	m 5500-SF	Short Form Annu	al Return/Repor Benefit Plan	t of Small Employ	ee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be file	d under sections 104 and			2016				
	epartment of Labor enefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		ernal	This Form is Open to				
	enefit Guaranty Corporation		accordance with the inst	tructions to the Form 5500-	·SF.	Public Inspection				
Part I	Annual Report I ar plan year 2016 or fisc	dentification Information cal plan year beginning 01/01/2	016	and ending 12/31/	/2016					
		a single-employer plan		lan (not multiemployer) (Filer		ng this box must attach a				
A This ret	urn/report is for:	a one-participant plan		mployer information in accord		-				
B This retu	urn/report is	the first return/report an amended return/report	the final return/report a short plan year retu	rn/report (less than 12 month	ns)					
C Check b	box if filing under:	Korm 5558	automatic extension		DFVC pro	ogram				
Dent II	Decis Disa Infor	special extension (enter descr								
Part II		mation—enter all requested inf	ormation	16	b Three	diait				
1a Name SOUTH BAY	of plan YEXCAVATING 401(K)	PLAN				umber				
				10	. ,	ve date of plan 01/01/2016				
Mailing	address (include room	er, if for a single-employer plan) a, apt., suite no. and street, or P.O			b Emplo (EIN)	yer Identification Number 91-1375652				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SOUTH BAY EXCAVATING INCORPORATED				tructions) 2c	2c Sponsor's telephone number 360-866-4454					
2540 BLACK OLYMPIA, W	LAKE BLVD SW /A 98512			20	d Busine	ess code (see instructions) 237100				
3a Plan a	dministrator's name and	d address X Same as Plan Spor	nsor.	3k	b Admin	istrator's EIN				
				30	C Admin	istrator's telephone number				
A If the r		ning approach boo shonged since	the lest return/report filed	for this plan, option the Al						
name,	, EIN, and the plan num	plan sponsor has changed since the ber from the last return/report.	the last return/report filed		D EIN					
a Sponse					5a	52				
_		at the beginning of the plan year at the end of the plan year			5b	50				
C Numb	er of participants with a	ccount balances as of the end of t	the plan year (only defined	d contribution plans	5c	14				
	,	icipants at the beginning of the pla		-	d(1)	52				
• •		icipants at the end of the plan yea	-		d(2)	48				
e Numb	per of participants that te	erminated employment during the	plan year with accrued be	enefits that were less	5e	C				
Caution: A	penalty for the late o	r incomplete filing of this return	n/report will be assessed	d unless reasonable cause						
SB or Sche		er penalties set forth in the instruc d signed by an enrolled actuary, a lete.								
SIGN	Filed with authorized/va	alid electronic signature.	10/16/2017	JINNY HUGHES						
HERE	Signature of plan ad	Iministrator	Date	Enter name of individual s	vidual signing as plan administrator					
SIGN										
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individual s	signing a	s employer or plan sponsor				
Preparer's	name (including firm na	ime, if applicable) and address (in	clude room or suite numb	per) Pro	eparer's	telephone number				
		coo the Instructions for Form FEOD				Earm 5500 SE (2016)				

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 If the plan is a defined benefit plan, is it covered under the PBGC in	an indeper and condit I ot use Fo	ndent qualified public accountant (IQP ions.) rm 5500-SF and must instead use F	PA) [Yes [No Form 5500
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	0	44352
b	Total plan liabilities	7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	0	44352
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	18810	
	(2) Participants	8a(2)	25209	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	333	
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		44352
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
e	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g		
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		44352
j	Transfers to (from) the plan (see instructions)	8j		
Ра	rt IV Plan Characteristics			
9a b				

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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			10000
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		
e	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		
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				

Part	VI	Pension Funding Compliance							
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)					🗌 Y	es 🗙 No	
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a				
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co					ΓY	es 🗙 No	
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	tructior	ns, and	l enter t	he date	of the lette	r ruling	
	<u> </u>	ting the waiver			_ Day	′	Year _		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			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 least of the matter amount)			12d				
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?				X Yes	s N	C	
	lf "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 broug rol of the PBGC?	-				Yes X	No	
C		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the p	olan(s)	to				
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)		
Part	VIII	Trust Information							
		of trust			14b 1	Frust's E	EIN		
14c	Name	e of trustee or custodian					s or custodi	an's	
						leiepho	ne number		
Par	ı ıv	IRS Compliance Questions							
Fai									
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:		Desig safe h	n-basec arbor	1	Prior ye test	ar" ADP	
				"Curre ADP t	ent year' est		N/A		
16a		t 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	
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No		
	the le		-						
	letter		nter the	e date	of the m	ost rec	ent determi	nation	
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 ce?		from	Yes	s [No		
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	s	No		

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	Form 5500-SF 2016 Page 2		
6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	••••••	XYes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public ac under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	ccountant (IQPA)	XYes No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must	instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA se	ection 4021)? Yes No	Not determined

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets		0	44,352
b Total plan liabilities			
C Net plan assets (subtract line 7b from line 7a)		0	44,352
Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers		18,810	
(2) Participants	8a(2)	25,209	
(3) Others (including rollovers)			
b Other income (loss)	8b	333	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		44,352
d Benefits paid (including direct rollovers and insurance prei to provide benefits)			
e Certain deemed and/or corrective distributions (see instrue	ctions) 8e		
f Administrative service providers (salaries, fees, commission	ons) 8f		
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		
i Net income (loss) (subtract line 8h from line 8c)	8i		44,352
Transfers to (from) the plan (see instructions)			

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	During the plan year:		Yes	No	N/A	Amount
а	a 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		x		
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		x		
e	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		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
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				

Form 5500-SF 2016

Page **3 -**

Der	1/1	Dension Funding Compliance							
Part		Pension Funding Compliance			~~~				
11		e defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and a 500 and line 11a below)				C	ין	Yes 🛽	۲. No
11a		e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the C	ode or se	ction 302	2 of		_		
		s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	••••••	••••••	•••••		<u> </u>	Yes 🛽	<u>No</u>
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	structions,	and ent	er the c	date of t	he le	etter ru	ling
	<u> </u>	g the waiver M		[Day _		Yea	r	
If y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line $^{\prime}$	13.						
b	Enter th	e minimum required contribution for this plan year.	••••••	. 12b					
С	Enter th	he amount contributed by the employer to the plan for the 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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	<u> </u>	I/A
Part	: VII	Plan Terminations and Transfers of Assets							
13a	Has a r	esolution to terminate the plan been adopted in any plan year?	••••••	•	X Y	/es		No	
	lf "Yes,	enter the amount of any plan assets that reverted to the employer this year		. 13a					0
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug of the PBGC?	0			Yes	3	X No	D
 C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.) 									
1:	3c(1) Na	me of plan(s):	13c(2)	EIN(s)			13c(3) PN(s)		
Part	. \/111	Truct Information Skin These Questions							
		Trust Information - Skip These Questions		44	b T (
14a	Name o	or trust		14	b Trust	('S EIN			
				_					
14c	Name o	of trustee or custodian		14		tee or custodian's hone number			
Part	IV	IPS Compliance Questions Skin These Questions							
		IRS Compliance Questions - Skip These Questions		Vaa					
15a	is the p	lan a 401(k) plan? If "No," skip b.		Yes				No	
15b		the plan satisfy the nondiscrimination requirements for employee deferrals under section 3) for the plan year? Check all that apply:		Design safe ha		C		'Prior y est	ear" ADP
				"Currer ADP te		Ĺ		N/A	
16a	What te	esting method was used to satisfy the coverage requirements under section 410(b) for the plan		Ratio					
100		Check all that apply:		percent	age		rerag nefit	ge : test	N/A
16b		plan satisfy the coverage and nondiscrimination requirements of sections $410(b)$ and $401(a)(4)$ blan year by combining this plan with any other plan under the permissive aggregation rules?		Yes				No	
17a		an is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		etter or a	advisor	y letter,	ente	er the d	ate of
17b		an is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the c	late of th	e most	t recent	dete	erminat	ion
18	Defined Were a	I Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not sep ?		om	<u> </u>	/es [1	No	
19		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	•••••••••••	•••••	<u> </u>	/es [1	No	