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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I	Annual Repor	t Identification Information				
For calend	lar plan year 2014 or	fiscal plan year beginning 01/01/2	.014	and ending 12	/31/2014	
A This re	turn/report is for:	a single-employer plan		plan (not multiemployer) oyer information in accor		
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12 m	ionths)	
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC pro	ogram
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name		·			1b Three-digit	
BELSHIRE	CONCRETE RESTO	RATION, LLC DAVIS-BACON PEN	SION PLAN & TRUST		plan numbe	
					(PN) •	001
					1c Effective da	te of plan 3/10/2010
		address; include room or suite numb	er (employer, if for a singl	e-employer plan)	2b Employer Id	entification Number
BELSHIRE C	CONCRETE RESTOR	RATION, LLC			(EIN) 20)-1887055
					2c Sponsor's to	
27603 NE 10	OTH AVE D, WA 98642)-910-9209
NIDGEFIELL	D, WA 90042					de (see instructions)
3a Plan a	administrator's name	and address XSame as Plan Spon	eor eor		3b Administrato	
Ju i iaii a	idiffillistrator s flame a	and address Moanie as I lan opon	501.		JD Administrate	1 S LIIV
					3c Administrate	r's telephone number
4 If the	name and/or FIN of tl	he plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN	
		umber from the last return/report.	and last rotally roport mod	Tor and plant, order are		
	or's name				4c PN	
		ts at the beginning of the plan year.			5a	9
b Total	number of participant	ts at the end of the plan year			5b	11
		n account balances as of the end of			5c	11
	,	articipants at the beginning of the p			5d(1)	8
d(2) Tot	tal number of active p	participants at the end of the plan ye	ar		5d(2)	11
e Numbe	er of participants that	terminated employment during the p	plan year with accrued be	nefits that were		C
					5e	
		e or incomplete filing of this retur				
		other penalties set forth in the instru- and signed by an enrolled actuary, a				
	true, correct, and con		as well as the electronic ve	ersion of this return/repor	t, and to the best of	my knowledge and
SIGN	Filed with authorized	d/valid electronic signature.				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as plan	administrator
SIGN	,				5 5 2.22 p. 100.1	·
HERE	Signature of arrest	lover/plen energy	Doto	Enter name of individe	luol oigning on arres	lover or plan ananas
Preparer's		loyer/plan sponsor name, if applicable) and address (in	Date nclude room or suite numb	Enter name of individual (optional)		oyer or plan sponsor one number (optional)
	- (,,, (, (-1 ·")		()

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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 a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a considerable with the con	an indeper and condit	ndent qualified public accounta ions.)	int (IQ	(PA)				X Y	_	No No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40	21)?		Yes	No		lot det	ermir	ned
Par	t III Financial Information	_									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ır			(b) Eı	nd of	Year		
a	Total plan assets	7a	504	155					5	8328	
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	504	155					5	8328	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tot	al		
	Contributions received or receivable from: (1) Employers	8a(1)	70)59							
((2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	26	527							
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								9686	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	18	303							
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g		10							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								1813	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i								7873	
j	Transfers to (from) the plan (see instructions)	8j									
b Part	2C 2F 2G 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions	eature cod	es from the List of Plan Chara	cterist	tic Cod	des in t	he instru	ıction	s:		
10	During the plan year:				Yes	No		Α	moun	t	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulations)	ıciary Corr	rection Program)	10a		X					
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X					
<u>c</u>	Was the plan covered by a fidelity bond?			10c	X					5	0000
d 	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	<u></u>		10d		X					
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X						194
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		X					
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X					
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							
Part	VI Pension Funding Compliance							_			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Y	es	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a		-			
12	Is this a defined contribution plan subject to the minimum funding			or se	ection	302 of	ERISA?		X Y	es	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			o#! = :	a :- ·1	nnt '	00 451	£ ±l	lo-u-	w1! -	~
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and (enter th Day			letter ear	rulinę	<u> </u>

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lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For	rm 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year		12b			7059
С	Enter the amount contributed by the employer to the plan for this plan year .		12c			7059
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	`	1 120			(
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?		Y	'es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer the	his year	13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferrof the PBGC?	ed to another plan, or brought und	der the control		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this play which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the	plan(s) to			
1	3c(1) Name of plan(s):		13c(2) El	N(s)	13c(3)	PN(s)

14b Trust's EIN

Part VIII Trust Information (optional)

14a Name of trust

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

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Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

	14 or fiscal plan year beginning 01/0	01/2014	and ending	12/31/2014	
A This return/report is fo		a multiple-employer p of participating emplo a foreign plan	lan (not multiemployer yer information in acco	r) (Filers checking this ordance with the form	box must attach a lis instructions)
B This return/report is	the first return/report	the final return/report			
2,40,134,364,363,463	an amended return/report	a short plan year retur	m/report (less than 12	months)	
Check box if filing und	er: Form 5558	automatic extension		DFVC pro	gram
		25000			
	n Information—enter all requested	information		1b Three-digit	TIV.
ia Name of plan ELSHIRE CONCRETE R	RESTORATION, LLC DAVIS-BACON PE	NSION PLAN & TRUST		plan number (PN)	001
				1c Effective dat 08/10/2010	e of plan
2a Plan sponsor's name ELSHIRE CONCRETE R	and address; include room or suite num ESTORATION, LLC	nber (employer, if for a single	-employer plan)	2b Employer Ide (EIN) 20-188	entification Number 37055
and the state of t				2c Sponsor's te	elephone number 80) 910-9209
7603 NE 10TH AVE				2d Business coo 238100	de (see instructions)
	name and address XSame as Plan Spo	onsor.		3b Administrato	r's EIN
4 If the name and/or E	IN of the plan sponsor has changed since	ce the last return/report filed	for this plan, enter the	4b EIN	
4 If the name and/or E name, EIN, and the a Sponsor's name	IN of the plan sponsor has changed sine plan number from the last return/report.	ce the last return/report filed	for this plan, enter the	4b EIN 4c PN	
name, EIN, and the a Sponsor's name	IN of the plan sponsor has changed sinc plan number from the last return/report. dicipants at the beginning of the plan yea			4c PN	9
name, EIN, and the a Sponsor's name 5a Total number of part	plan number from the last return/report.	f		4c PN 5a	9
name, EIN, and the a Sponsor's name 5a Total number of part b Total number of part c Number of participal	plan number from the last return/report. cicipants at the beginning of the plan year cicipants at the end of the plan year	of the plan year (defined ben	nefit plans do not	4c PN 5a 5b	
name, EIN, and the a Sponsor's name 5a Total number of part b Total number of part c Number of participal complete this item).	plan number from the last return/report. cicipants at the beginning of the plan year cicipants at the end of the plan year	of the plan year (defined ben	efit plans do not	4c PN 5a 5b	11+
name, EIN, and the Sponsor's name Total number of part Number of participal complete this item). d(1) Total number of a	plan number from the last return/report. cicipants at the beginning of the plan year cicipants at the end of the plan year nts with account balances as of the end	of the plan year (defined ben	efit plans do not	4c PN 5a 5b 5c	11
name, EIN, and the a Sponsor's name 5a Total number of part b Total number of part c Number of participal complete this item). d(1) Total number of a e Number of participan	plan number from the last return/report. cicipants at the beginning of the plan year nts with account balances as of the end ctive participants at the beginning of the	of the plan year (defined ben plan year year e plan year with accrued ber	nefit plans do not	4c PN 5a 5b 5c 5d(1)	11 11 8
name, EIN, and the a Sponsor's name 5a Total number of participan complete this item). d(1) Total number of a d(2) Total number of a e Number of participan less than 100% vest Caution: A penalty for tunder penalties of perior SB or Schedule MB com	plan number from the last return/report. icipants at the beginning of the plan year. icipants at the end of the plan year. ints with account balances as of the end ictive participants at the beginning of the active participants at the end of the plan its that terminated employment during the end. its that terminated employment during the end.	of the plan year (defined ben plan year year e plan year with accrued ben urn/report will be assessed	nefit plans do not nefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is established.	11 8 11 0 pplicable, a Schedule
name, EIN, and the a Sponsor's name 5a Total number of part b Total number of part c Number of participal complete this item). d(1) Total number of a d(2) Total number of a e Number of participan less than 100% vest Caution: A penalty for t Under penalties of perjur SB or Schedule MB com belief, it is true, correct, a	plan number from the last return/report. icipants at the beginning of the plan year. icipants at the end of the plan year. ints with account balances as of the end ictive participants at the beginning of the active participants at the end of the plan its that terminated employment during the end. its that terminated employment during the end.	of the plan year (defined ben plan year year e plan year with accrued ben urn/report will be assessed	nefit plans do not nefits that were	4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is established.	11 8 11 0 pplicable, a Schedule
name, EIN, and the a Sponsor's name 5a Total number of part b Total number of part c Number of participal complete this item). d(1) Total number of a d(2) Total number of a e Number of participan less than 100% vest Caution: A penalty for t Under penalties of perjur SB or Schedule MB com belief, it is true, correct, a	plan number from the last return/report. icipants at the beginning of the plan year. icipants at the end of the plan year. ints with account balances as of the end ictive participants at the beginning of the active participants at the end of the plan its that terminated employment during the end. its that terminated employment during the end.	of the plan year (defined ben plan year	nefit plans do not nefits that were d unless reasonable of e examined this return prison of this return/rep	4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is established.	11 8 11 0 plicable, a Schedule my knowledge and
name, EIN, and the a Sponsor's name 5a Total number of part b Total number of participal complete this item). d(1) Total number of a d(2) Total number of a e Number of participal less than 100% vest Caution: A penalty for t Under penalties of perjur SB or Schedule MB com belief, it is true, correct, a SIGN HERE SIGN HERE	plan number from the last return/report. icipants at the beginning of the plan year its with account balances as of the end ctive participants at the beginning of the end ictive participants at the end of the plan is that terminated employment during the end its that terminated employment during the end its late or incomplete filing of this ret by and other penalties set forth in the instepleted and signed by an enrolled actuary and complete.	of the plan year (defined ben plan yeare plan year with accrued ben urn/report will be assessed tructions, I declare that I have y, as well as the electronic verification.	nefit plans do not nefits that were tuniess reasonable of examined this return/reposition of this return are of individual to the return	4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is established. freport, including, if apport, and to the best of	11 8 11 0 plicable, a Schedule my knowledge and administrator
name, EIN, and the a Sponsor's name 5a Total number of part b Total number of participan complete this item). d(1) Total number of a d(2) Total number of a e Number of participan less than 100% vest Caution: A penalty for I Under penalties of periu Under penalties of periu Under penalties of periu Sign HERE Signature Signature Sign	plan number from the last return/report. ticipants at the beginning of the plan year Its with account balances as of the end ctive participants at the beginning of the plan ts that terminated employment during the end the late or incomplete filing of this ret y and other penalties set forth in the inst pleted and signed by an enrolled actuary and complete.	of the plan year (defined ben plan year	nefit plans do not nefits that were d unless reasonable e examined this return/reposition of this return of individual contents of the contents of	4c PN 5a 5b 5c 5d(1) 5d(2) 5e cause is established. /report, including, if aport, and to the best of	11 8 11 0 plicable, a Schedule my knowledge and

Form 5500-SF 2014		Page 2				
Were all of the plan's assets during the plan year invested in eligible b. Are you claiming a waiver of the annual examination and report of a 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	n independer nd conditions ot use Form	nt qualified public accountars.) 5500-SF and must instead	t (IQF	PA) Form	5500.	X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC ins	surance prog	ram (see ERISA section 402	21)?		Yes No	Not determined
Part III Financial Information			_	1	//	7 TA 11/1 / T
7 Plan Assets and Liabilities		(a) Beginning of Year	_	+	(p)	End of Year
a Total plan assets	7a	50455		+		58328
b Total plan liabilities	7b	50455	_	+		58328
c Net plan assets (subtract line 7b from line 7a)	7c	50455		-		VI. Carlos at 100
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	_	+		(b) Total
Contributions received or receivable from: (1) Employers	8a(1)	7059				
(2) Participants	8a(2)		_	+		
(3) Others (including rollovers)	8a(3)	0000	_	+-	-	
b Other income (loss)	8b	2627	-	+	_	9686
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d	1803		1		9000
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f					
g Other expenses	8g	10)	11		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1813
i Net income (loss) (subtract line 8h from line 8c)	8i			1		7873
j Transfers to (from) the plan (see instructions)	8j					
Part IV Plan Characteristics						
9a If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D						
b If the plan provides welfare benefits, enter the applicable welfare for	eature codes	from the List of Plan Charac	terist	ic Cod	es in the in	structions:
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide.)	ciary Correc	tion Program)	10a		х	
b Were there any nonexempt transactions with any party-in-interest on line 10a.)		aurummmmuyinaime	10b		х	
C Was the plan covered by a fidelity bond?			10c	Х		5000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond	, that was caused by fraud	10d		x	
e Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the benefi	ts under the plan? (See	10e	x		19
f Has the plan failed to provide any benefit when due under the pla	n?		10f	11	X	
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year end	1.)	10g		x	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instruct	ions and 29 CFR	10h		x	
i If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required r	notice or one of the	10i		I WL	

Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form

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

a 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

... Month

11a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39

(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)

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

granting the waiver, ...

Yes No

Year

	nter the minimum required contribution for this plan year			
C E	nter the amount contributed by the employer to the plan for this plan year	12c		7059
d s	subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a egative amount)	12d		0
e v	Vill the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/
Part V				
13a H	las a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	f "Yes," enter the amount of any plan assets that reverted to the employer this year			
b	Vere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the	control		Yes X
C	f 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		
	c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3) PN(s
	/III Trust Information (optional)			