## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

Part I

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).

2016

This Form is Open to Public Inspection

OMB Nos. 1210-0110

1210-0089

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

For calend	ar pian year 2016 or f	scal plan year beginning 01/01/2	2010	and ending 12	2/31/2016			
A This ref	turn/report is for:	a single-employer plan		r plan (not multiemployer) ( employer information in ad				
	·	a one-participant plan	a foreign plan					
<b>B</b> This retu	urn/report is	the first return/report	the final return/repo	ort				
		an amended return/report	<b>H</b>	eturn/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension	on	DFVC program			
D 4 !!		special extension (enter desc	. ,					
Part II		ormation—enter all requested in	formation		1b Thron digit			
1a Name EDIFICE CC		NC. 401(K) PROFIT SHARING PL	AN		<b>1b</b> Three-digit plan number (PN) ▶	001		
					1c Effective dat	e of plan 0/01/1996		
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.0				entification Number -1083087		
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  EDIFICE CONSTRUCTION CO., INC				2c Sponsor's telephone number 425-286-1350			
					2d Business cod	de (see instructions)		
17445 NE 70 SUITE #180	TH STREET				23	36200		
REDMOND,	WA 98052							
3a Plan a	dministrator's name a	nd address X Same as Plan Spo	nsor		<b>3b</b> Administrato	r's FIN		
ou manu	anninotrator o namo a	na address Plante as Flant ope	110011		• Administrate	0 2		
					<b>3c</b> Administrato	's telephone number		
		e plan sponsor has changed since mber from the last return/report.	the last return/report file	ed for this plan, enter the	4b EIN			
	, Lin, and the plan hu or's name	inber nom tile last retum/report.			4c PN			
		at the beginning of the plan year.			5a	47		
_		s at the end of the plan year			5b	35		
		account balances as of the end of						
			. , , ,		5c	27		
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the p	lan year		5d(1)	36		
<b>d(2)</b> Tot	al number of active pa	articipants at the end of the plan ye	ar		5d(2)	18		
<b>e</b> Numb	per of participants that	terminated employment during the	e plan year with accrued	benefits that were less	5e	(		
		or incomplete filing of this retur						
Under pen	alties of perjury and o	her penalties set forth in the instru	ctions, I declare that I ha	ave examined this return/re	port, including, if ap	plicable, a Schedule		
	edule IVIB completed a true, correct, and com	nd signed by an enrolled actuary, plete.	as well as the electronic	version of this return/repor	t, and to the best of	my knowledge and		
SIGN		/valid electronic signature.	09/26/2017	DONNA GOLDEN				
HERE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plan	administrator		
SIGN								
HERE	Signature of emple	oyer/plan sponsor	Date	Enter name of individ	lual signing as empl	oyer or plan sponsor		
Preparer's		name, if applicable) and address (i	nclude room or suite nur	mber)	Preparer's telepho			

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	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	an indepe	ndent qualified public a	account	ant (IC	PA)			X Yes	□ No
	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								× Yes	No
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	-	_	Not deterr	mined
	rt III Financial Information	<u> </u>	<u> </u>				ı			
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
а	Total plan assets	7a		248505			,	(2) =	2298178	
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	2	248505	5				2298178	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal	
а	Contributions received or receivable from:									
-	(1) Employers	8a(1)		106457						
	(2) Participants	8a(2)		100437						
	(3) Others (including rollovers)	8a(3)		175382	•					
	Other income (loss)	8b			-				281839	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	8c							201000	
	to provide benefits)	8d		208792						
e	Certain deemed and/or corrective distributions (see instructions).	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		23374	ļ.					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							232166	
i_	Net income (loss) (subtract line 8h from line 8c)	8i							49673	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	tic Cod	des in t	he instru	uctions:	
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 contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram)	oluntary F	Fiduciary Correction	10a		X				
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					500000
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 oth carrier, insurance service, or other organization that provides som 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	Χ					1626
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	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 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)		13c(3	<b>B)</b> PN(s)
Part	VIII	Trust Information			•			
14a	Name	of trust			14b <sup>-</sup>	Trust's E	ΞIN	
14c	Name	of trustee or custodian					s or custod ne number	lian's
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).

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2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation		accordance with the instr	uctions to the Form 55	500-SF.		
Part I		Identification Information	1				
For calend	ar plan year 2016 or fi	iscal plan year beginning	01/01/2016	and ending	12/	31/201	6
A This ref	turn/report is for:		list of participating em	in (not multiemployer) (l ployer information in ac		-	
		a one-participant plan	a foreign plan				
<b>B</b> This ret	urn/report is	the first return/report an amended return/report	the final return/report	Vrancet (loss than 12 m	antha)		
_		_ an amended return/report	a short plan year returr	report (less than 12 mi	_		
C Check	box if filing under:	Form 5558 special extension (enter desc	automatic extension		DFVC pi	rogram	
Part II	Rasic Plan Info	ormation—enter all requested in					
1a Name		ormation—enter all requested in	iiomation		1b Three	e-digit	
EDIFICE	•	CO., INC. 401(K)				number	001
,					1c Effec	tive date of	f plan
2a Plan s	ponsor's name (emplo	over, if for a single-employer plan)					ication Number
Mailing	g address (include roo	m, apt., suite no. and street, or P.0				91-10	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  EDIFICE CONSTRUCTION CO., INC			uctions)		sor's telep	hone number	
							see instructions)
17445 N	E 70th Street					200	,
SUITE #	180						
Redmond			WA	98052	01		
<b>3a</b> Plan a	dministrator's name a	nd address 🛛 Same as Plan Spo	onsor.		3D Admii	nistrator's l	=IN
					3C Admii	nistrator's t	elephone number
4 If the	name and/or EIN of th	e plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN		
		mber from the last return/report.					
	or's name				4c PN		
<b>5a</b> Total	number of participants	s at the beginning of the plan year.			5a		47
		s at the end of the plan year			5b		35
		account balances as of the end of			5c		27
<b>d(1)</b> Tot	al number of active pa	articipants at the beginning of the p	olan year		5d(1)		
<b>d(2)</b> Tot	al number of active pa	articipants at the end of the plan ye	əar		5d(2)		18
than	100% vested	t terminated employment during the			5e		C
Caution: A	A penalty for the late	or incomplete filing of this retur	rn/report will be assessed	uniess reasonable cau			
SB or Sche		ther penalties set forth in the instru and signed by an enrolled actuary,					
SIGN	Don and	- Golda -	19/2/17	DONNA GOLDEN			
HERE	Signature of plan	administrator	Date	Enter name of individu	ual eigning	ae nlan adr	ninistrator
SIGN	Spirature of piant	**************************************	Date	Enter name of marvior	aai sigiiiiig d	ao pian aul	mistatoi
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individu	ual signing a	as employe	er or plan sponsor
Preparer's		name, if applicable) and address (i				telephone	

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raue Z		

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... X Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes No under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).... If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ...... Yes No Not determined Part III | Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 2,248,505 2,298,178 a Total plan assets ..... 7a **b** Total plan liabilities ..... 7b 2,248,505 C Net plan assets (subtract line 7b from line 7a)..... 2,298,178 7c Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total Contributions received or receivable from: (1) Employers ..... 8a(1) 106,457 (2) Participants..... 8a(2) (3) Others (including rollovers)..... 8a(3) 175,382 **b** Other income (loss)..... 8b 281,839 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)..... 8c Benefits paid (including direct rollovers and insurance premiums 208,792 to provide benefits)..... 8d e Certain deemed and/or corrective distributions (see instructions)... 8e 23,374 Administrative service providers (salaries, fees, commissions)..... 8f Other expenses..... gig h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 232,166 49,673 Net income (loss) (subtract line 8h from line 8c) ..... 8i Transfers to (from) the plan (see instructions)..... 8i Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2K 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V **Compliance Questions** 10 N/A Yes No During the plan year: **Amount** 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 Χ Program) ..... 10a Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).... 10b Χ Was the plan covered by a fidelity bond?..... 500,000 10c d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused 10d by fraud or dishonesty?.... X 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 Χ f Has the plan failed to provide any benefit when due under the plan? ..... 10f Χ g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) ..... 1,626 10g Χ h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h Χ 2520.101-3.) 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 .....

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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 complete 3 (Form 5500) and line 11a below)				Yes 🛚	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a	1			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				Yes X	No
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver.		er the da Day	te of the lette Year	er ruling	
If	you completed 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		-			
	Enter the amount contributed by the employer to the plan for this plan year	120	C			
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)	120	d			
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?		_ Y	es 🛛 N	lo	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	1			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?			Yes 2	₹ No	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.)	n(s) to				
	13c(1) Name of plan(s): 13c	c(2) EIN	(s)	13c(3	B) PN(s)	
Pari	t VIII Trust Information					
	Name of trust	14	<b>b</b> Trust's	FIN		
144	Name of trust		i Trust			
14c	Name of trustee or custodian	14		e's or custod one number		
Part	IX IRS Compliance Questions					
15a	l Is the plan a 401(k) plan? If "No," skip b	es		No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section  401(k)(3) for the plan year? Check all that apply:	esign-ba afe harbo current y	or	"Prior y test	ear" AD	Р
		DP test		∐ N/A		
16a	year? Check all that apply:	latio ercentag est	је 📗	Average benefit test	1	N/A
16k	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?	es		☐ No		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion to the letter and the serial number					of
17k	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the deletter	ate of th	e most re	ecent determ	ination	
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 separated fro service?	m 🛮	Yes	No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes	No		