-	m 5500-SF	Short Form Annua	al Return/Repor Benefit Plan	t of Small Employ	yee		OMB Nos. 1210-0110 1210-0089
	nent of the Treasury al Revenue Service	This form is required to be filed		4065 of the Employee Reti	rement		2015
Employee Ber	artment of Labor lefits Security Administration	Income Security Act of 1974 (057(b) and 6058(a) of the In			orm is Open to ic Inspection
	efit Guaranty Corporation	Complete all entries in a	ccordance with the ins	tructions to the Form 5500	0-SF.		•
For calendar	plan year 2015 or fisca	Ientification Information al plan year beginning 01/01/20)15	and ending 12/3	1/2015		
	rn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer) (F mployer information in acco	ilers cheo	0	
B This retur	n/report is	the first return/report an amended return/report	the final return/report	ırn/report (less than 12 mon	ths)		
C Check be	ox if filing under:	Form 5558	automatic extension		[] I	DFVC progr	am
		special extension (enter descrip					
Part II		mation—enter all requested info	ormation	I .			
1a Name o HALVORSON	f plan N CONSTRUCTION RE	TIREMENT PLAN			1b Thre plan (PN)	number	001
				1	1c Effect	tive date of 01/0	plan 1/2015
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O.			2b Emp (EIN)		ication Number 741411
	own, state or province, CONSTRUCTION GR	country, and ZIP or foreign posta OUP, LLC	l code (if foreign, see ins	tructions)	2c Spor		none number 58-1500
12515 \\//	WS RD. N.E., SUITE 2	20			2d Busir	ness code (see instructions)
KIRKLAND, W		20				2362	00
3a Plan ad	ministrator's name and	address XSame as Plan Sponso	or.	:	3b Admi	nistrator's E	EIN
						nistrator's t	elephone number
	EIN, and the plan numb	olan sponsor has changed since the per from the last return/report.	ne last return/report filed		4b EIN 4c PN		
·		the beginning of the plan year			5a		42
		the end of the plan year			5b		45
C Numbe	r of participants with ac	count balances as of the end of th	ne plan year (defined be	nefit plans do not	5c		25
•	,	cipants at the beginning of the pla			5d(1)		42
.,		cipants at the end of the plan year	-		5d(2)		46
e Numbe than 1	er of participants that te 00% vested	rminated employment during the	blan year with accrued b	enefits that were less	5e		0
Under penal SB or Scheo	ties of perjury and othe	incomplete filing of this return/ r penalties set forth in the instruct signed by an enrolled actuary, as etc.	ions, I declare that I hav	e examined this return/repo	rt, includi	ng, if applic	
SIGN		lid electronic signature.	05/26/2016	KATHLEEN M. MULLIN	S		
HERE	Signature of plan adr	ninistrator	Date	Enter name of individua	l signing	as plan adn	ninistrator
SIGN HERE	Signature of employe	er/plan sponsor	Date	Enter name of individua	l signing :	as employe	r or plan sponsor
Preparer's n	ame (including firm nar	ne, if applicable) and address (inc	lude room or suite num	per) F	Preparer's	telephone	number
For Paperwo	rk Reduction Act Notice	and OMB Control Numbers, see the	Instructions for Form 550	U-SF.			Form 5500-SF (2015)

	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	an indeper	ndent qualified public a	ccounta	ant (IQ	PA)		
	If you answered "No" to either line 6a or line 6b, the plan cann		,					
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ction 40	021)? .		Yes	No Not determined
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	g of Yea	ar			(b) End of Year
а	Total plan assets	7a			0			126293
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c			0			126293
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	Int				(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)		37	930			
	(2) Participants	8a(2)		91	404			
	(2) Participants	8a(3)		0.				
h	Other income (loss)	8b		_	431			
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				101	-		128903
	Benefits paid (including direct rollovers and insurance premiums	8c				_		120303
	to provide benefits)	8d		2	610			
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2610
i	Net income (loss) (subtract line 8h from line 8c)	8i						126293
j	Transfers to (from) the plan (see instructions)	8j						
Ра	rt IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E $2G$ 2J 2K 2T 3D	feature co	odes from the List of Pla	an Chai	acteris	stic Co	odes in t	the instructions:
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plar	n Chara	cterist	ic Coc	les in th	ne instructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
a	• • •	tions withi	n the time period					Anount
	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				10c		х		
d				100				
	by fraud or dishonesty?			10d		Х		
e	carrier, insurance service, or other organization that provides som	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	n?		10f		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)					Х		
h		(See instru	uctions and 29 CFR	10g 10h		Х		
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.10"	he required	d notice or one of the	10i				
j	Did the plan trust incur unrelated business taxable income?							
		•••••		10j				
Par				10j				

11a Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40...

12

Yes X No

11a

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-								
	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in: ting the waiver.		enter th Day	e date of	the letter ru Year	ling	
lf	you c	ompleted 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				
-		the amount contributed by the employer to the plan for this plan year		12c				
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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?			Υe	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
D		e PBGC?				Yes 🗙	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information						
14a	Name	of trust		14b	Trusťs E	IN		
14c	Narr	e of trustee or custodian		14d		's or custodi ne number	an's	
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Y	es	No		
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		b h	esign- ased safe arbor nethod	e ADF test	P/ACP	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No		
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est	age Average benefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No		
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer sory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No		
19	Were	in-service distributions made during the plan year?		Y	es	No		
	lf "Y€	es," enter amount		19				
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A	

Form 5500-SF	Short Form Ann		-	loyee		OMB Nos. 1210-011 1210-008
Department of the Treasury Internal Revenue Service	This form is required to be fil	Benefit Plan led under sections 104 and	d 4065 of the Employee R	Retirement		2015
Department of Labor Employee Benefits Security Administratio	057(b) and 6058(a) of the de).	e Internal		Form is Open to blic inspection		
Pension Benefit Guaranty Corporatio	Complete all entries in	accordance with the ins	tructions to the Form 5	500-SF.	rui	nic inspection
Part I Annual Repo	rt Identification Information	<u>n</u>				
Tor caleridar plan year 2015 0	X a single-employer plan		and ending 12/3 plan (not multiemployer)			
A This return/report is for:	a one-participant plan	list of participating e	employer information in ac	cordance w	ith the forr	n instructions)
B This return/report is	K the first return/report	the final return/report				
	an amended return/report	a short plan year retu	urn/report (less than 12 m	ionths)		
C Check box if filing under:	Form 5558	automatic extension		Πα	OFVC prog	ram
	special extension (enter desc	ription)	16			
Part II Basic Plan In	formation-enter all requested in	formation				
1a Name of plan				1b Three		
ALVORSON CONSTRUCTION	RETIREMENT PLAN				number	001
					tive date of	f plan
2a Plan sponsor's name (emp	loyer, if for a single-employer plan)					ication Number
Mailing address (include ro	om, apt., suite no. and street, or P.C	D. Box)			38-374141	
ALVORSON CONSTRUCTION	nce, country, and ZIP or foreign post GROUP, LLC	ial code (if foreign, see ins	tructions)	2c Spon	-	hone number 658-1500
				2d Busin	ess code (see instructions)
2515 WILLOWS RD. N.E., SUIT	E 220			00000	•	
				23620	iu ii	
RKLAND, WA 98034				23620	iu	
· · · · · · · · · · · · · · · · · · ·	and address XSame as Plan Spons	Sor.		3b Admir	histrator's E	
· · · · · · · · · · · · · · · · · · ·		sor.		3b Admir	histrator's E	EIN elephone number
3a Plan administrator's name a final field of the name and/or EIN	and address X Same as Plan Spons		for this plan, enter the	3b Admir	histrator's E	
3a Plan administrator's name a final field of the name and/or EIN	and address XSame as Plan Spons		for this plan, enter the	3b Admir 3c Admir	histrator's E	
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Form 5500-SF 2015

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	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of the annual examination and report of	an indepen	dent qualified public	accoun	tant (IC	(APG			K Yes	_
	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								X Yes	No
c	If the plan is a defined benefit plan, is it covered under the PBGC in								Not deter	nalma d
	rt III Financial Information				021)?		163			
7										
	Plan Assets and Liabilities		(a) Beginnin	g of Ye	0	+		(b) End o		
a b	Total plan assets Total plan liabilities	. 7a				+			126293)
_	Net plan assets (subtract line 7b from line 7a)	. 7b			0				126293	1
8	Income, Expenses, and Transfers for this Plan Year	70	(2) 8		•			(1-) 7		
	Contributions received or receivable from:		(a) Amo	uni		-0 <i>2</i>		<u>(b) To</u>	otar	
	(1) Employers	8a(1)		3793	30					
	(2) Participants	. 8a(2)		914	04		i Cau			
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-43	31	13				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		신다					128903	
ď	Benefits paid (including direct rollovers and insurance premiums			261	0					
	to provide benefits) Certain deemed and/or corrective distributions (see instructions)			201		-			-	11.
	Administrative service providers (salaries, fees, commissions)	80							······	
	Other expenses	8f								.
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g				Di Ciceli			2610	
	Net income (loss) (subtract line 8h from line 8c)	8h 8i		1		+		•	126293	
÷	Transfers to (from) the plan (see instructions)								120200	
De	rt IV Plan Characteristics	<u>8j</u>								
9a B	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe									
Par	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 contribut described in 29 CFR 2510.3-102? (See instructions and DOL's Vi Program)	oluntary Fid	uciary Correction	10a		x				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
C	Was the plan covered by a fidelity bond?			10c		х				
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		x				
e	Were any fees or commissions paid to any brokers, agents, or othe carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of th	e benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of vear end	1.)	10g	-1	x				·
h									an 2	
	2520.101-3.)			10h		Х				95.3
i 	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i						
J	Did the plan trust incur unrelated business taxable income?			10j						
Part	VI Pension Funding Compliance									<u>.</u>
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)								Yes	No
11a	Enter the unpaid minimum required contribution for all years from S						11a			
12	Is this a defined contribution plan subject to the minimum funding r	requirement	s of section 412 of th	e Code	or sec	tion 3	02 of E	RISA?	Yes	X No

	Form 5500-SF 2015 Page 3 - 1					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.	Month	enter th Day	e date of t	he letter r Year	uling
!	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	r	_		
k	D Enter the minimum required contribution for this plan year		12b			
c	Enter the amount contributed by the employer to the plan for this plan year		12c			
d		left of a	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
ACCESSION OF	Plan Terminations and Transfers of Assets					
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			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	ght under the co			Yes 🛛	No
c	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi which assets or liabilities were transferred. (See instructions.))			
	13c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)
Par	Trust Information					
14a	Name of trust		14b 1	rust's EIN	I	
140	Name of trustee or custodian			Trustee's telephone		ian's
	IRS Compliance Questions					
15a	is the plan a 401(k) plan?] Ye	S	∏ No	
1 5 b	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		ba ba	sign- sed safe rbor sthod	AD tes	P/ACP t
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "cr testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	01(m)-	Ye:	3	No	
16a	Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):		itio rcentage st		erage nefit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by com this plan with any other plans under the permissive aggregation rules?		Ye	3	No	
17a	Has the plan been timely amended for all required tax law changes?		Ye	3	No	□ N/A
17b	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	Enter the a	pplicabl	e code	(See in	nstructions
	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla advisory letter, enter the date of that favorable letter and the letter's serial	number			-	or
	If the plan is an individually-designed plan and received a favorable determination letter from the IRS, endetermination letter		the plan	's last fav	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin	has been Islands)?	Yes		No	
19	Were in-service distributions made during the plan year?		Yes	5	[] No	
	If "Yes," enter amount		19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of where retired), as required under section 401(a)(9)?		Yes	;	No	□ N/A

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