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

2015

This Form is Open to Public Inspection

Parti	Annuai Report	identification information	1								
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/	2015	and ending 1:	2/31/2015						
A This ret	turn/report is for:	a single-employer plan		plan (not multiemployer) employer information in ac							
71		a one-participant plan	a foreign plan	, ,,,		,					
B This retu	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 I	box if filing under:	Form 5558	automatic extension DFVC program								
		special extension (enter desc	• /								
Part II	Basic Plan Info	ormation —enter all requested in	formation		T						
1a Name	•				1b Three-digit						
BELSHIRE	CONCRETE RESTOR	RATION, LLC DAVIS-BACON PEN	ISION PLAN & TRUST		plan numbe (PN) ▶	001					
					1c Effective da						
					(08/10/2010					
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.0				entification Number 20-1887055					
	CONCRETE RESTOR	e, country, and ZIP or foreign pos ATION, LLC	tal code (if foreign, see ins	structions)	2c Sponsor's to	elephone number 0-910-9209					
					2d Business co	de (see instructions)					
27603 NE 10						, , , , , , , , , , , , , , , , , , , ,					
RIDGEFIELD, WA 98642 238100											
3a Plan administrator's name and address Same as Plan Sponsor.						r's EIN					
					3c Administrate	r's telephone number					
		e plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b EIN						
	, EIN, and the plan nul or's name	mber from the last return/report.			4c PN						
.				11							
		at the end of the plan year			5b	11					
		account balances as of the end of			5c						
	,					11					
		rticipants at the beginning of the p	-		5d(1)	6					
` '	·	irticipants at the end of the plan ye			5d(2)	3					
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested											
		or incomplete filing of this retur									
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, plete									
SIGN		/valid electronic signature.	05/11/2016	STEVE SHIREY							
HERE	Signature of plan a	ndministrator	Date	Enter name of individ	ridual signing as plan administrator						
SIGN											
HERE	Signature of emplo	oyer/plan sponsor	Date	Enter name of individ	lual signing as emp	oyer or plan sponsor					
Preparer's		name, if applicable) and address (i	nclude room or suite numb		Preparer's teleph	•					

	Form 5500-SF 2015		Page 2							
b	Were all of the plan's assets during the plan year invested in eligib 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 If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public a	account	ant (IQ	PA)			□ .	′es No
C	f the plan is a defined benefit plan, is it covered under the PBGC in	surance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not de	termined
Par	t III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End	of Year	
a	Total plan assets	7a		58	328				4	16045
<u>b</u>	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		58	328				4	16045
	Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) T	otal	
	Contributions received or receivable from: (1) Employers	8a(1)		1	632					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-1	543					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								89
	Benefits paid (including direct rollovers and insurance premiums	0.4		10	2365					
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8d		12	.505					
	Administrative service providers (salaries, fees, commissions)	8e 8f								
	Other expenses	8g			7					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							,	12372
	Net income (loss) (subtract line 8h from line 8c)	8i								12283
	Transfers to (from) the plan (see instructions)	8i								
Par	t IV Plan Characteristics	<u> </u>								
9a B	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D If the plan provides welfare benefits, enter the applicable welfare for									
Part	V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amou	nt
а	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 f	iduciary Correction	10a		X				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	,		10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					50000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X					45
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Χ				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h						
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						
j	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)							(Form	\	′es No
11a	Enter the unpaid minimum required contribution for all years from	Schedule	SB (Form 5500) line 4	0			11a		•	
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of t	he Cod	e or se	ction :	302 of E	ERISA?	X	′es No

	Form 5500-SF	2015 Page 3 - 1					
	(If "Yes," complete	line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	_				
<u>а</u>		inimum funding standard for a prior year is being amortized in this plan year, see ind		enter the Day _	e date of t	he letter ru Year	ing
<u> </u>	you completed line	12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	ı			
b	Enter the minimum	required contribution for this plan year		12b			1632
С	Enter the amount co	ntributed by the employer to the plan for this plan year		12c			1632
d		nt in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		12d			0
е	Will the minimum fu	inding 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 Has a resolution to terminate the plan been adopted in any plan year?							
13a	Has a resolution to te	erminate the plan been adopted in any plan year?			Yes	s X No	
	If "Yes," enter the a	mount of any plan assets that reverted to the employer this year		13a			
b	·		-			Yes X	No
С		·	fy the plan(s) to	1			
•	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)
Part	VIII Trust Info	ormation					
14a	Name of trust			14b ⊺	Γrust's EIN	N	
14c	Name of trustee or	custodian					an's
Par	t IX IRS Com	pliance Questions					
15a	Is the plan a 401(k)	plan?		Ye		No	
15b		the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ons (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ha m	esign- ased safe arbor ethod	ADF	P/ACP
15c		is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4		Ye		No	
	Check the box to inc	Ratio Averag benefit			erage efit test		
16b	Does the plan satisf this plan with any ot	•	Ye	S	No		
17a	Has the plan been ti	mely amended for all required tax law changes?		Ye	:S	No	N/A
17b	Date the last plan a for tax law changes	mendment/restatement for the required tax law changes was adopted//_and codes).	Enter the ap	plicable	code	(See ins	tructions
17c		s an adopter of a pre-approved master and prototype (M&P) or volume submitter plant the date of that favorable letter/ and the letter's serial r		ct to a fa	ıvorable IF	RS opinion	or
17d	If the plan is an indi- determination letter	vidually-designed plan and received a favorable determination letter from the IRS, e/	nter the date of	the plar	n's last fav	vorable	
18		ed in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 amoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	3	No	
19	Were in-service dist	ributions made during the plan year?		Ye	:S	No	
	If "Yes," enter amou	nt		19			
20	•	num distributions made to 5% owners who have attained age 70 ½ (regardless of w under section 401(a)(9)?		Ye	:S	No	N/A

Form 5500-SF

Department of the Trassury 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

2015

This Form is Open to Public Inspection

Part I	Annual Report	Identification Inform	nation								
For calenda	r plan year 2015 or fit	scal plan year beginning 0	1/01/2015	<u>, ,</u>	and ending 12/3						
A This satu	ım/report is for:	a single-employer pla	ın [a multiple-employer plan (not multiemployer) (Filers checking this box must list of participating employer information in accordance with the form instru							
A THE FOLL		a one-participant plan	· [a foreign plan							
B This retu	m/report is	the first return/report	L.	the final return/report							
		an amended return/re	port _	a short plan year retum	ontns)						
C Check b	ox if filing under:	Form 5558		automatic extension DFVC program							
	<u></u>	special extension (en	<u></u>								
Part II	Basic Plan Info	rmation—enter all requ	ested inform	nation		42					
1a Name of BELSHIRE O	of plan CONCRETE RESTOR		1b Three-digit plan number (PN)	001							
						1c Effective day 08/10/2010	e of plan				
Mailina	address (include root	yer, if for a single-employen, apt., suite no. and street	et. or P.O. B	lox)		2b Employer Id (EIN) 20-188	entification Number 37055				
City or 1	town, state or province CONCRETE RESTOR	e, country, and ZIP or fore	eign postal o	code (if foreign, see instru	uctions)	2c Sponsor's te	elephone number 30) 910-9209				
						2d Business co 238100	de (see instructions)				
27603 NE 10	TH AVE										
RIDGEFIELD					· · · · · · · · · · · · · · · · · · ·	25					
3a Plan ad	lministrator's name ar	nd address XSame as Pla	an Sponsor.	•		3b Administrato	rsein				
						GC AUTHINOUGH	n's telephone number				
4 If the n	ame and/or EIN of the	e plan sponsor has chang mber from the last return/r	ed since the	a last return/report filed fo	r this plan, enter the	4b EIN					
a Sponso		mon mon mo idor rotante				4c PN					
		at the beginning of the pla	an year			5a	11				
		at the end of the plan yea				5b	11				
e Numbe	er of participants with	account balances as of th	e end of the	plan year (defined bene	fit plans do not	5c	11				
		irticipants at the beginning				5d(1)	6				
		articipants at the end of the				5d(2)	3				
e Numb	er of participants that	terminated employment of	turing the pla	an year with accrued ber	refits that were less	5e	0				
	the feather lake	or incomplete filing of the	nim mnétormiro	anari wili he secessori i	inless masonable cal	use is established					
Under pens	lities of perjury and of dule MB completed a	ther penalties set forth in t and signed by an enrolled a									
	rue, correct, and com	14/11-		5/11/12	Steve Shirey						
SIGN HERE			}	Date	Enter name of individ	ndividual signing as plan administrator					
	Signature of plan	administrator		Date .	Eriter Henric of Individ						
SIGN HERE	Olemann of omple	nature of employer/plan sponsor Date Enter name of individ					loyer or plan sponsor				
Prenarer's	name (including firm i	name, if applicable) and a	ddress (inclu		r)	Preparer's teleph	one number				
Preparer's name (including firm name, if applicable) and address (include room or suite number)											

Form 5500-SF 2015		Page 2					
		2					X Yes No
6a Were all of the plan's assets during the plan year invested in elig b Are you claiming a waiver of the annual examination and report of	bnenehni ne h	ent dustified bublic 80	counta	חו נוער	'M)		п. П.
	v and condiuo	RS. J		*********			X Yes No
if you answered "No" to either line 6s or line 6b, the plan car	not use Fom	n 5500-Sir and must	RJ200S(i naa i	-Other	JJ00.	
C If the plan is a defined benefit plan, is it covered under the PBGC	insurance pro	gram (see ERISA sec	tion 40	21)?	Ц	168	140 1 Hot determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	of Yea 5832		┼		(b) End of Year 46045
a Total plan assets	1 1		00320	-	┼─		-70070
b Total plan liabilities			5832	α	╫┈		46045
C Net plan assets (subtract line 7b from line 7a)	7c				╁┈	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Total
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	nt		╅─		10) Total
Contributions received or receivable from: (1) Employers	8a(1)		163	2	<u> </u>		·····
(2) Participants							
(3) Others (including rollovers)					 		
b Other income (ioss)			-154	3	 		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)							89
d Benefits paid (including direct rollovers and insurance premiums	1 1		1236	5			
to provide benefits) • Certain deemed and/or corrective distributions (see instructions).					1		
					I		
f Administrative service providers (salaries, rees, commissions) g Other expenses	1 1			7			
h Total expenses (add lines 8d, 8e, 8f, and 8g)							12372
i Net income (loss) (subtract line 8h from line 8c)							-12283
Transfers to (from) the plan (see instructions)							
Don't N/ Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension	on feature cod	les from the List of Ph	an Char	racteris	stic Co	des in t	the instructions:
9C 2F 2G 2T 3D							
B If the plan provides welfare benefits, enter the applicable welfan	e reature code	is itotti tile cist of rikal	Oriale				
Part V Compliance Questions							
10 During the plan year:				Yes	No	N/A	Amount
Was there a failure to transmit to the plan any participant contribed in 29 CFR 2510.3-102? (See Instructions and DOL's Program)	s voluntary re	ductary Correction	10a		×		
b Were there any nonexempt transactions with any party-in-inten	est? (Do not ir	iclude transactions	10b		х		
reported on line 10a.)				X	- -		50000
C Was the plan covered by a fidelity bond?			10c		 		
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	*************	*************************	10d		×		
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides s the plan? (See instructions.)	ome or all of t	ne penelius under	10e	×			45
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 amour			10g		Х		
h If this is an individual account plan, was there a blackout period	d? (See instru	ctions and 29 CFR	10h				
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520.	d the required	notice or one of the	101				
Did the plan trust incur unrelated business taxable income?			10j				
11 In this a defined benefit plan subject to minimum funding requir	ements? (If "Y	'es," see instructions	and co	mplete	Sche	dule SB	(Form Yes No
5500) and line 11a below)	*****			,		1	
	om Schedule !	SB (Form 5500) line 4	٠	*****		1 1 1 4	

Form 5500-SF 2015 Page 3 - 1	·				
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			4-14 61	ha fala m-th	
at fa waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in	VIOLIUI	nter the Day	date of t	he letter ruli Year	i Ağ
If you completed line 12a, complete lines 3, 9, and 19 of Schedule MB (Form 5500), and skip to line	13.	12b			1632
b Enter the minimum required contribution for this plan year					
C Enter the amount contributed by the employer to the plan for this plan year		12c			1632
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)		12d		T 50	0
Will 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			М.,	G	
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			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?				Yes 🔀 t	No
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident	ify the plan(s) to				
which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) P	N(s)
Toolij Namo organicji					
Part VIII Trust Information					
14a Name of trust		14b Trust's EIN			
14c Name of trustee or custodian		14d		s or custodia e number	an's
Part IX IRS Compliance Questions					
15a is the plan a 401(k) plan?	*******************	[] Ye	s.	No	
15b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals ar matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	nd employer	Design- based safe harbor method		a ADP/ACP test	
15c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.2(a)(2)(ii))?	401(11)-	[] Ye	8	No	
16a Check the box to indicate the method used by the plan to satisfy the coverage requirements under sec		Up	atio ercentage est		erage nefit test
16b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by corthis plan with any other plans under the permissive aggregation rules?	mbining	Y6	es	No	
17a Has the plan been timely amended for all required tax law changes?	********************	Y.	98	No	□N/A
17b Date the last plan amendment/restatement for the required tax law changes was adopted for the last plan amendment/restatement for the required tax law changes was adopted	Enter the a				struction
17C If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter p	lan that is subject I number	ct to a f	avorable i	IRS opinion	or
advisory letter, enter the date of that favorable letter and the letter's seria 17d if the plan is an individually-designed plan and received a favorable determination letter from the IRS, determination letter		the pla	ın's last fa	rvorable	
18 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i), made), American Samoa, Guern, the Commonwealth of the Northern Martana Islands or the U.S. Virgi	2) has been n islands)?	Ye		No	
19 Were in-service distributions made during the plan year?		□ Y	es	∏ No	
If "Yes," enter amount		19			
Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of retired), as required under section 401(a)(9)?	whether or not	☐ Y	98	No	∏ N/A
100.001					