Form 55	00-SF	Short Form Annu		ort of Small Empl	oyee	C	MB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee					etirement	2015			
Department of Labor Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Int Pension Benefit Guaranty Corporation Revenue Code (the Code).						This Forr Public			
				instructions to the Form 5	500-SF.		••••		
		dentification Information al plan year beginning 01/01/		and ending 1	2/31/2015				
		a single-employer plan		ver plan (not multiemployer)		king this bo	must attach a		
A This return/report	rt is for:	a one-participant plan	list of participatin	g employer information in a	ccordance wit	th the form i	nstructions)		
B This return/report	tis	the first return/report an amended return/report	the final return/rep	oort eturn/report (less than 12 m	nonths)				
C Check box if filin	g under:	 Form 5558	automatic extens		_	FVC progra	m		
	Dian Inform	special extension (enter desc							
	: Plan Inforr	mation—enter all requested ir	formation		1b Three	digit			
1a Name of plan DE-WATERING SER	RVICES, LLC PI	LAN & TRUST				number	002		
					1c Effect	ive date of			
		er, if for a single-employer plan) apt., suite no. and street, or P.0	D. Box)		2b Emplo		ation Number		
City or town, sta E-WATERING SER		country, and ZIP or foreign pos	tal code (if foreign, see	instructions)	(EIN) 20-5585567 2c Sponsor's telephone number 360-474-0123				
					2d Busine	ess code (s	ee instructions)		
103 241ST STREET RLINGTON, WA 982						23890	0		
3a Plan administra	tor's name and	address XSame as Plan Spon	sor.		3b Admin	nistrator's E	N		
					3c Admir	nistrator's te	lephone number		
	d the plan numb	blan sponsor has changed since per from the last return/report.	the last return/report fi	led for this plan, enter the	4b EIN 4c PN				
5a Total number o	f participants at	t the beginning of the plan year.			5a		2		
b Total number o	f participants at	t the end of the plan year			5b		0		
	•	count balances as of the end of		•	5c		0		
d(1) Total numbe	r of active partion	cipants at the beginning of the p	lan year		5d(1)		3		
		cipants at the end of the plan ye			5d(2)		0		
		rminated employment during the			5e				
Caution: A penalty Under penalties of p SB or Schedule MB	for the late or berjury and othe completed and	incomplete filing of this return r penalties set forth in the instru- signed by an enrolled actuary,	n/report will be asses ctions, I declare that I h	sed unless reasonable can have examined this return/re	port, includin	g, if applica			
SIGN Filed wit		alid electronic signature.	05/06/2016	JOHN GUSTAFSON					
HERE	ure of plan adı		Date	Enter name of individ	lual signing a	s plan admi	nistrator		
SIGN HERE									
Signat		e r/plan sponsor ne, if applicable) and address (i	Date	Enter name of individ	lual signing a Preparer's				
For Paperwork Reduc	tion Act Notice	and OMB Control Numbers, see th	e instructions for Form	5500-SF.		F	orm 5500-SF (2015)		

	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)?	Not determined
Part III Financial Information	
7 Plan Assets and Liabilities (a) Beginning of Year (b) I	End of Year
a Total plan assets	0
b Total plan liabilities 7b	
C Net plan assets (subtract line 7b from line 7a) 7c 0	0
8 Income, Expenses, and Transfers for this Plan Year (a) Amount	(b) Total
a Contributions received or receivable from: (1) Employers	
(1) Employers	
(2) Fantepants	
b Other income (loss)	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d	
Certain deemed and/or corrective distributions (see instructions) 8e	
f Administrative service providers (salaries, fees, commissions) 8f	
g Other expenses	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	
i Net income (loss) (subtract line 8h from line 8c)	
j Transfers to (from) the plan (see instructions)	
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 in 2A 2E 2F 2G 2J 2K 3D	structions:
B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the inst	tructions:
Part V Compliance Questions	
10 During the plan year: Yes No N/A	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period Image: Contribution of the plan and participant contributions within the time period	Amount
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.)	
C Was the plan covered by a fidelity bond? 10c X	10000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	
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? 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.)	
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	
j Did the plan trust incur unrelated business taxable income?	
Part VI Pension Funding Compliance	

11a	Enter the unpaid minimum required contribution 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 3	302 of E	RISA?.

Yes No Form 5500-SF 2015

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(If	'Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	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 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 Ent	er the minimum required contribution for this plan year		12b			0		
c Ente	r the amount contributed by the employer to the plan for this plan year		12c			0		
	ptract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l gative amount)		12d			0		
e Wi	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No X	N/A		
Part VII	Plan Terminations and Transfers of Assets							
13a Ha	s a resolution to terminate the plan been adopted in any plan year?			× Yes	No			
lf "	Yes," enter the amount of any plan assets that reverted to the employer this year		13a			0		
	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough he PBGC?	ght under the co	ontrol	×	Yes	No		
	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifich assets or liabilities were transferred. (See instructions.)	y the plan(s) to						
13c(*) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)		
Part VII	Trust Information							
14a Nam	e of trust		14b Trust's EIN					
14c Na	Trustee's or custodian's telephone number							
Part IX	IRS Compliance Questions							
15a ls t	ne plan a 401(k) plan?		Υe	s	No			
15b If "Y mai	Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and ching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	d employer	Design- based safe . harbor method			ADP/ACP test		
test	e ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cuing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (2)(ii))?		Ye	S	No			
16a Che	eck the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Цре	atio ercentage st		erage efit test		
	es the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com plan with any other plans under the permissive aggregation rules?		Ye	S	No			
17a Has	the plan been timely amended for all required tax law changes?		Ye	S	No	N/A		
	e the last plan amendment/restatement for the required tax law changes was adopted// ax law changes and codes).	Enter the ap	plicable	e code	_ (See ins	tructions		
	e plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla isory letter, enter the date of that favorable letter// and the letter's serial n		t to a fa	avorable IF	S opinion	or		
det	e plan is an individually-designed plan and received a favorable determination letter from the IRS, er ermination letter/		the pla	n's last fav	orable			
	ne Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) de), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Ye	5	No			
19 We	e in-service distributions made during the plan year?		Ye	S	No			
lf "۱	/es," enter amount		19					
	re required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of where the required under section 401(a)(9)?		Ye	S	No	N/A		

Income Security Act of 1974	4 (ERISA), and sections 60	4065 of the Employee Retirer 57(b) and 6058(a) of the Inter	nent	2015		
•	4 (ERISA), and sections 60	or (D) 200 (INVILA) of the Info				
	Revenue Code (the Cod	e).	This Pul	Form is Open to blic Inspection		
	Complete all entries in accordance with the instructions to the Form 5500-SF.					
dentification Information cal plan year beginning 01/01/20	015	and ending 12/31/20	15			
X a single-employer plan		plan (not multiemployer) (File		box must attach a		
a one-participant plan						
the first return/report	A the final return/report					
an amended return/report	8	m/report (less than 12 months	;)			
 Form 5558	automatic extension			gram		
special extension (enter desc			ш · •			
mation-enter all requested ir	nformation					
		16				
			(PN) 🕨	002		
		1c	Effective date of 01/01/2009	ofpian		
er, if for a single-employer plan) , apt., suite no. and street, or P.C country, and ZIP or (value post	O, Box)		Employer Ident (EIN) 20-55855	tilication Number 587		
aria zari orionaigii posi	(130 	20	• •	phone number 474-0123		
-		2d	Business code			
			230300			
-		30	Administrator's	telephone number		
In money has also and cite	the last shumber and \$7-24					
wan sponsor has changed since per from the last return/report.	une rast returnvreport filed fo					
				2		
the end of the plan year	the nion veer defined have		-	0		
******		J	-	0		
				3		
			(2)	0		
minated employment during the	plan year with accrued be	nelits that were less 5	e			
incomplete filing of this return	n/report will be assessed :	uniess reasonable cause is	established.			
r penalties set forth in the instruction signed by an enrolled actuary, a steel of the set of the s	tions, I declare that I have swell as the electronic ver	examined this return/report, in sion of this return/report, and	icluding, if applic to the best of my	able, a Schedule / knowledge and		
Intersor	5/6/16	JOHN GUSTAFSON				
	Date	Enter name of individual sig	ning as plan adn	ninistrator		
us fersor		Enter appendit to the the table to the	alaa aa amatawa			
	the first return/report an amended return/report form 5558 special extension (enter desc mation_enter all requested in LAN & TRUST ar, if for a single-employer plan) at, suita no. and street, or P.(country, and ZIP or foreign posi address Same as Plan Spons address Same as Plan Spons ban sponsor has changed since per from the last return/report. the beginning of the plan year the end of the plan year minated employment during the incomplete filling of this return r penalties set forth in the instruct signed by an enrolled actuary, at the moder set forth in the instruct at the moder of the plan year minated employment during the incomplete filling of this return at the moder of the plan year minated employment during the incomplete filling of this return at the moder of the plan year minated employment during the incomplete filling of this return at the moder of the plan year minated employment during the incomplete filling of this return r penalties set forth in the instruct at the moder of the plan year minated employment during the incomplete filling of this return r penalties at the beginning of the plan year minated employment during the incomplete filling of this return r penalties at the plan year minated actuary, at the forth in the instruct at the plan year minated employment during the incomplete filling of the plan year forth in the instruct at the plan year minated employment during the incomplete filling of the plan year minated employment during the incomplete filling of the plan year minated employment during the incomplete filling of the plan year minated employment during the incomplete filling of the plan year minated employment during the incomplete filling of the plan year minated employment during the incomplete filling of the plan year minated employment during the incomplete filling of the plan year minated employment during the incomplete filling of the plan year minated employment during the plan year minated employment during the plan year minated employment during the plan year min	a one-participant plan a foreign plan the first return/report is the final return/report an amended return/report a short plan year return Form 5558 automatic extension special extension (enter description) mation	a cne-participant plan a foreign plan the first return/report a short plan year return/report (less than 12 months a mended return/report a short plan year return/report (less than 12 months Form 5558 automatic extension special extension (enter description) mattion—enter all requested information IAN & TRUST 1b act, suite no, and street, or P.O. Box) 2b country, and ZIP or foreign postal code (if foreign, see instructions) 2c address (Same as Plan Sponsor. 3b stan sponsor has changed since the last return/report filed for this plan, enter the ser from the last return/report. 4b the end of the plan year 5d cipants at the beginning of the plan year 5d cipants at the beginning of the plan year 5d incomplete filing of this return/report will be assessed unless reasonable cause is signed by an anrolled actuary, as well as the electronic version of this return/report, and the electronic version of this return/report, and the plan year	Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report Image: pair of the final return/report		

Form 5500-SF 2015		Page 2								
 6a Were all of the plan's assets during the plan year invested in eligit b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See Instructions on waiver eligibility if you answered "No" to either line 6a or line 6b, the plan can c If the plan is a defined benefit plan, is it covered under the PBGC is 	an indeper and condit not use Fo	ndent qualified public a ions.) rm 5500-SF and mus	iccount t instea	ant (IC	PA) Form	5500.	••••			No No
					····· L					
							(h) E			
7 Plan Assets and Liabilities	70	(a) Beginning		ar 0			<u>(b) Ene</u>	1 01 16	ar O	
A Total plan assets D Total plan liabilities	. 7a . 7b			<u> </u>	+					
C Net plan assets (subtract line 7b from line 7a)				0	+				0	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt .				(b)	Total		
a Contributions received or receivable from:			////		-	· · · ·		1000		
(1) Employers	. 8a(1)									
(2) Participants	. 8a(2)				4					
(3) Others (including rollovers)	. 8a(3)					· · ·				
b Other income (loss)	. 8b									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
Certain deemed and/or corrective distributions (see instructions)	. 8e									
f Administrative service providers (salaries, fees, commissions)										
g Other expenses	. 8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)										
i Net income (loss) (subtract line 8h from line 8c)										
j Transfers to (from) the plan (see instructions)	· 8i									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 3D	i feature co	des from the List of Pla	an Cha	racteri	stic Co	odes in 1	the instru	uctions	:	
B if the plan provides welfare benefits, enter the applicable welfare to	leature cod	es from the List of Pla	n Chara	acterisi	ic Cod	les in th	e instruc	tions		
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A		Amo	ount	
a Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program).	/oluntary F	iduciary Correction	10a		x					
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		x					
C Was the plan covered by a fidelity bond?			10c	X						10000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bor	nd, that was caused	10d		x					
e Were any fees or commissions paid to any brokers, agents, or ot carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person: ne or all of i	by an insurance the benefits under	10e		x					
f Has the plan failed to provide any benefit when due under the pla	m7	61.2	10f		Х					
g Did the plan have any participant loans? (If "Yes," enter amount a	as of year e	nd.)	10g		X			-		
h If this is an individual account plan, was there a blackout period? 2520,101-3.)	-	1	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	notice or one of the	101							
Did the plan trust incur unrelated business taxable income?			10j							
Part VI Pension Funding Compliance)						
11 Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	henits? (If ")	es," see instructions a	and con	nplete	Sched	lule SB	(Form		Yes	No
11a Enter the unpaid minimum required contribution for all years from										
12 Is this a defined contribution plan subject to the minimum funding	requireme	nis of section 412 of th	ie Cod	e or se	ction 3	302 of E	RISA?		Yes	No

	Form 5500-SF 2015	Page 3 - 1			
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applic	able.)			
а	a If a waiver of the minimum funding standard for a prior year is being amortiz granting the waiver.			iter the date Day	of the letter ruling Year
H	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For				
b	b Enter the minimum required contribution for this plan year			125	0
	C Enter the amount contributed by the employer to the plan for this plan year			12c	0
	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount).	(enter a minus sign to the left of	fa	12d	0
e	Will the minimum funding amount reported on line 12d be met by the funding			Yes	No X N/A
Part	t VII Plan Terminations and Transfers of Assets				
1 3a	B Has a resolution to terminate the plan been adopted in any plan year?			X	Yes No
	If "Yes," enter the amount of any plan assets that reverted to the employer the	us yea r		13a	0
b	of the PBGC?			itrol	X Yes 🗌 No
	If during this plan year, any assets or liabilities were transferred from this pla which assets or liabilities were transferred. (See instructions.)	in to another plan(s), identify the	plan(s) to		
	13c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) PN(s)
<u> </u>	t VIII Trust Information			14b Trust's	EN
	I Name of trust -WATERING SERVICES, LLC PLAN & TR				
				20-558556	7
14c	C Name of trustee or custodian				ee's or custodian's one number
Bar					
<u> </u>	rt IX IRS Compliance Questions			<u></u>	
_15a	i is the plan a 401(k) plan?			Yes	No
15b	D If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)			Design- based si harbor method	afe ADP/ACP test
15c	C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for testing method" for nonhighly compensated employees (Treas. Reg sections 2(a)(2)(ii))?	1.401(k)-2(a)(2)(ii) and 1.401(m)- ['	Yes	Νο
16a	a Check the box to indicate the method used by the plan to satisfy the coverage			Ratio percenta test	ge Average benefit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 41 this plan with any other plans under the permissive aggregation rules?] Yes	No No
_	a Has the plan been timely amended for all required tax law changes?			Yes	0 No 0 N/A
	 Date the last plan amendment/restatement for the required tax law changes v for tax law changes and codes). 			plicable code	
17c	If the plan sponsor is an adopter of a pre-approved master and prototype (M8 advisory letter, enter the date of that favorable letter	kP) or volume submitter plan that and the letter's serial numb		o a favorabl	e IRS opinian or
17d	If the plan is an individually-designed plan and received a favorable determining determination letter	ation letter from the IRS, enter th	he date of th	e plan's last	favorable
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under made), American Samoa, Guam, the Commonwealth of the Northern Marian			Yes	
19	Were in-service distributions made during the plan year?		[Yes	No
	If "Yes," enter amount		1 ()	19	
20	Were required minimum distributions made to 5% owners who have attained retired), as required under section 401(a)(9)?			Yes	No N/A