## 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.

2014

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

Annual Report Identification Information For calendar plan year 2014 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list A This return/report is for: of participating employer information in accordance with the form instructions) a one-participant plan a foreign plan the final return/report **B** This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan **1b** Three-digit DE-WATERING SERVICES LLC DAVIS-BACON PENSION PLAN AND TRUST plan number (PN) ▶ 001 Effective date of plan 01/01/2007 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number DE-WATERING SERVICES LLC 20-5585567 (EIN) Sponsor's telephone number 360-474-0123 4103 241ST ST NE ARLINGTON, WA 98223 Business code (see instructions) 238900 **3a** Plan administrator's name and address XSame as Plan Sponsor. Administrator's EIN **3c** Administrator's telephone number 4b EIN If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year ...... 5a Total number of participants at the end of the plan year..... 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 5c complete this item) ..... d(1) Total number of active participants at the beginning of the plan year..... 5d(1) d(2) Total number of active participants at the end of the plan year..... 5d(2) 2 e Number of participants that terminated employment during the plan year with accrued benefits that were 0 5e less than 100% vested. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and

belief, it is t	true, correct, and complete.						
SIGN HERE	Filed with authorized/valid electronic signature.						
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN							
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan spons				
Preparer's	name (including firm name, if applicable) and address (include r	oom or suite number	r) (optional)	Preparer's telephone number (optional)			

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b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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 Ye		No No
	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA section 40	)21)?		Yes	No	Not dete	ermine	ed
Par	t III   Financial Information		<u> </u>							
	Plan Assets and Liabilities		(a) Beginning of Yea		-		(b) End		0000	
	Total plan assets	7a	413	374				40	983	
	Total plan liabilities	7b	413	R74				40	983	
	Net plan assets (subtract line 7b from line 7a)	7c		77 -	+		/b\ T		7000	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) T	otai		
	(1) Employers	8a(1)	40	)96						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	12	246						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5	342	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	57	732						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		1						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						5	733	
	Net income (loss) (subtract line 8h from line 8c)	8i							-391	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Par 9a	t IV Plan Characteristics  If the plan provides pension benefits, enter the applicable pension									
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	les from the List of Plan Charac	cterist		les in t	he instructi	ons:		
10	During the plan year:				Yes	No		Amount		
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Cor	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	X				10	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Χ				
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 ber	efits under the plan? (See	10e	X					113
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 a	s 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		Х				
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)							Ye	s	No
11a	Enter the unpaid minimum required contribution for current year fr					11a				
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	or se	ection :	302 of	ERISA?	X Ye	s	No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			, and e	enter th Day		ne letter i Year	ruling	

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lf y	ou 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			4096
С	Enter the amount contributed by the employer to the plan for this plan year .			12c			4096
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	`	the left of a	12d			(
е	Will the minimum funding amount reported on line 12d be met by the funding				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?				′es X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer t	his year		13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?					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.)						
1	3c(1) Name of plan(s):		13	c(2) El	N(s)	13c(3	B) 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**

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).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

D (1   A 1D	Complete all entitles in a	iccordance with the matri	ctions to the Form 5	300-31.					
	ort Identification Information	0011	and an Road	1010410044					
For calendar plan year 2014 o				12/31/2014					
A This return/report is for:  a single-employer plan  a multiple-employer plan (not multiemployer) (Filers checking this box must attach a long participating employer information in accordance with the form instructions)									
	a one-participant plan	a foreign plan							
B This return/report is	the first return/report	the final return/report							
- The retainineport is	H .								
an amended return/report a short plan year return/report (less than 12 months)									
C Check box if filing under:	Form 5558	automatic extension		DFVC pa	rogram				
	special extension (enter descri	ption)							
Part II Basic Plan Ir	nformation—enter all requested info	ormation							
1a Name of plan	cher an requested and	JIII GUOTI		1b Three-digit					
· ·	.C DAVIS-BACON PENSION PLAN AI	ND TDI IST		plan number					
DE-WATERING SERVICES EL	C DAVIS-BACOIN F ENGION F EAIN AI	10 11(00)		(PN) •	001				
				1c Effective da	ate of plan				
				01/01/2007					
2a Plan sponsor's name and	address; include room or suite numbe	er (employer, if for a single-e	employer plan)	2b Employer Id	dentification Number				
DE-WATERING SERVICES LL	.C			(EIN) 20-55					
				1 '	telephone number 360) 474-0123				
4103 241ST ST NE				2d Business co	ode (see instructions)				
ARLINGTON. WA 98223				238900					
3a Plan administrator's name	e and address XSame as Plan Spons	or.		3b Administrator's EIN					
				30 Administratorio talanhana sumbar					
				3c Administrator's telephone number					
4 If the name and/or EIN or	f the plan sponsor has changed since t	ho last return/report filed fo	r this plan, enter the	4b EIN					
	number from the last return/report.	tie last return/report filed to	i tilis pian, enter the	40 EIN					
a Sponsor's name				4c PN					
<del></del>	ints at the beginning of the plan year			<del>                                     </del>	4				
<b>b</b> Total number of participa	ints at the end of the plan year			5b	2				
C Number of participants w	rith account balances as of the end of t	he plan year (defined bene	fit plans do not	5c	2				
	participants at the beginning of the pla			5d(1)	4				
• •				<u> </u>					
• •	participants at the end of the plan yea			5d(2)	2				
	at terminated employment during the p		its that were	<b>5e</b>					
	ate or incomplete filing of this return								
Under penalties of perjury and	d other penalties set forth in the instruc	tions, I declare that I have	examined this return/re	port, including, if a	pplicable, a Schedule				
SB or Schedule MB complete belief, it is true, correct, and c	d and signed by an enrolled actuary, a	s well as the electronic vers	sion of this return/repor	t, and to the best o	of my knowledge and				
	9 1.1.	( )	John Gustafson						
SIGN AND HERE	fus 12/200		John Gustaison						
Signature of pla	n administrator	Date 4/14/15	Enter name of individ	lual signing as plai	n administrator				
SIGN / Afri &	Lustelan								
HERE	ployer/plan sponsor	Date/3/6/15	Enter name of individ	lual signing as emi	ployer or plan sponsor				
Preparer's name (including fir	m name, if applicable) and address (in		) (optional)		none number (optional)				
		7	, /=E======/		(-prioriei)				
				I					

b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  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.  C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No							No No			
		Surance pro	gram (see LittoA section 40.	21): .	Ц	163	No Not determined				
	t III Financial Information							—			
	Plan Assets and Liabilities		(a) Beginning of Yea		+-		(b) End of Year				
	Total plan assets	7a	41374	<del>}</del>	+		40983				
	Total plan liabilities	7b	4427	4			40003				
	Net plan assets (subtract line 7b from line 7a)	7c	41374	7			40983				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		1000		(b) Total				
	Contributions received or receivable from: (1) Employers	8a(1)	4096	3	89						
	(2) Participants	8a(2)			[20]						
	(3) Others (including rollovers)	8a(3)			1						
	Other income (loss)	8b	1246	5				T.			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					5342				
	Benefits paid (including direct rollovers and insurance premiums				100						
	to provide benefits)	8d	5732	2							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
<u>g</u>	Other expenses	8g	1	1							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					5733				
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					-391				
j_	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D	feature code	es from the List of Plan Chara	acteris	stic Co	des in	the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare for	eature codes	s from the List of Plan Charac	cterist	ic Cod	es in tl	ne instructions:				
Par	t V Compliance Questions										
10	During the plan year:				Yes	No	Amount				
а	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide			10a		х					
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		х					
	Was the plan covered by a fidelity bond?			10c	Х		100	000			
d		fidelity bond	d, that was caused by fraud	10d		х					
	Were any fees or commissions paid to any brokers, agents, or oth			100							
	insurance service, or other organization that provides some or all instructions.)	of the benef	fits under the plan? (See	10e	х		1	113			
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year en	d.)	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	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							
Par											
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							No			
112	Enter the unpaid minimum required contribution for current year fi		· · · · · · · · · · · · · · · · · · ·			11a					
12	Is this a defined contribution plan subject to the minimum funding				_		ERISA? X Yes	No			
<u> </u>	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below				2						
а	If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortize	d in this plan year, see instru		, and e	enter the Day	ne date of the letter ruling Year	_			
	9										

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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			4096	
С	Enter the amount contributed by the employer to the plan for this plan year.			12c			4096	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)			12d			0	
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?			\ \	res X No			
	If "Yes," enter the amount of any plan assets that reverted to the employer t	his year		13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferr of the PBGC?	ed to another plan, or brought unde	r the o	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 pl	an(s) 1	to				
1	3c(1) Name of plan(s):		1:	3c(2) E	IN(s)	13c(3	3) PN(s)	
Part	VIII Trust Information (optional)							
14a	Name of trust		T	14b T	rust's EIN			