	m 5500-SF	Short Form Annu	al Return/Repo Benefit Plan		oyee	OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employee I				2016			
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).							
	enefit Guaranty Corporation	Complete all entries in a		structions to the Form 55	00-SF.				
For calenda	Annual Report Ic	lentification Information al plan year beginning 07/01/2	016	and ending 06	/30/2017				
		a single-employer plan		plan (not multiemployer) (F		ting this box must attach a			
A This ret	urn/report is for:] a one-participant plan		employer information in acc					
B This retu	urn/report is	the first return/report an amended return/report	the final return/repor	rt turn/report (less than 12 mo	onths)				
C Check	box if filing under:	 Form 5558	automatic extension	· · ·	DFVC p	rogram			
		special extension (enter descr	, ,						
Part II		mation—enter all requested inf	ormation		4				
1a Name O'NEILL & S	of plan ONS, INC. 401(K) PLAN	I			1b Three plan (PN)	number			
				-	1c Effective date of plan				
Mailing	 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) 				2b Employer Identification Number (EIN) 91-0969002				
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) D'NEILL & SONS, INC.				2c Sponsor's telephone number 360-754-3722				
9418 OLD HI TUMWATER	GHWAY 99 SOUTH , WA 98501			-	2d Busir	ness code (see instructions) 115110			
3a Plan a	dministrator's name and	address X Same as Plan Spor	nsor.		3b Admi	nistrator's EIN			
				-	3c Admi	nistrator's telephone number			
A		· · · · · · · · · · · · · · · · · · ·			4				
name	, EIN, and the plan numb	blan sponsor has changed since ber from the last return/report.	the last return/report file	a for this plan, enter the	4b EIN 4c PN				
	or's name	the beginning of the plan year			40 PN	21			
_		the beginning of the plan year			5a 5b	14			
C Numb	er of participants with ac	the end of the plan year count balances as of the end of	the plan year (only defin	ed contribution plans	5c	3			
	,	cipants at the beginning of the pl			5d(1)	11			
• •		cipants at the end of the plan yea	-		5d(2)	12			
e Numb	per of participants that te	rminated employment during the	plan year with accrued	benefits that were less	5e	C			
Caution: A	penalty for the late or	incomplete filing of this return	n/report will be assesse	ed unless reasonable cau					
SB or Sche		r penalties set forth in the instruc signed by an enrolled actuary, a ete.							
SIGN	Filed with authorized/va	lid electronic signature.	01/03/2018	DANIEL O'NEILL					
HERE	Signature of plan adr	ninistrator	Date	Enter name of individu	al signing	as plan administrator			
SIGN HERE									
	Signature of employe		Date			as employer or plan sponsor			
Preparer's	name (including firm nar	ne, if applicable) and address (ir	iclude room or suite num	nber)	Preparer's	telephone number			
		see the Instructions for Form 5500		-		Form 5500-SF (2016)			

<u> </u>				
	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			
b	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	ot use For	m 5500-SF and must instead use Fe	orm 5500.
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pr	ogram (see ERISA section 4021)?	Yes No Not determined
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	261107	41343
b	Total plan liabilities	7b	0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	261107	41343
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from:		0	
	(1) Employers	8a(1)	7421	
	(2) Participants	8a(2)	0	
	(3) Others (including rollovers)	8a(3)	44667	
	Other income (loss)	8b		52088
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c		52000
u	to provide benefits)	8d	263054	
е	Certain deemed and/or corrective distributions (see instructions).	8e	8786	
f	Administrative service providers (salaries, fees, commissions)	8f	0	
g	Other expenses	8g	12	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		271852
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i		-219764
j	Transfers to (from) the plan (see instructions)	8j	0	
Pa	t IV Plan Characteristics			
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2R$ $3D$	feature coo	les from the List of Plan Characteristic	c Codes in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Characteristic	Codes in the instructions:
Par	t V Compliance Questions			

10	During the plan year:				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		
C	Was the plan covered by a fidelity bond?	10c	Х			150000
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		X		
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			8786
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	X			

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	

Form 5500-SF	Short Form Annual	Return/Report Benefit Plan	of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089			
Internal Revenue Service	This form is required to be fi	led under sections 104	and 4065 of the Employ	vee -		2016			
Department of Labor Employee Benefits Security Administration	Retirement income Security Ac	t of 1974 (ERISA), and rnal Revenue Code (the	section 6057(b) and 60	058(a) of This Form is Open to Pul					
Pension Benefit Guaranty Corporation	Complete all entries in according			500-SF.	In	spection			
Part I Annual Report Ic For calendar plan year 2016 or fisca	ientification Information								
	7	07/01/2016	and ending		30/2017				
A This return/report is for:	a one-participant plan [] the first return/report [] an amended return/report []	a list of participating of a foreign plan the final return/report	olan (not multiemployer) employer information in rn/report (less than 12 i	accordance	ecking this bo e with the forr	x must attach n instructions.)			
C Check box if filing under:		DFVC progra	m						
Part II Basic Plan Inform	special extension (enter descripti								
1a Name of plan	nation enter all requested info	ormation		1h					
O'Neill & Sons, Inc.	401(k) Plan			pla	ree-digit n number N) ▶	001			
20 Discourse 1					ective date of /01/1982	plan			
 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) 					ployer Identifi N) 91-096	cation Number			
O'Neill & Sons, Inc.	2c Sponsor's telephone number (360) 754-3722								
9418 Old Highway 99 South						2d Business code (see instructions) 115110			
US Tumwater WA 98501									
3a Plan administrator's name and a	ddress X Same as Plan Sponso	or		3b Adn	ninistrator's E	IN			
				3c Adm	ninistrator's te	lephone number			
name, Env, and the plan number	in sponsor has changed since the I from the last return/report.	ast return/report filed fo	r this plan, enter the	4b EIN					
a Sponsor's name				4c PN					
 5a Total number of participants at th b Total number of participants at th 	ne beginning of the plan year	•••••••••••••••••••••••••••••••••••••••		5a		21			
c Number of participants with acco	ne end of the plan year nunt balances as of the end of the p	lan year (only defined o		5b		14			
complete this item)	•••••••••••••••••••••••••••••••••••••••			5c		3			
d(1) Total number of active participa		ar		5d(1)		11			
d(2) Total number of active participa				5d(2)		12			
less than 100% vested	nated employment during the plan			5e		0			
Caution: A penalty for the late or in Under penalties of perjury and other p SB or Schedule MB completed and si belief, it is true, correct, and complete	penalties set forth in the instruction igned by an enrolled actuary, as we	s, I declare that I have e ell as the electronic vers	examined this return/rep ion of this return/report	ort includi	ng if analisely	le, a Schedule nowledge and			
HERE Signature of plan administ	trator A		Daniel O'Neill						
	All	Date $1 - 3 - 16$	Enter name of individua			trator			
SIGN HERE Signature of employer/plan	1 sponsor			DNEI					
Preparer's name (including firm name Skip this question		e room or suite number	nter name of individua	Preparer's	telephone nu is question	mber			
For Danonwork Doduction A - () (-						
For Paperwork Reduction Act Notic	e, see the instructions for Form	5500-SF.			Form	n 5500-SF (2016)			

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	
h	See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	
	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.	X Yes No
0	If the slop is a differ they find that a stand of a 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)?	Not determined
Pa	art III Financial Information	

	(a) Beginning of Year	(b) End of Year
	261,107	41,343
		0
		41,343 (b) Total
	(1)	
8a(1)	0	
	7,421	
8a(3)	0	The second se
	44.667	
8c		
remiums		52,088
	263,054	
ructions) 8e	8,786	
sions) 8f	0	
8g	12	
		271,852
		(219,764)
	0	(213,784)
	7b 7c 7c 8a(1) 8a(2) 8a(3) 8b 8c remiums 8d ructions) 8f 8g 8h 8g 8h 8g 8h	7a 261,107 7b 0 7c 261,107 (a) Amount (a) Amount 8a(1) 0 8a(2) 7,421 8a(3) 0 8b 44,667 8c 263,054 ructions) 8f 0 8g 12 8h 12

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 2R 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:				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)		Yes	No	N/A	Amount
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10a		x		
С	Was the plan covered by a fidelity bond?	10c	x			150,000
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		100,000
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		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			8,786
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	x			
					Contraction of the	

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Pa	rt VI	Pension Funding Compliance						
11	11 01111	a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar 5500 and line 11a below)		e Schedule	SB		Yes 🗴] No
11	a Linter ti	ie unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	1	110	<u> </u>	•		-
12	ERISA	a defined contribution plan subject to the minimum funding requirements of section 412 of the			of		Vac IV	1
a	1	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) /er of the minimum funding standard for a prior year is being amortized in this plan year, see					Yes X	
	granting	the waiver	Month		r the dat ay	e of the le		ıg
b	Entor th	oleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	ie 13.					
		e minimum required contribution for this plan year.						
	Enter th	e amount contributed by the employer to the plan for the plan year		12c			0.00	
d	Subtrac negative	t the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the amount)	he left of a	12d				
e			Yes	No	N/#	4		
L	t VII	Plan Terminations and Transfers of Assets				_		
13	a Has a re	solution to terminate the plan been adopted in any plan year?	••••••	[2	X Yes	П	No	
	If "Yes,"	enter the amount of any plan assets that reverted to the employer this year		13a				0
b	Were all control c	the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro f the PBGC?	ought unde	r the		Yes 🛛	K No	
С	lf, during which as	this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide sets or liabilities were transferred. (See instructions.)	ntify the pl	an(s) to				
1		ne of plan(s):	13c(2	2) EIN(s)		13c(3) PN(s)	
			•	, (-,			(0) 1 11(0)	
Par	t VIII	Trust Information - Skip These Questions						
14a	Name of			14h	Frust's E	IN		
14c	Name of	trustee or custodian		14d	rustee c	or custodi	an's	
					14d Trustee or custodian's telephone number			
Part	:IX	RS Compliance Questions - Skip These Questions						
15a	Is the pla	n a 401(k) plan? If "No," skip b		Yes	51		0	
		he plan satisfy the nondiscrimination requirements for employee deferrals under section		Design-ba	eod			
	401(k)(3)	for the plan year? Check all that apply:		safe harbo		te:	rior year st	ADP
				"Current y	ear"		I/A	
16a	What test	ing method was used to opticify the environment of the second s		ADP test			<i>// (</i>	
iou	year? Ch	ing method was used to satisfy the coverage requirements under section 410(b) for the plan eck all that apply:		Ratio percentage	• 🗌	Average benefit te] N/A
16b	Did the pl for the pla	an satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) n year by combining this plan with any other plan under the permissive aggregation rules?		Yes)	
17a		is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS		etter or adv	sory lett	and the second s		of
17b	1000	is an individually-designed plan that received a favorable determination letter from the IRS, e	enter the d	ate of the m	nost rece	nt detern	nination	
	Were any	enefit Plan or Money Purchase Pension Plan Only: distributions made during the plan year to an employee who attained age 62 and had not sep	parated fro	m 🗆	Yes	No		
19	Was any p	lan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Yes	No		