#### 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

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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information	1			
For calend	lar plan year 2018 or fis	scal plan year beginning 01/01/2	2018	and ending 12	2/31/2018	
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) ( employer information in ac	_	
D		a one-participant plan	a foreign plan			
<b>B</b> This ret	urn/report is	the first return/report	the final return/report	t		
		an amended return/report	a short plan year retu	urn/report (less than 12 m	onths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC progra	m
		special extension (enter desc	ription)			
Part II	Basic Plan Info	rmation—enter all requested in	formation			
1a Name OLYMPIA C	of plan CONSTRUCTION, INC.	401(K) PLAN			<b>1b</b> Three-digi plan numb (PN) ▶	
					1c Effective of	date of plan 01/01/2015
		yer, if for a single-employer plan)	2. Rev)			Identification Number
		m, apt., suite no. and street, or P.0 e, country, and ZIP or foreign pos		structions)	(EIN)	26-0253613
	ONSTRUCTION, INC.			,		telephone number 60-451-3191
					2d Business	code (see instructions)
2103 HARRI OLYMPIA, V	ISON AVENUE NW 2-6			236110		
OLTIVII IA, V	VA 30302					
<b>3a</b> Plan administrator's name and address ☒ Same as Plan Sponsor.						ator's EIN
					3c Administra	ator's telephone number
		e plan sponsor or the plan name h			4b EIN	
	ian, enter the pian spoi sor's name	nsor's name, EIN, the plan name	and the plan number from	the last return/report.	<b>4d</b> PN	
C Plan N					100 111	
<b>5a</b> Total	number of participants	at the beginning of the plan year.			5a	4
	· · ·	at the end of the plan year			5b	1
		account balances as of the end of		-	5c	1
		rticipants at the beginning of the p			5d(1)	4
		rticipants at the end of the plan ye			5d(2)	1
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0
		or incomplete filing of this retur				
SB or Scho		her penalties set forth in the instru nd signed by an enrolled actuary, plete.				
SIGN	Filed with authorized	/valid electronic signature.	10/14/2019	MIKE AUDERER		
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	an administrator
SIGN						
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as em	nployer or plan sponsor

Form 5500-SF (2018) Page **2** 

Yes     Yes     Yes     Yes     Yes     Yes     Yes		<ul> <li>Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</li> <li>Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)</li> </ul>								s No
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?		· · · · · · · · · · · · · · · · · · ·		•					. ^ Ye	s   No
### Committed Committed Part   Part III   Financial Information   Part III   Financial Information    7 Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year   26099    8 Total plan assets   7a   40130   26099    9 Total plan assets (subtract line 7b from line 7a)   7c   34615   31465    8 Income, Expenses, and Transfers for this Plan Year   (a) Amount   (b) Total    8 Contributions received or receivable from: (1) Employers   8a(1)   (2) Participants   8a(2)   (2) Participants   8a(2)   (3) Others (including rollovers)   8a(2)   (3) Others (including rollovers)   8a(3)   (3) Others (including rollovers)   8a(3)   (4) Participants   8a(2)   (3) Others (including rollovers)   8a(3)   (4) Participants   8a(4)   (4) Participants   8a(5)   (4) Participants   (4) Participants	c						_	_	□ Not de	termined
Part III Financial Information 7 Plan Assets and Liabilities				- :						
a Total plan assets	Pa	rt III   Financial Information								
D Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) En	d of Year	
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	, ,	40130			` , ,		
8 Income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers  (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers  8a(2) (3) Others (including rollovers). (5) Other (including rollovers). (6) Other income (loss). (7) Other (including direct rollovers). (8) Bb - 2905  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (8) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). (9) C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) C Benefits paid (including direct rollovers and insurance premiums to provide benefits). (9) C Benefits paid (including direct rollovers). (1) C Benefits paid (including direct rollovers). (2) C Benefits paid (including direct rollovers). (3) C Benefits paid (including direct rollovers). (4) D Benefits paid (including direct rollovers). (5) C Benefits paid (including direct rollovers). (6) C Benefits paid (including direct rollovers). (8) C Benefits paid (including direct rollovers). (	b	Total plan liabilities	7b		5515				5514	
a Contributions received or receivable from: (1) Employers (2) Participants	С	Net plan assets (subtract line 7b from line 7a)	7c	;	34615				31485	
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year (a) Amount						(b)	Total	
(3) Others (including rollovers)	а		8a(1)							
b Other income (loss)		(2) Participants	8a(2)							
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  8d  e Certain deemed and/or corrective distributions (see instructions).  8d  f Administrative service providers (salaries, fees, commissions)	b	Other income (loss)	8b		-2905					
to provide benefits)	<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						-2905	
f Administrative service providers (salaries, fees, commissions)	d		8d							
g Other expenses	e	Certain deemed and/or corrective distributions (see instructions) $\dots$	8e							
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f		225					
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Part IV   Plan Characteristics	<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						225	
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 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:  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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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).  10a X  10b X  10c X  d Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  10a X  10b X  10c X  10d	<u> </u>		8i						-3130	
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:   2E		Transfers to (from) the plan (see instructions)	8j							
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	Pai	t IV Plan Characteristics								
Part V Compliance Questions  10 During the plan year:  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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f 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 as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10h X	9a 		feature co	des from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:	
10 During the plan year:  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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f 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 as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Coc	des in the ins	tructions:	
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 X  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X  c 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 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	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		0 1 7				Yes	No		Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	described in 29 CFR 2510.3-102? (See instructions and DOL's V	oluntary F	iduciary Correction	10a		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?  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.).  f 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 as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		Χ			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f 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 as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С	Was the plan covered by a fidelity bond?			10c		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.)	d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused			Х			
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner person ne or all of	s by an insurance the benefits under	10e		X			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the required notice or one of the	g			•	10g		X			
· · · · · · · · · · · · · · · · · · ·	h	· · · · · · · · · · · · · · · · · · ·	•		10h		X			
	i	·	•		10i					

Form 5500-SF (2018)	Page <b>3-</b> 1
,	

Part	VI Pension Funding Compliance								
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)									
11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	<b>a</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf :	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							
С	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							
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?		Yes	× N	0				
	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 X	No				
С	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							
1	<b>3c(1)</b> Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)				

#### 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

2018

This Form is Open to Public Inspection

	port Identification Information	on	2 00					
For calendar plan year 2018	8 or fiscal plan year beginning	01/01/2018	and ending	12/31/20				
A This return/report is for:	a single-employer plan	a multiple-employer pla list of participating em						
	a one-participant plan	a foreign plan						
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year return	report (less than 12 n	nonlhs)				
C Check box if filing under	Ed i cilit cooc	automatic extension		DFVC program	1			
	special extension (enter de		and the second					
Part II Basic Plan	Information—enter all requested	information						
1a Name of plan Olympia Const:	cuction, Inc. 401(k) Pi	lan		1b Three-digit plan number				
•				(PN)	001			
				1c Effective da 01/01/2				
Mailing address (includ	employer, if for a single-employer plane e room, apt., suite no. and street, or f	P.O. Box)		2b Employer lo (EIN) 26-0	entification Number 0253613			
City or town, state or processing Construction	rovince, country, and ZIP or foreign pe	ostal code (if foreign, see instru	ictions)		elephone number			
	•				de (see instructions)			
2103 Harrison	Avenue NW 2-654			ZG DUSINGSS CO	oe (300 manucuona)			
Olympia	WA 98	502		236110				
3a Plan administrator's na	me and address 🛛 Same as Plan S	ponsor.		3b Administrator's EIN				
				3c Administrati	or's telephone number			
4 If the name and/or EIN	of the plan sponsor or the plan name n sponsor's name, EIN, the plan nam	has changed since the last re	turn/report filed for e last return/report.	4b EIN				
a Sponsor's name	in openior of talling, and, and planting		•	4d PN				
C Plan Name								
5a Total number of partic	pants at the beginning of the plan yea	ar		5a				
	pants at the end of the plan year			Ct.				
C Number of participants	with account balances as of the end	of the plan year (only defined	contribution plans	5c				
	ve participants at the beginning of the			5d(1)				
d(2) Total number of act	ive participants at the end of the plan	year		. 5d(2)				
than 100% vested	s who terminated employment during			5e				
Under penalties of perjury a SB or Schedule MB comple	late or incomplete filing of this reland other penalties set forth in the insisted and signed by an enrolled actuar	tructions. I declare that I have	examined this return/r	eport, including, if a	pplicable, a Schedule			
belief, it is true, correct, and	Complete	•	Mike Auderer					
HERE Signature of	plan administrator	Date/0-14-19	Enter name of indivi	duat signing as pta	n administrator			
SIGN	- 1							
HERE Signature of	emplover/plan sponsor	Date	Enter name of indivi	dual signing as em	ployer or plan sponsor			

	Form 5500-SF (2018)		Page Z							
6a	Were all of the plan's assets during the plan year invested in eligib	le assets? (	See instructions.)			.,		X	Yes [	No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-467 (See instructions on waiver eligibility	an independ and conditk	dent qualified public acons.)	counta	int (IQ	PA) 			Yes [	No
	If you answered "No" to either line 6a or line 6b, the plan cann							п		
	f the plan is a defined benefit plan, is it covered under the PBGC in						as UNO		t determi	
1	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC pn	emium filing for this pla	in year				(See	instructio	ons.)
Par	t III   Financial Information									
	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End	d of Yea	r	
_	Total plan assets	7a		40,1	130					, 999
	Total plan llabilities	7b		5,5	515				5	,514
	Net plan assets (subtract line 7b from line 7a)	7c		34,6	515				31	, 485
-	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)			_					
b	Other income (loss)	8b		-2,9	905					
C	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				-2	, 905
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
e	Certain deemed and/or corrective distributions (see instructions)	8e			_		V.			
f	Administrative service providers (salaries, fees, commissions)	8f			225				_	
_ g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			_					225
	Net income (loss) (subtract line 8h from line 8c)	81							-3	, 130
]	Transfers to (from) the plan (see instructions)	8)								
Par	FIV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2R 3D			17.14.7						
b	If the plan provides welfare benefits, enter the applicable welfare t	eature code	es from the List of Plan	1 Chara	clerist	ic Codes	in the ins	tructions	:	
Pari					Vaa	Na		A	-4	
10	During the plan year:	Alama - table	the line period		Yes	No		Amour	IK .	
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See Instructions and DOL's Program)	Voluntary F	duciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not i	nclude transactions	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 by fraud or dishonesty?	s fidelity box	nd, that was caused	10d		х				
0	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides sor	ther person me or all of	s by an insurance the benefits under	10e		х				
	the plan? (See instructions.)			10f		х				
	The state of the s			10g		х				
	If this is an individual account plan, was there a blackout period?	(See instr.	ctions and 29 CFR			x				
i	2520.101-3.)  If 10h was answered "Yes," check the box if you either provided	the required	notice or one of the	10h						
	exceptions to providing the notice applied under 29 CFR 2520.10	U1-3		101		LL			_	_

Form 5500-SF (2018)		Page 3-								
Part VI Pension Funding Compliance	410									
11 Is this a defined benefit plan subject to minimum (Form 5500) and line 11a below)									Yes	☐ No
11a Enter the unpaid minimum required contribution	s for all years from Schedule SB (I	Form 5500)	line 40		118	a				
12 Is this a defined contribution plan subject to the ERISA?									Yes	X N
a If a waiver of the minimum funding standard for granting the waiver.	e prior year is being amortized in t	his plan ye		Month	and ent	er ti Day	he date of	the fel Year	tter ru r	ling
If you completed line 12a, complete lines 3, 9, as	nd 10 of Schedule MB (Form 550	0), and sk	p to lir	e 13.		_				
<b>b</b> Enter the minimum required contribution for this	olan year				12	b				
C Enter the amount contributed by the employer to	the plan for this plan year				12	c				
d Subtract the amount in line 12c from the amoun negative amount)					12	d				
Will the minimum funding amount reported on lin	ne 12d be met by the funding dead	lline?				Ц	Yes	No	<u>L</u>	N/A
Part VII Plan Terminations and Transfer	s of Assets									
13a Has a resolution to terminate the plan been adopte	d in any plan year?						Yes	X	No	
If "Yes," enter the amount of any plan assets the	at reverted to the employer this ye	Bf			138	a				
b Were all the plan assets distributed to participar control of the PBGC?								Yes	X N	lo
c If, during this plan year, any assets or liabilities which assets or liabilities were transferred.	were transferred from this plan to	another pla	n(s), ide	entify the pla	n(s) to					
13c(1) Name of plan(s): 13c(2)					c(2) EIN	(s)		130	c(3) P	N(s)
				-		-				-
			-			-				

## Form **5558**

(Rev. September 2018)

Department of the Treasury Internal Revenue Service

Part I Identification

# Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions. ► Go to www.irs.gov/Form5558 for the latest information.

OMB No. 1545-0212

File With IRS Only

A	Name of filer, plan administrator, or plan sponsor (see instructions)  Olympia Construction, Inc.  Number, street, and room or suite no. (If a P.O. box, see instructions)	B Filer's Identifying number (see instructions) Employer Identification number (EIN) (9 digits XX-XXXXXXX) 26-0253613									
	2103 Harrison Avenue NW 2-654	Social security number (SSN) (9 digits XXX-XXXXXXXX)									
	City or town, state, and ZIP code	Social securi	ty number (5514)	ta digita XXX-X	ω- <i>χ</i> ωνλ)						
	MONO 10 OCCUPY B STRANDOVIO										
c	Olympia, WA 98502	Plan	Plan	year endin	g-						
•	Plan name	number	MM	DD	YYYY						
	· · · · · · · · · · · · · · · · · · ·										
	Olympia Construction, Inc. 401(k) Plan	0 0 1	12	31	2018						
_		DEE CCA									
Pa	rt II Extension of Time To File Form 5500 Series, and/or Form 8	999-99A									
1	Check this box if you are requesting an extension of time on line 2 to file the in Part I, C above.	e first Form 5500 s	series return/r	eport for the	plan listed						
2	I request an extension of time until 10 / 15 /2019 to file Form  Note: A signature IS NOT required if you are requesting an extension to file Fo	5500 series. See i	instructions.								
3	I request an extension of time until 10 / 15 /2019 to file Form  Note: A signature IS NOT required if you are requesting an extension to file Form	i 8955-SSA. See in irm 8955-SSA.	structions.								
	The application is automatically approved to the date shown on line 2 and/othe normal due date of Form 5500 series, and/or Form 8955-SSA for which and/or line 3 (above) is not later than the 15th day of the 3rd month after the n	this extension is	(a) the Form requested; a	5558 is filed nd <b>(b)</b> the d	on or before ate on line 2						
Par	Extension of Time To File Form 5330 (see instructions)										
4	I request an extension of time until/ to file Form You may be approved for up to a 6-month extension to file Form 5330, after the		e of Form 533	0.							
4	Enter the Code section(s) imposing the tax	. ▶ a									
ı	Enter the payment amount attached		•	ь							
5	For excise taxes under section 4980 or 4980F of the Code, enter the reversion State in detail why you need the extension:	/amendment date	. , , ▶								
				AND PROPERTY OF THE PERSON NAMED OF THE PERSON							
		mananamana		CALCULATE TO THE STATE OF THE S							
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Unde	or penalties of perjury, I declare that to the best of my knowledge and belief, the statements made of epare this application.	on this form are true, c	orrect, and com	plete, and that I	am authorized						
	nature ▶ Date ▶										
81											