| - | Tm 5500-SF | Short Form Annual | Return/Report Benefit Plan | of Small Emplo | oyee | OMB Nos. 1210-0110 1210-0089 | | | | | |
|---------------------------|---|--|---|---|--------------|---|--|--|--|--|--|
| | nal Revenue Service | This form is required to be filed u | nder sections 104 and 4 | | | | | | | | |
| | epartment of Labor enefits Security Administration | | ne Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Intern Revenue Code (the Code). | | | | | | | | |
| Pension Be | enefit Guaranty Corporation | Complete all entries in acc | cordance with the instr | uctions to the Form 55 | 00-SF. | Public Inspection | | | | | |
| Part I | | dentification Information | ~ | | | | | | | | |
| For calenda | ar plan year 2017 or fis | cal plan year beginning 01/01/201 | | | /31/2017 | the difference of the standard | | | | | |
| A This ret | urn/report is for: | X a single-employer plan | list of participating em | | | king this box must attach a vith the form instructions.) | | | | | |
| B This retu | urn/report is | a one-participant plan | a foreign plan | | | | | | | | |
| | | | the final return/report a short plan year returr | vroport (loss than 12 m | antha) | | | | | | |
| | 16 (1) | | | meport (less than 12 mc | _ | | | | | | |
| Спески | oox if filing under: | X Form 5558 | automatic extension | l | X DFVC p | program | | | | | |
| Devit II | Desis Dise la (se | | , | | | | | | | | |
| Part II | | mation—enter all requested inform | mation | | 1h =: | - Jtati | | | | | |
| 1a Name | of plan ONSTRUCTION, INC. 4 | 401(K) PLAN | | | 1b Thre | e-digit number | | | | | |
| | | | | | (PN) | | | | | | |
| | | | | | 1c Effect | ctive date of plan 01/01/2015 | | | | | |
| | | er, if for a single-employer plan) | | | 2b Emp | loyer Identification Number | | | | | |
| | | n, apt., suite no. and street, or P.O. E e, country, and ZIP or foreign postal of | | uctions) | (EIN) | | | | | | |
| OLYMPIA CO | ONSTRUCTION, INC. | | | | ZC Spor | nsor's telephone number 360-451-3191 | | | | | |
| | | | | | 2d Busir | ness code (see instructions) | | | | | |
| 2103 HARRIS OLYMPIA, W | SON AVENUE NW 2-6 /A 98502 | 54 | | | | 236110 | | | | | |
| 021111 1/1, 1/ | | | | | | | | | | | |
| 3a Plan ad | dministrator's name and | d address 🗙 Same as Plan Sponsc | r. | | 3b Admi | inistrator's EIN | | | | | |
| | | | | - | 3c Admi | inistrator's telephone number | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 4 If the r | name and/or EIN of the | plan sponsor or the plan name has | changed since the last re | eturn/report filed for | 4b EIN | | | | | | |
| this pla | | sor's name, EIN, the plan name and | | | 4d PN | | | | | | |
| C Plan N | | | | | 4u PN | | | | | | |
| | | | | | | | | | | | |
| | | at the beginning of the plan year | | | 5a | 3 | | | | | |
| | | at the end of the plan year ccount balances as of the end of the | | | 5b | 4 | | | | | |
| | | | | • | 5c | 1 | | | | | |
| | | icipants at the beginning of the plan | - | F | 5d(1) | 3 | | | | | |
| • • | | ticipants at the end of the plan year. rerminated employment during the plan | | E CARACTER CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR C | 5d(2) | 4 | | | | | |
| than ? | 100% vested | | - | | 5e | 0 | | | | | |
| | | r incomplete filing of this return/re er penalties set forth in the instruction | | | | | | | | | |
| SB or Sche | | d signed by an enrolled actuary, as v | | | | | | | | | |
| SIGN | | valid electronic signature. | 10/14/2019 | MIKE AUDERER | | | | | | | |
| HERE | Signature of plan ac | | Date | Enter name of individu | ual signing | as plan administrator | | | | | |
| SIGN | | | | | | | | | | | |
| HERE | Signature of employ | /er/plan sponsor | Date | Enter name of individu | ual signing | as employer or plan sponsor | | | | | |
| <u> </u> | | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203

| 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 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 cann | ot use For | rm 5500-SF and must instead us | e Form 5500. | | | |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | surance pi | rogram (see ERISA section 4021) | ? Yes No Not deter | mined | | |
| | If "Yes" is checked, enter the My PAA confirmation number from th | e PBGC pr | emium filing for this plan year | (See instruc | tions.) | | |
| Do | rt III Financial Information | | | | | | |
| Га | | - | | | | | |
| <u>га</u> 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year | | | |
| <u>га</u> 7 а | | | (a) Beginning of Year 35266 | (b) End of Year 40130 | | | |
| 7 | Plan Assets and Liabilities Total plan assets | | | | | | |
| 7 2 | Plan Assets and Liabilities Total plan assets Total plan liabilities | | 35266 | 40130 | | | |
| 7 7 b | Plan Assets and Liabilities Total plan assets Total plan liabilities | 7b | 35266 5515 | 40130 5515 | | | |

| Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
|---|---|--|---|
| Contributions received or receivable from: (1) Employers | 8a(1) | | |
| (2) Participants | 8a(2) | | |
| (3) Others (including rollovers) | 8a(3) | | |
| Other income (loss) | 8b | 5118 | |
| Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 5118 |
| Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | |
| Certain deemed and/or corrective distributions (see instructions) | 8e | | |
| Administrative service providers (salaries, fees, commissions) | 8f | 254 | |
| Other expenses | 8g | | |
| Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 254 |
| Net income (loss) (subtract line 8h from line 8c) | 8i | | 4864 |
| Transfers to (from) the plan (see instructions) | 8j | | |
| | Contributions received or receivable from: (1) Employers | Contributions received or receivable from: (1) Employers8a(1)(2) Participants8a(2)(3) Others (including rollovers)8a(3)Other income (loss)8bTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8cBenefits paid (including direct rollovers and insurance premiums to provide benefits)8dCertain deemed and/or corrective distributions (see instructions)8eAdministrative service providers (salaries, fees, commissions)8fOther expenses8gTotal expenses (add lines 8d, 8e, 8f, and 8g)8hNet income (loss) (subtract line 8h from line 8c)8i | Contributions received or receivable from: 8a(1) (1) Employers 8a(2) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) Other income (loss) 8a(3) Other income (loss) 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d Certain deemed and/or corrective distributions (see instructions) 8e Administrative service providers (salaries, fees, commissions) 8f 254 0ther expenses Net income (loss) (subtract line 8h from line 8c) 8h |

Part IV Plan Characteristics

| 9a | If the | plan | provid | les pe | ension | bene | fits, 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: | | Yes | No | 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 | | X | |
| 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 | |
| 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 | | | |

Page 3- 1

| Part | VIP | ension Funding Compliance | | | | | | |
|------|----------|---|-------|---------------|--------|-----------|------|--------|
| 11 | | a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below) | Sche | edule S | SB | | Ye | s 🗌 No |
| 11a | Enter | the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | | |
| 12 | ERISA | a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? | ctior | n 302 c | of | [| Ye | s X No |
| а | lf a wa | iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver | and | enter _ Da | | of the le | | uling |
| If y | you coi | npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | |
| b | Enter th | e minimum required contribution for this plan year | | 12b | | | | |
| С | Enter th | e amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| d | | ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount) | | 12d | | | | |
| е | Will th | e minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | | N/A |
| Part | VII F | Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has a | resolution to terminate the plan been adopted in any plan year? | | | Ye | s X | No | |
| | lf "Yes | ," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | |
| b | | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC? | | | | Yes | X | No |
| С | | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.) | n(s) | to | | | | |
| 1 | 3c(1) N | lame of plan(s): 13 | c(2) | EIN(s) |) | 13 | c(3) | PN(s) |
| | | | | | | | | |

| Form 5500-SF | Short Form Annu | • | • | oyee | | OMB Nos. 1210-0110 1210-0089 |
|--|---|---|--|--------------|---------------------|---|
| Department of the Treasury Internal Revenue Service | This form is required to be file | Benefit Plan ad under sections 104 and | | Inemail | | 2017 |
| Department of Labor Employee Benefits Security Administration | Income Security Act of 1974 | 4 (ERISA), and sections 6 Revenue Code (the Co | 057(b) and 6058(a) of the | Internal | | Form is Open to |
| Pension Benefit Guaranty Corporation | ─ | • | , | 100-SE | Put | lic Inspection |
| Part I Annual Report | t Identification Information | and the second se | | | | |
| For calendar plan year 2017 or 1 | | 01/01/2017 | and ending | 12/3 | 31/201 | 7 |
| A This return/report is for: | X a single-employer plan | | plan (not multiemployer) (employer information in ac | | | |
| | a one-participant plan | 🔲 a foreign plan | | | | |
| B This return/report is | the first return/report | the final return/report | t | | | |
| | an amended return/report | a short plan year rel | um/report (less than 12 m | onths) | | |
| C Check box if filing under: | 🕅 Form 5558 | automatic extension | 1 | | rogram | |
| | special extension (enter desc | cription) | | | | |
| Part II Basic Plan Infe | ormation-enter all requested in | nformation | | | | |
| 1a Name of plan | | | | 1b Thre | | 0.01 |
| Olympia Construction | h, Inc. 401(k) Plan | | | plan (PN) | number • | 001 |
| | | | | 1c Effec | | of plan |
| | | · · · · · | | | 1/2015 | |
| 2a Plan sponsor's name (empl Meiling address (include roy | oyer, if for a single-employer plan) om, apt., suite no. and street, or P. | O Box) | | | loyer Iden 26-02 | lification Number |
| City or town, state or provin | ce, country, and ZIP or foreign pos | stal code (If foreign, see in | structions) | | | phone number |
| Olympia Constructio | m, Inc. | | | | 451-31 | • |
| 2103 Harrison Avenu | A NW 2-654 | | | | | (see instructions) |
| 2105 Mailison Avenu | e m 2 009 | | | 2361 | 10 | |
| Olympia | WA 98502 | | | | | |
| 3a Plan administrator's name a | and address 🛛 Same as Plan Spo | onsor. | | 3b Adm | inistrator's | EIN |
| | | | | 3c Adm | Inistrator's | telephone number |
| 4 If the name and/or FIN of th | he plan sponsor or the plan name h | has changed since the las | t return/report filed for | 4b EIN | | |
| this plan, enter the plan sp | onsor's name, EIN, the plan name | and the plan number from | the last return/report. | | | |
| a Sponsor's name C Plan Name | | | | 4d PN | | |
| 5a Total number of participant | is at the beginning of the plan year | | | 5a | | |
| | is at the end of the plan year | | | 5b | | |
| C Number of participants with | account balances as of the end o | f the plan year (only defin | ed contribution plans | 5c | | |
| | articipants at the beginning of the p | | | 5d(1) | | |
| | articipants at the end of the plan ye | | | 5d(2) | | |
| e Number of participants wh | o terminated employment during th | he plan year with accrued | benefits that were less | 5e | | |
| than 100% vested | e or incomplete filing of this retu | | | | hlichod | |
| Linder penalties of periupy and c | other penalties set forth in the instru and signed by an enrolled actuary, | uctions. I declare that I ha | ve examined this return/re | port, includ | ing, if app | licable, a Schedule ny knowledge and |
| SIGN TY | And | | Mike Auderer | | | |
| HERE Signature of plan | administrator | bar 14- | Enter name of individ | ual signing | as plan a | dministrator |
| SIGN SIGN | | | 1 | | | |
| LEDE | loyer/plan sponsor | Date | Enter name of individ | lual signing | as emplo | ver or plan sponsor |
| For Paperwork Reduction Act Not | lice, see the Instructions for Form 55 | | | | | Form 5500-SF (2017) v.170203 |

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Form 5500-SF 2017

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| Page 2 |
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| | 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) under 29 CFR 2520,104-46? (See instructions on waiver eligibility and conditions.) | X Yes 🗍 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. | |
| 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 |
| | If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year | . (See instructions.) |

| Pa | rt III Financial Information | | | | | | | |
|---------|---|-------------|-------------------------|--------|-----|----|-----------------|--------|
| 7 | Plan Assets and Liabilities | | (a) Beginning o | f Year | | | (b) End of Year | |
| а | Total plan assets | 7a | | 35,2 | 266 | | | 40,130 |
| b | Total plan liabilities | 7b | | 5, | 515 | | | 5,515 |
| C | Net plan assets (subtract line 7b from line 7a) | 7c | | 29, | 751 | | | 34,615 |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amoun | 1 | | | (b) Total | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | | | | | |
| | (2) Participants | 8a(2) | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | |
| b | Other Income (loss) | 8b | | 5,3 | 118 | | | |
| _ | Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | 5,118 |
| d | Benefits paid (Including direct rollovers and insurance premiums to provide benefits) | 8d | | | | | 0 | |
| e | Certain deemed and/or corrective distributions (see instructions) | 8e | | | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 8f | | | 254 | _ | | |
| g | Other expenses | 8g | | | | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | <u>, * kö i i i y</u> | | | | | 254 |
| 1 | Net Income (loss) (subtract line 6h from line 8c) | 61 | a ga ta | Т¥. | | | | 4,864 |
| 7 | Transfers to (from) the plan (see instructions) | 8] | | | | | 12 | |
| Pa | rt IV Plan Characteristics | | | | | | 47 | |
| 9a b | If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2G$ $2J$ $2K$ $2R$ $3D$ If the plan provides welfare benefits, enter the applicable welfare f | | | | | | | |
| Pai | rt V Compliance Questions | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Amount | |
| 8 | Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See Instructions and DOL's V Program) | /oluntary | Fiduciary Correction | 10a | | x | | |
| t | Were there any nonexempt transactions with any party-in-interes reported on line 10a.) | t? (Do nol | t include transactions | 10b | | х | | |
| ¢ | Was the plan covered by a fidelity bond? | | | 10c | | X | | |
| - | Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? | fidelity b | ond, that was caused | 10d | | x | | |
| • | Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides som the plan? (See instructions.) | ne or all o | f the benefits under | 10a | | x | | |
| 1 | Has the plan failed to provide any benefit when due under the pla | an? | | 10f | | X | | |
| _ | | | | 10g | | X | | |
| | I If this is an individual account plan, was there a blackout period? 2520.101-3.) | | | 10h | | x | | |
| | | he require | ed notice or one of the | 10i | | | | |

Form 5500-SF 2017

| Page 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 Sch (Form 5500) and line 11a below) | | | [] Y | es 🗌 No | |
| 11a | Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | 11a | | | | |
| 12 | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? | | ſ | [] Yi | es 🔀 No | |
| | If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver | d enter i Day | lhe date o | f the letter Year | 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 | 12b | | | | |
| C | Enter the amount contributed by the employer to the plan for this plan year | 12c | | | | |
| 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) | 12d | | | | |
| 9 | 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 | 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 brought under the control of the PBGC? | |] [| 🗍 Yes 🕅 No | | |
| 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.) |) to | | | | |
| 6 | 13c(1) Name of plan(s): 13c(2 | EIN(s) | | 13c(3) | PN(s) | |
| - | | | | | | |
| - | | | | | | |
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| | | 1122.24 | | | | |
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