		•	5c		3		
		cipants at the beginning of the p			5d(1)		6		
d(2) Total nu	umber of active parti	cipants at the end of the plan ye	ear		5d(2)		6		
than 100%	% vested	rminated employment during th			5e	liched	0		
Under penalties SB or Schedule	s of perjury and othe	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary, ate.	ictions, I declare that I ha	ave examined this return/re	port, includir	ng, if applica			
SIGN File		alid electronic signature.	02/16/2017	STEWART J. HILME	S				
	gnature of plan ad	ministrator	Date	Enter name of individ	lual signing a	as plan adm	inistrator		
SIGN HERE Si	gnature of employe	er/plan sponsor	Date	Enter name of individ	lual signing a	as employer	or plan sponsor		
		ne, if applicable) and address (i				telephone i			
For Paperwork 6	Reduction Act Notice	and OMB Control Numbers, see ti	ne instructions for Form 5	500-SF			Form 5500-SF (2015)		

b	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 indeper and condit	ndent qualified public a	ccount	ant (IQ	PA)				
	f the plan is a defined benefit plan, is it covered under the PBGC ir							No Not determined		
Par					021)1					
	Plan Assets and Liabilities		(a) Beginning	n of Ye	ar			(b) End of Year		
	Fotal plan assets	7a	(a) Deginning		596			144290		
	Fotal plan liabilities	7b		-						
	Net plan assets (subtract line 7b from line 7a)	7c		154	596			144290		
_	ncome, Expenses, and Transfers for this Plan Year		(a) Amou	Int		(b) Total				
	Contributions received or receivable from:		(
	1) Employers	8a(1)			742	_				
(2) Participants	8a(2)		23	385	_				
(3) Others (including rollovers)	8a(3)								
b (Other income (loss)	8b		-2	713					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		27414		
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d		37	660					
e (Certain deemed and/or corrective distributions (see instructions)	8e								
f /	Administrative service providers (salaries, fees, commissions)	8f								
g (Other expenses	8g			60	_				
<u>h</u> -	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						37720		
<u>i i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						-10306		
_ j -	Transfers to (from) the plan (see instructions)	8j								
Part	Part IV Plan Characteristics									
9a	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 3D 2G									
В	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acterist	ic Coc	les in th	ne instructions:		
Part	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		Х				
b	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	x			40000		
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	f Has the plan failed to provide any benefit when due under the plan?					Х				
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			10g		Х				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		X				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	•		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 requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes No
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?	Yes X No

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Page **3** - 1

					1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver									
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	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)									
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A			
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?			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 Trust's EIN						
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		ADP/ACP test			
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))?		Yes [No	No			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test			
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No				
17a	Has	he plan been timely amended for all required tax law changes?		Ye	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	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			

Form 5500-SF Short Form Annual Return/Report of Small Employee										
	artment of the Treasury ernal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and	4065 of the Employee F	Retirement	2015				
Employee	Department of Labor Benefits Security Administration Benefit Guaranty Corporation	Income Security Act of 1974	4 (ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the e).	e Internal	This Form is Open to Public Inspection				
		Complete all entries in	accordance with the inst	ructions to the Form 5	500-SF.	Public Inspection				
Part I		Identification Information								
For calend	bar plan year 2015 of li	scal plan year beginning	07/01/2015	and ending		30/2016				
A This re	eturn/report is for:	X a single-employer plan	a multiple-employer p list of participating er a foreign plan	plan (not multiemployer) nployer information in a	(Filers chec ccordance wi	king this box must attach a the form instructions)				
B This ref	turn/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year retu	m/report (less than 12 m	nonths)					
C Check	box if filing under:	X Form 5558	automatic extension			FVC program				
		special extension (enter desc								
Part II		rmation-enter all requested in	formation							
1a Name Hilmes		Inc. Profit Sharing	Plan		1b Three plan r (PN)	number 001				
					1c Effect	ive date of plan				
2a Plan s	sponsor's name (emplo	yer, if for a single-employer plan)				over Identification Number				
Mailin	g address (include roor	m, apt., suite no. and street, or P.C). Box)			91-0926728				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Hilmes Construction, Inc.						2c Sponsor's telephone number 509-488-5295				
1716 \$	South Broadway	Avenue			2d Business code (see instructions) 237310					
Othell	-									
		WA 99344								
	dministrator's name an Construction,		sor.		3b Administrator's EIN 91-0926728					
1716 S	outh Broadway	Avenue			3c Administrator's telephone number 509-488-5295					
Othell		WA 99344								
name	, EIN, and the plan nun	plan sponsor has changed since nber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN					
	or's name				4c PN					
		at the beginning of the plan year			5a	8				
b Total	number of participants	at the end of the plan year			5b	6				
compl	lete this item)	account balances as of the end of the			5c	3				
d(1) Tota	al number of active par	ticipants at the beginning of the pla	an year		5d(1)	6				
e Numb	per of participants that t	ticipants at the end of the plan yea erminated employment during the	plan year with accrued ber	nefits that were less	5d(2)	6				
than '	100% vested	n in an an late filling of their met.	lane and the		5e					
Under pena SB or Sche	alties of periury and oth	or incomplete filing of this return the penalties set forth in the instruc- d argned by an enrolled actuary, a	tions I declare that I have	evamined this return/rer	art including	if an alterated on the test				
SIGN			alich-	Stewart J. Hil	mod					
HERE	Signature of plan ac	400	Date							
SIGN	plan administrator									
HERE	Signature of employ		Date	Enter name of individu	al signing as	employer or plan sponsor				
Preparér's r	name (including firm na	ame, if applicable) and address (in	clude room or suite numbe	r)	Preparer's te	elephone number				

Form 5500-SF 2015

D	20	~	2
г	ag	e	~

6a b	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 indeper and condit	ndent qualified public ions.)	accoun	tant (IC	QPA)		
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA s	ection 4	4021)?	Γ	Yes 🗌	No Not determined
	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginnir	g of Ye	ear		(b) End of Year
a	Total plan assets	7a			54,59	96		144,290
b	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7c		15	54,59	96		144,290
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	(a) Amount				(b) Total
а	Contributions received or receivable from: (1) Employers	8-(4)						
	(2) Participants	8a(1) 8a(2)			6,74			
	(2) Others (including rollovers)	8a(3)			3,38	35		
b	Other income (loss)	8b			2 71	-		·····
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			2,71	.3		
	Benefits paid (including direct rollovers and insurance premiums	00						27,414
	to provide benefits)	8d		3	7,66	0		
	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
100.0	Other expenses	8g			6	0		
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						37,720
	Net income (loss) (subtract line 8h from line 8c)	8i						-10,306
	Transfers to (from) the plan (see instructions)	8j						
	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D 2G	feature coo	les from the List of Pl	an Cha	racteris	stic Co	odes in the	instructions:
В	If the plan provides welfare benefits, enter the applicable welfare fe	ature code	s from the List of Pla	n Char	otoriat	in Car		
	,,		is nom the List of Fia	ii Ghara	acterist		ies in the i	nstructions:
Part	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vo Program)	oluntary Fig	duciary Correction	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not in	clude transactions	10b		х		
C	Was the plan covered by a fidelity bond?			10c	х			40,00
d	Did the plan have a loss, whether or not reimbursed by the plan's f by fraud or dishonesty?	fidelity bon	d, that was caused	10d		х		
е	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of th	ne benefits under	10-		x		
f	Has the plan failed to provide any benefit when due under the plan			10e		v		
g	Did the plan have any participant loans? (If "Yes," enter amount as			10f		X		
	If this is an individual account plan, was there a blackout period? (5			10g		X		
	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the			10h		X		
	exceptions to providing the notice applied under 29 CFR 2520.101	-3		10i				
1	Did the plan trust incur unrelated business taxable income?			10j				
Part 11	VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requireme	nts? /If "V	e " con instructions	and each	nlat- (Dob - 1		
	5500) and line 11a below)						·····	m Yes No
	Enter the unpaid minimum required contribution for all years from S							
12	Is this a defined contribution plan subject to the minimum funding r	equiremen	ts of section 412 of th	ne Code	or sec	tion 3	02 of ERIS	SA? Yes 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 instructions, and granting the waiver		e date of th		uling	
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	Day		Year		
	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				
C	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		· · · · ·		
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	· 	Yes	No [N/A	
Part		<u>. </u>		110		
13a	t 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					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	ontrol	П	Yes X	No	
c)				
	42-/4) Name of stars (a)	EIN(s)		13c(3)	PN(s)	
Par	VIII Trust Information					
14a	Name of trust	14b Trust's EIN				
140	Name of trustee or custodian	44.1				
140		14d Trustee's or custodian's telephone number				
Par	t IX IRS Compliance Questions	I				
15a	Is the plan a 401(k) plan?	Yes		No		
454		Design-			·	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	harbor 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 year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	Yes No				
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):				rage 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?	tes		No		
17a	Has the plan been timely amended for all required tax law changes?	Yes		 No	N/A	
17b	Date the last plan amendment/restatement for the required tax law changes was adopted	applicabl	e code	(See ir	structions	
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject advisory letter, enter the date of that favorable letter and the letter's serial number				or	
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of determination letter	the plan'	s last favo	rable		
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No		
19	Were in-service distributions made during the plan year?	Yes		No		
	If "Yes," enter amount	19				
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of whether or not retired), as required under section 401(a)(9)?	Yes		No	N/A	