Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part	I Annual Report	dentification information							
For cale	endar plan year 2016 or f	iscal plan year beginning 01/01/2	2016 and ending 1	2/31/2016					
A This	return/report is for:	a single-employer plan a one-participant plan	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) a foreign plan						
B This	return/report is	the first return/report an amended return/report	X the final return/report □ a short plan year return/report (less than 12 months)						
C Che	ck box if filing under:	Form 5558 special extension (enter descr	automatic extension	DFVC program					
Part I	I Basic Plan Info	ormation—enter all requested inf							
1a Nar	me of plan	PROFIT SHARING PLAN		1b Three-digit plan number (PN) ▶	. 002				
				1c Effective dat	e of plan 1/01/2004				
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) PRIMO CONSTRUCTION, INC.			2b Employer Identification Number (EIN) 91-1380182						
			2c Sponsor's telephone number 360-683-5447						
970 CARL SEQUIM,	LSBORG RD. WA 98382				de (see instructions) 36110				
3a Pla	n administrator's name a	ınd address ☒ Same as Plan Spon	nsor.	3b Administrato 3c Administrato	r's EIN r's telephone number				
		ne plan sponsor has changed since tumber from the last return/report.	the last return/report filed for this plan, enter the	4b EIN					
a Spo	onsor's name	•		4c PN					
5a To	tal number of participants	s at the beginning of the plan year		5a	2				
b To	tal number of participants	s at the end of the plan year		5b	(
			the plan year (only defined contribution plans	5c					
d(1)	Total number of active pa	articipants at the beginning of the pla	an year	5d(1)					
			ar	5d(2)	(
th	an 100% vested	, , ,	plan year with accrued benefits that were less	5e	(
Under p	enalties of perjury and o	ther penalties set forth in the instruc	n/report will be assessed unless reasonable ca ctions, I declare that I have examined this return/re as well as the electronic version of this return/report	port, including, if ap	plicable, a Schedule				

belief, it is true, correct, and complete 02/27/2017 Filed with authorized/valid electronic signature. GREGORY V. PARRISH **SIGN HERE** Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Dat<u>e</u> Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number) Preparer's telephone number

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6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Yes	s 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	and condi	tions.)						X Yes	s No
	If you answered "No" to either line 6a or line 6b, the plan cann					_	-		_	
c	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not det	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning				((b) End o		
<u>a</u>	Total plan assets	7a		112385					()
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7с		112385					()
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	tal	
а	Contributions received or receivable from:	0-(4)								
	(1) Employers	8a(1)								
	(2) Participants	8a(2)			\dashv					
	(3) Others (including rollovers)	8a(3)		4641						
	Other income (loss)	8b		4041					40.4	•
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							464	1
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		93713						
	Certain deemed and/or corrective distributions (see instructions).	8e	23313							
	Administrative service providers (salaries, fees, commissions)	113).								
_ <u>'</u>	Other expenses									
									117020	<u> </u>
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						-11238		
÷	Net income (loss) (subtract line 8h from line 8c)	8i								
J	Transfers to (from) the plan (see instructions)	8j								
	rt 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 Pl	an Cha	racteri	stic Co	odes in	the instru	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	tic Cod	des in t	he instruc	tions:	
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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's \	oluntary F	iduciary Correction	40		X				
b		t? (Do not	include transactions	10a		X				
	reported on line 10a.) C Was the plan covered by a fidelity bond?			10b	X					125000
				10c						
	by fraud or dishonesty?	<u></u>		10d		Х				
e	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son 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 pla	ın?		10f		X				_
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	10g	X					0
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 t exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						
						-				

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Part	VI	Pension Funding Compliance							
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)						Yes No	
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ERISA?							Yes X No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	-	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1			
b	Enter	the minimum required contribution for this plan year			12b				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the live amount)			12d				
		he 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		1					
13a	Has a	a resolution to terminate the plan been adopted in any plan year?				X Yes	s [] I	No	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0	
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	ify the p	lan(s)	to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)		
-									
Part	VIII	Trust Information							
14a	Name	of trust			14b ⁻	Trust's E	EIN		
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		<u> </u>					
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes	s No				
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:			esign-based "Prior year" afe harbor test				
			IП '	"Curre	rrent year" N/A P test				
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	— Average —			□ N/A	
	for the	be plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-						
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en/	nter the	date	of the m	nost rece	ent determ	nination	
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepa e?		rom	Ye	s [No		
19	Was a	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s [No		

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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

		Identification Information									
For calendar p	olan year 2016 or f	iscal plan year beginning 01/01/20		and ending 12/							
A This action	-/ i- f	x a single-employer plan			r) (Filers checking this box must attach a accordance with the form instructions.)						
A This return	vreport is for:	a one-participant plan	a foreign plan	e form instructions.)							
			a loreign plan								
B This return/	renort is	the first return/report	X the final return/report								
D This retains	report is	an amended return/report	<u></u>	n/report (less than 12 n	nonthe)						
		an amended return report	a short plan year retur	nineport (less than 12 h	z monuis)						
C Check box	if filing under:	Form 5558	automatic extension		DFVC progra	m					
		special extension (enter descr	ription)		_						
Part II E	Basic Plan Info	rmation—enter all requested in	formation			- -					
1a Name of					1b Three-dig	it					
		ROFIT SHARING PLAN			plan numb						
					(PN) ▶						
					1c Effective of 01/01/200	•					
		yer, if for a single-employer plan) m, apt., suite no. and street, or P.C). Box)		2b Employer (EIN) 91-1	Identification Number					
		e, country, and ZIP or foreign post	al code (if foreign, see instr	ructions)	· · · · · · · · · · · · · · · · · · ·	telephone number					
PRIMO CONST	RUCTION, INC.					(360) 683-5447					
	- T. T.					code (see instructions)					
970 CARLSBORG RD.				236110							
SEQUIM, WA 9	8382										
3a Plan admi	nistrator's name ar	nd address X Same as Plan Spor	nsor.	-	3b Administra	tor's EIN					
					3C Administra	tor's telephone number					
					ļ						
		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed for	or this plan, enter the	4b EIN						
a Sponsor's		mber from the last return/report.			4c PN						
		at the beginning of the plan year		-							
	· ·				5b						
		at the end of the plan year account balances as of the end of t			1						
		account balances as of the end of t			5c	0					
d(1) Total n	umber of active par	rticipants at the beginning of the pla	an vear		5d(1)	1					
		rticipants at the end of the plan yea	•		5d(2)	0					
		terminated employment during the									
than 100	% vested				5e	0					
Caution: A pe	naity for the late	or incomplete filing of this return	report will be assessed	unless reasonable ca	use is establishe	ed.					
SB or Schedule	s of perjury and off e MB completed ar , correct∕and comp	her penalties set forth in the instructed signed by an enrolled actuary, and the control of the	tions, I declare that I have s well as the electronic ver	examined this return/re sion of this return/repor	port, including, if t, and to the best	applicable, a Schedule of my knowledge and					
SIGN X	Drun	of aux	12-20-17	XJ GVEGOVY .	· Parvis	ζ					
HERE Si	ignature of plen a		Date	Enter name of individ	ual signing as pla	n administrator					
SIGN	· · · · ·										
HERE	ignature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as am	player or plan energes					
		ame, if applicable) and address (in			Preparer's telep	ployer or plan sponsor hone number					
			Troparor a tolephone number								

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b	Were all of the plan's assets during the plan year invested in eligible. 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 cannot the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition not use Forr	lent qualified public accounts)	ntant (l	QPA) e Form	n 5500		X Yes No X Yes No Not determined	
Pa	rt III Financial Information								
7	Plan Assets and Liabilities	75 160	(a) Beginning of Ye				(b) End o	of Year	
<u>a</u>	Total plan assets	7a	112	385				0	
b	Total plan liabilities	7b							
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	112	385				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) To	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)				<u> </u>	Walel J		
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	4	641					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4641	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	93713						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e	23	313					
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g	~		V.				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			117026				
i_	Net income (loss) (subtract line 8h from line 8c)	8i			-112385				
j	Transfers to (from) the plan (see instructions)	8j							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2R 2T 3D	feature code	es from the List of Plan Ch	aracter	istic Co	odes ir	the instru	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	s from the List of Plan Cha	racteris	tic Co	des in	the instruc	ctions:	
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				х				

10	During the plan year:			No	N/A	Amount
а	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)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
С	Was the plan covered by a fidelity bond?	10c	Х			125000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		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.)	10e		х		
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 as of year-end.)	10g	Х			0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				15 - 78 U.S.

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)			В		Yes		No
11a	Enter the unpaid minimum required contributions 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 CERISA?					Yes	N I	No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ingranting the waiver.		d enter t		of the le		ing	
———	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line				100	•		
	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					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d					
e Will the minimum funding amount reported on line 12d be met by the funding deadline?					∐ No	1	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 Ye	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 brou control of the PBGC?	_	<u></u>		X Yes	□ No)	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identified which assets or liabilities were transferred. (See instructions.)	tify the plan(s) to					
	3c(1) Name of plan(s):	13c(2) EIN(s)	130	13c(3) PN(s)			
Part	VIII Trust Information							
14a	Name of trust		14b	Trust's I	ΞIN			
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number					
Par	IX IRS Compliance Questions		•					
15a	Is the plan a 401(k) plan? If "No," skip b	Yes			No			
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	□ safe	ign-based "Prior year" ADP test					
		☐ ADP	test		N/A			
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio	o entage		verage enefit test	t 🗌	N/A	٩
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			☐ No			
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number	opinion lette				ži-		
	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	nter the date	of the m	nost rec	ent deter	minatio	n	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not sep service?		Yes	s [No			
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	s [No			