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.

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

_ F	arti Annuai Repor	t identification information									
For	calendar plan year 2016 or	fiscal plan year beginning 01/01/2	2016 and ending 1	2/31/2016							
Α	This return/report is for:	a single-employer plan	a multiple-employer plan (not multiemployer) list of participating employer information in a		-						
		a one-participant plan	a foreign plan			,					
В	This return/report is	the first return/report	the final return/report								
		an amended return/report	a short plan year return/report (less than 12 n	nonths)							
С	Check box if filing under:	Form 5558	automatic extension	DFVC pr	ogram						
		special extension (enter desc	ription)								
Pa	art II Basic Plan Inf	ormation—enter all requested in	formation								
	Name of plan			1b Three	-						
PHIL	LIPS CONTRACTING, INC.	401(K) PLAN		plan r (PN)	number	001					
				1c Effect							
				IC LITECT		/2015					
2a	Plan sponsor's name (empl	oyer, if for a single-employer plan)		2b Emplo	over Identif	ication Number					
		om, apt., suite no. and street, or P.0		(EIN)		704142					
PHII I	City or town, state or provin LIPS CONTRACTING, INC.	2c Sponsor's telephone number									
					941-483	-3800					
				2d Busin	ess code (see instructions)					
	COMMERCIAL CT., UNIT A2 CE, FL 34292				2383	00					
3a	Plan administrator's name a	and address X Same as Plan Spo	nsor.	3b Admir	nistrator's I	ΞΙΝ					
				3c Admir	nistrator's t	elephone number					
				, tariii	notrator o t						
4			the last return/report filed for this plan, enter the	4b EIN							
9	Sponsor's name	umber from the last return/report.		4c PN							
	· · · · · · · · · · · · · · · · · · ·	a at the heginning of the plan year		5a		26					
b				5b		21					
C	·	• •	the plan year (only defined contribution plans								
Ū			the plan year (emy defined contribution plans	5c		14					
d	(1) Total number of active p	articipants at the beginning of the p	lan year	5d(1)		26					
d	(2) Total number of active p	articipants at the end of the plan ye	ar	5d(2)		15					
	than 100% vested		e plan year with accrued benefits that were less	5e		3					
			n/report will be assessed unless reasonable ca								
SB	or Schedule MB completed	and signed by an enrolled actuary,	ctions, I declare that I have examined this return/re as well as the electronic version of this return/repo								
Sic	ef, it is true, correct, and con Filed with authorized	npiete. d/valid electronic signature.	06/30/2017 SEAN WORTHINGTO	ON							

Date

Dat<u>e</u>

Signature of plan administrator

Signature of employer/plan sponsor

Preparer's name (including firm name, if applicable) and address (include room or suite number)

SIGN HERE

SIGN HERE Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)						X Ye	s No
	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	and condit	ions.)						X Ye	s 📗 No
	If the plan is a defined benefit plan, is it covered under the PBGC in						-	No	Not det	ermined
Par	t III Financial Information		<u> </u>		-					
	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a	(4) = 0 9	13443				()	5885	0
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		13443					5885	0
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt				(b) T	otal	
	Contributions received or receivable from:			14041						
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		39121	_					
	(3) Others (including rollovers)	8a(3)		1654 4950						
	Other income (loss)	8b		4930					E070	6
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							5976	0
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		14359						
	Certain deemed and/or corrective distributions (see instructions).	8e								
	Administrative service providers (salaries, fees, commissions)	8f								
	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1435	9
	Net income (loss) (subtract line 8h from line 8c)	8i							4540	7
j	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	, ,								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
Part	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 contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Normal Program)	oluntary F	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					10000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
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.)				X					1022
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X				
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						

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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 X No
		r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?						Yes X No
	(If "\	es," 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	onth _	s, and	d enter t Day		of the lette Year _	er ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.	1		1		
<u>b</u>	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 l tive 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?				Yes	s X N	lo
	If "Ye	es," enter the amount of any plan assets that reverted to the employer this year			13a			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougout of the PBGC?		er the			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)	N(s) 13c(3) PN(s)		
Part	VIII	Trust Information			•			
14a	Name	of trust			14b ⁻	Trust's E	ΞIN	
14c	Name	of trustee or custodian			14d Trustee's or custodian's telephone number			
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes			No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:	- LL ;		n-based narbor	d [Test	ear" ADP
			ΙП '	"Curre	ent year test	<u>"</u>	N/A	
16a 		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio perce test	entage		verage enefit test	□ 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, er	nter the	date	of the m	nost rec	ent determ	ination
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	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ 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

Part I	Annual Repor	t Identification Information				
For calend		fiscal plan year beginning	01/01/2016	and ending	12/	31/2016
		X a single-employer plan	a multiple-employer pl	an (not multiemployer)		ing this box must attach a
A This re	eturn/report is for:		list of participating en			ith the form instructions.)
		a one-participant plan	a foreign plan			
D		the first return/year art	Пи- 61			
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 r	months)	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter descr	iption)		<u>.</u>	ŭ
Part II	Basic Plan Info	ormation—enter all requested inf	formation			
1a Name					1b Three	e-digit
Phillip	s Contracting	g, Inc. 401(k) Plan				number
					(PN)	001
						tive date of plan
2a Plana	noncor's name (ampl	over if for a single ampleves plan)				01/2015
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	. Box)			oyer Identification Number 20-1704142
City or	r town, state or provin	ce, country, and ZIP or foreign posta	al code (if foreign, see instr	ructions)	, ,	
Phillip	s Contracting	, Inc.				sor's telephone number 1)483-3800
						ess code (see instructions)
395 Com	mercial Ct.,	Ilnit A2			238	
	mercial cc.,	OHIC NZ				
Venice	destricts and a second		FL	34292	01	
3a Plan a	dministrator's name a	ınd address 🏿 Same as Plan Spon	sor.		3b Admin	nistrator's EIN
					3c Admir	nistrator's telephone number
) tariii	notrator o telepriorie framber
4 If the	name and/or FIN of th	ne plan sponsor has changed since t	the last return/report filed for	or this plan, enter the	4b EIN	
		umber from the last return/report.	and task rotal wroport mod to	or time plant, enter the	TD LIN	
a Spons	or's name				4c PN	
5a Total	number of participants	s at the beginning of the plan year			. 5a	26
b Total	number of participants	s at the end of the plan year			. 5b	21
c Numb	er of participants with	account balances as of the end of t	he plan year (only defined	contribution plans	5c	
comp	lete this item)					14
d(1) Tot	al number of active pa	articipants at the beginning of the pla	an year		. 5d(1)	26
()	The state of the s	articipants at the end of the plan yea			. 5d(2)	15
		t terminated employment during the			5e	3
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable ca	ause is estab	
Under pena	alties of perjury and o	ther penalties set forth in the instruc	tions, I declare that I have	examined this return/re	eport, includin	ng, if applicable, a Schedule
SB or Sche	edule MB completed a true, correct, and corr	and signed by an enrolled actuary, a	s well as the electronic ver	sion of this return/repo	ort, and to the	best of my knowledge and
	Tue, correct, and corr	NI	(0-27-17)	Sean Worthing	rton	
SIGN HERE		15.				
	Signature of plan	agministrator	Date	Enter name of individ	0 0	s pian administrator
SIGN	SW		(0-0) /-1/	Sean Worthing	gton	
HERE		oyer/plan sponsor	Date			s employer or plan sponsor
Preparer's	name (including firm	name, if applicable) and address (in	ciuae room or suite numbe	er)	Preparer's	telephone number

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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 indepen and condition ot use For	dent qualified public account ons.) m 5500-SF and must instea	ant (IQ	PA) Form	5500.	X Yes No
_	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA section 4	021)? .	L	Yes	No Not determined
Pa	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning of Year	_			b) End of Year
a	Total plan assets	7a	13,4	443			58,850
<u>b</u>	Total plan liabilities	7b					
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c	13,4	143			58,850
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a	Contributions received or receivable from: (1) Employers	8a(1)	14,0	041			
	(2) Participants	8a(2)	39,3	121			
	(3) Others (including rollovers)	8a(3)	1,6	554			
b	Other income (loss)	8b	4,9	950			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					59,766
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	14,3	359			
е	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f					
g	Other expenses	8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					14,359
i	Net income (loss) (subtract line 8h from line 8c)	8i					45,407
j	Transfers to (from) the plan (see instructions)	8j					
Pa	rt IV Plan Characteristics						
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe						
			S HOTH THE LIST OF FIGHT CHAIR			III C	
Par				,, I	1		
10	During the plan year:			Yes	No	N/A	Amount

10	During the plan year:					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			10,000
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			1,022
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		-
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				

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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 co (Form 5500) and line 11a below)	omplete So	hedule S	SB	Y	es 🛭 No		
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40					•		
12	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," 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 instr granting the waiver	ructions, a	nd enter t		of the letter Year	ruling		
if	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1;		Day		I Cai			
	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					
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	eft of a	12d					
<u>e</u>	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?			Yes	s X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		. 13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough control of the PBGC?	nt under th	e		Yes 🛚	No		
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify which assets or liabilities were transferred. (See instructions.)	y the plan(s) to					
1	3c(1) Name of plan(s):	13c(2) EIN(s)		13c(3)	PN(s)		
f actorises								
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					
Part	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:		gn-based harbor	L	"Prior yea	ar" ADP		
		"Cur	ent year 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:	Rati perd test	o entage		verage enefit test	□ N/A		
	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 of the letter and the serial number	pinion lette	r or advi	sory lett	er, enter the	date of		
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enti letter	er the date	of the m	ost rece	ent determin	ation		
	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 separa service?		Yes	; [] No			
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	3 [] No			