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).

1210-0089

OMB Nos. 1210-0110

2015

This Form is Open to **Public Inspection**

Pension Be	enenii Guaranty Corporation	▶ Complete all entries in a	accordance with the instructions to the Form 55	500-SF		•				
Part I	Annual Report I	dentification Information								
For calend	ar plan year 2015 or fis	cal plan year beginning 01/01/2	2015 and ending 12	2/31/20	15					
A This ref	turn/report is for:	a multiple-employer plan (not multiemployer) list of participating employer information in ac a foreign plan	· ·							
B This reto	urn/report is	the first return/report an amended return/report	the final return/report a short plan year return/report (less than 12 m	onths)						
C Check	box if filing under:	Form 5558 special extension (enter descr	automatic extension							
Part II	Basic Plan Info	rmation—enter all requested inf	formation							
1a Name TRI-STATE	of plan	C. 401(K) PROFIT SHARING PLA			Three-digit plan number (PN)	001				
				1c	Effective date of 08/0	f plan 1/1975				
Mailing	g address (include room	ver, if for a single-employer plan) n, apt., suite no. and street, or P.C				yer Identification Number 91-0776746				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) RI-STATE CONSTRUCTION, INC.					Sponsor's telephone number 206-351-0655					
O. BOX 3686				2d Business code (see instructions)						
ELLEVUE,	WA 98009-3686				236200					
3a Plan a	dministrator's name and	d address XSame as Plan Spons	sor.	3b	3b Administrator's EIN					
				3c	Administrator's t	elephone number				
			the last return/report filed for this plan, enter the	4b EIN						
	e, EIN, and the plan num or's name	nber from the last return/report.		4c	PN					
5a Total	number of participants	at the beginning of the plan year		5a	1	33				
b Total	number of participants	at the end of the plan year		5k		16				
			the plan year (defined benefit plans do not	50	;	16				
d(1) Tot	al number of active part	ticipants at the beginning of the pl	an year	5d(0				
d(2) Tot	tal number of active par	ticipants at the end of the plan yea	ar	5d(2)	0				
than	100% vested		plan year with accrued benefits that were less	56		0				
			n/report will be assessed unless reasonable cau							
Under pen	alties of periury and oth	er penalties set forth in the instruc	ctions. I declare that I have examined this return/re	port. in	cluding, if applic	able, a Schedule				

SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete

SIGN Filed with authorized/valid electronic signature 06/15/2017 **TOM AGOSTINO HERE**

Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Date Signature of employer/plan sponsor 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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 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 a lf you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be a second t	an independand condition	dent qualified public a	ccount	ant (IQ	PA)			□ .	Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA se	ection 4	021)? .		Yes	No	Not de	etermined
Part III Financial Information	1 -				-				
7 Plan Assets and Liabilities		(a) Beginning					(b) End	of Year	
a Total plan assets	7a		5021					16	91207
b Total plan liabilities	7b			421				40	0
C Net plan assets (subtract line 7b from line 7a)	7c		5006	445	-				91207
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	ınt				(b)	Total	
(1) Employers	8a(1)			0					
(2) Participants	8a(2)			0					
(3) Others (including rollovers)	8a(3)			0					
b Other income (loss)	8b		10	070					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								10070
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3329	891					
Certain deemed and/or corrective distributions (see instructions)	8e		10	838					
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g		-15	421					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							33	25308
i Net income (loss) (subtract line 8h from line 8c)	8i							-33	15238
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension	feature coo	des from the List of Plant	an Cha	racteris	stic Co	des in th	ne instru	ctions:	
B If the plan provides welfare benefits, enter the applicable welfare for	oaturo codo	os from the List of Pla	n Char	octorict	ic Coc	loc in the	o inetrue	tions:	
in the plan provides wellare benefits, effer the applicable wellare in	eature code	es nom the List of Fia	ii Cilaia	acterist	ic Coc	162 111 1116	z IIISII UC	uons.	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amou	ınt
Was there a failure to transmit to the plan any participant contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary Fig	duciary Correction	10a		X				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		X				
C 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				
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	he benefits under	10e		X				
					X				
	Has the plan failed to provide any benefit when due under the plan?								
g Did the plan have any participant loans? (If "Yes," enter amount a		· · · · · · · · · · · · · · · · · · ·	10g	Х					4787
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		Χ				
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?			10i						
Part VI Pension Funding Compliance			,		<u> </u>	<u> </u>			
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)									Yes No
11a Enter the unpaid minimum required contribution for all years from						11a		<u>. — — — — — — — — — — — — — — — — — — —</u>	<u> </u>
12 Is this a defined contribution plan subject to the minimum funding							RISA?	. П	Yes X No

	F	orm 5500-SF 2015 Page 3 - 1							
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ng the waiver		enter the Day	e date of		ling		
If		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line		Day_		Toal			
b	Enter th	ne minimum required contribution for this plan year		12b					
С	Enter th	ne amount contributed by the employer to the plan for this plan year		12c					
	Subtra	act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the	left of a	12d					
	negative amount)						NI/A		
Part		e minimum funding amount reported on line 12d be met by the funding deadline? Plan Terminations and Transfers of Assets			Yes	NO	IN/A		
		resolution to terminate the plan been adopted in any plan year?			X Ye	s П No			
		," enter the amount of any plan assets that reverted to the employer this year		13a		e's or custodian's one number			
b	Were	all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou	ght under the co		Γ	No N/A No N/A Yes No 13c(3) PN(s) EIN S's or custodian's one number No ADP/ACP test No Average benefit test No No N/A (See instructions			
С	If durin	PBGC? ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi				<u> </u>			
		assets or liabilities were transferred. (See instructions.) lame of plan(s):	13c(2)	FIN(e)		13c/3) [PN(e)		
	100(1)	uno oi piuntoj.	130(2)	L114(3)		130(3)	· V (3)		
Dant		Turnet hafe amount on							
Part	Name o	Trust Information		14h 1	Γrust's Ell	N			
ı T a	Name 0	ii iiust		140	TUSES EII	14			
14c	Name	of trustee or custodian			d Trustee's or custodian's telephone number				
				telephone number					
Par	t IX	IRS Compliance Questions							
15a	Is the	plan a 401(k) plan?		Ye	s	No			
					Design-				
15b		"how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ng contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			<u> </u>				
450					ethod				
150		DP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(2)(ii) and 1.401(k)-2(a)(b) and 1.401(k)		Yes No					
	2(a)(2)	(ii))?		□ Ra	atio				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Average					
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by comin with any other plans under the permissive aggregation rules?		Ye	s	No			
17a		e plan been timely amended for all required tax law changes?		Ye	s	No	N/A		
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	tructions		
17c	If the p	lan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter play letter, enter the date of that favorable letter/ and the letter's serial r		t to a fa	vorable I	RS opinion	or		
17d	If the p	lan is an individually-designed plan and received a favorable determination letter from the IRS, e ination letter/		the plai	n's last fa	vorable			
18	Is the I	Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	\$	No			
19	Were in	n-service distributions made during the plan year?		Ye	s	No			
	If "Yes	" enter amount		19					
20		equired minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of w), as required under section 401(a)(9)?		Ye	S	No	N/A		

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.

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to **Public Inspection**

Part I	Annual Repor	t Identification Information	accordance with the ms	tructions to the rollin	5500-57.					
For calen	dar plan year 2015 or	fiscal plan year beginning	01/01/2015	and ending	12/31/					
A This return/report is for: X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attack list of participating employer information in accordance with the form instructions)										
		a one-participant plan	a foreign plan			,				
B This re	turn/report is	the first return/report an amended return/report	the final return/report							
C 01 1	16.60		a short plan year retu	ırn/report (less than 12	months)					
C Check	box if filing under:	X Form 5558 special extension (enter descr	automatic extension		DFVC	program				
Part II	Basic Plan Inf	ormation—enter all requested inf								
1a Name TRI-ST	of plan	ION, INC. 401(K) PROF			1b Three-digi					
					1c Effective of					
2a Plan s Mailin	sponsor's name (empl g address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	Box)			Identification Number				
City o	r town, state or provin tate Construc	ce, country, and ZIP or foreign posta	al code (if foreign, see ins	tructions)	(EIN) 91-0776746 2c Sponsor's telephone number					
P.O. 1	Вох 3686				425-45 2d Business of	5-2570 code (see instructions)				
Belle	viie	WA 98009-368			236200					
-		and address X Same as Plan Spons			3b Administra	torio EINI				
		Патия яз лим ороно			3b Administra	tor's EIN				
4 If the name	name and/or EIN of th , EIN, and the plan nu	e plan sponsor has changed since to the plan sponsor has changed since to the plant from the last return/report.	he last return/report filed	for this plan, enter the	4b EIN					
a Spons	or's name				4c PN					
		s at the beginning of the plan year				33				
b Total	number of participants	at the end of the plan year			. 5b	16				
comp	lete this item)	account balances as of the end of the				16				
		articipants at the beginning of the pla				0				
d(2) Tot	al number of active pa	articipants at the end of the plan year	·		5d(2)	0				
than	100% vested	terminated employment during the			5e	0				
Caution. A	penalty for the late	or incomplete filing of this return/	report will be assessed	unlace reasonable ca	uco ic octoblishe					
OD OF OCITE	edule MB completed a rue, correct, and com	her penalties set forth in the instruct nd signed by an enrolled actuary, as plete	ions, I declare that I have well as the electronic ver	examined this return/re rsion of this return/repor	eport, including, if a rt, and to the best o	pplicable, a Schedule of my knowledge and				
SIGN HERE	-Km4			Tom Agostino	ino					
01011	Signature of plan a	dministrator	Date 6/15/17	Enter name of individ	lual signing as plar	n administrator				
SIGN HERE										
Preparer's	Signature of emplo	oyer/plan sponsor name, if applicable) and address (inc	Date	Enter name of individ		oloyer or plan sponsor				
Carol C	colby	and, it applicable) and address (inc	idde footif of Suite numbe	er)	Preparer's teleph 847-	776-2125				
119 E P	alatine Road,	Suite 104								
Palatin	е	IL 60067								

_	Form 5500-SF 2015		Page 2							
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 lift the plan is a defined benefit plan, is it covered under the PBGC in	an independ and condition ot use Forn	ent qualified public ns.) n 5500-SF and mus	accoun	tant (IC	QPA) Form	n 5500.		X	Yes N
Pa	rt III Financial Information									
7	Plan Assets and Liabilities	g of Ye	ar	T		(b) En	d of Yea	r		
а	Total plan assets	. 7a	12/205	1000	1,86	6		(b) Liii		691,20
	Total plan liabilities	7b			5,42	-	- 172 m			,
С	Net plan assets (subtract line 7b from line 7a)	7c		5,00	6,44	5			1,	691,20
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt				(b)	Total	
	Contributions received or receivable from: (1) Employers	8a(1)				0				
	(2) Participants	8a(2)				0				
	(3) Others (including rollovers)	8a(3)				0		39.		
	Other income (loss)	8b		1	0,07	0				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				1				10,07
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		3,32	9,89	1				
	Certain deemed and/or corrective distributions (see instructions)	8e		10,8						
f	Administrative service providers (salaries, fees, commissions)					\top				
g	Other expenses					1				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)								3,	325,30
i	et income (loss) (subtract line 8h from line 8c)									315,23
j	Transfers to (from) the plan (see instructions)	8j								
9a B	If the plan provides pension benefits, enter the applicable pension 2G 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare fe									
Part					,					
10	During the plan year:				Yes	No	N/A		Amou	nt
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 Fidu	iciary Correction	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not inc	lude transactions	10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					500,0
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
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.)					Х				
f	Has the plan failed to provide any benefit when due under the plan			10e		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	production tentrals (a)		10g	Х	150				4,7
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				••	Х				4,7
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required no	otice or one of the	10h 10i						
j	Did the plan trust incur unrelated business taxable income?			10j						
art	VI Pension Funding Compliance			-1						
	Is this a defined benefit plan subject to minimum funding requirements	ents? (If "Yes	s," see instructions a	and con	nplete \$	Sched	ule SB ((Form		

5500) and line 11a below).....

Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?..

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40.....

12

Yes No

Yes X No

	Form 5500-SF 2015 Page 3 -					
(If	"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
gr	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and anting the waiver	enter the	e date of the	ne letter ru Year	ıling	
If you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b Ent	er the minimum required contribution for this plan year	. 12b				
c Ent	er the amount contributed by the employer to the plan for this plan year	12c				
d Su	btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a gative amount)	12d				
e Wi	Il 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					
13а на	is a resolution to terminate the plan been adopted in any plan year?		X Yes	No		
If ·	Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0	
b W	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	ontrol		Yes X	No	
C If	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) tich assets or liabilities were transferred. (See instructions.)					
13c(1) Name of plan(s): 13c(2	EIN(s)		13c(3)	PN(s)	
Part VII	Trust Information					
14a Nan		14h T	Trust's EIN			
			10313 2114			
14c Na	me of trustee or custodian	1,500,000,000	14d Trustee's or custodian's telephone number			
Part IX	IRS Compliance Questions					
15a is t	he plan a 401(k) plan?	Ye	s	No		
15b If "\ ma	es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer thing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	ba ha	esign- sed safe rbor ethod	ADF	P/ACP	
test	e ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year ing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-(2)(ii))?	Ye		No		
	eck the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	5000	itio rcentage st		erage refit test	
this	es the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining plan with any other plans under the permissive aggregation rules?	Yes	S	No		
17a Has	the plan been timely amended for all required tax law changes?	Yes	5	No	N/A	
for	e the last plan amendment/restatement for the required tax law changes was adopted Enter the lax law changes and codes).				nstructions	
adv	e plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subje- isory letter, enter the date of that favorable letter and the letter's serial number				or	
dete	e plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of ermination letter	the plan	's last favo	orable		
18 Is ti	ne Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been de), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	Yes		No		
19 Wei	e in-service distributions made during the plan year?	Yes	5	No		
If "Y	es," enter amount	19				
20 Wer retir	e required minimum distributions made to 5% owners who have attained age 70 $\frac{1}{2}$ (regardless of whether or not ed), as required under section 401(a)(9)?	Yes	3	No	□ N/A	