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).

1210-0089

2015

OMB Nos. 1210-0110

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I	Annual Report	Identification Information							
For calenda	ar plan year 2015 or fi	scal plan year beginning 01/01/2	015	and ending 12/3	31/2015				
A This ret	turn/report is for:		er) (Filers checking this box must attach a n accordance with the form instructions)						
B This retu	urn/report is	the first return/report an amended return/report							
C Check I	box if filing under:	Form 5558 special extension (enter descr	automatic extension DFVC program						
Part II	Basic Plan Info	ormation—enter all requested inf	formation				_		
1a Name	of plan	DAVIS-BACON PENSION PLAN A			pla (Pl	ree-digit an number N)			
						01/01/2007			
Mailing	g address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O			2b Em (El	ployer Identification Number			
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) DE-WATERING SERVICES LLC				2c Sponsor's telephone number 360-474-0123				
				[:	2d Business code (see instructions)				
4103 241ST ARLINGTON	ST NE I, WA 98223				238900				
3a Plan a	3a Plan administrator's name and address Same as Plan Sponsor.				3b Administrator's EIN				
	3c Administrator's telephone number								
		e plan sponsor has changed since to mber from the last return/report.	the last return/report filed f	for this plan, enter the	4b EIN				
a Spons	or's name			4	4c PN	I			
5a Total i	number of participants	s at the beginning of the plan year			5a	2			
b Total i	number of participants	s at the end of the plan year			5b	3			
C Numb	er of participants with	account balances as of the end of t	the plan year (defined ben	efit plans do not	5c				
d(1) Tota	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	1			
d(2) Tot	al number of active pa	articipants at the end of the plan yea	ar		5d(2)	1			
Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested					5e				
		or incomplete filing of this return	•						
SB or Sche		ther penalties set forth in the instruc ind signed by an enrolled actuary, a iplete.							
SIGN	Filed with authorized	/valid electronic signature.	07/12/2016	JOHN GUSTAFSON					
HERE	Signature of plan a	administrator	Date	Enter name of individua	l signin	g as plan administrator			
SIGN									
HERE	Signature of emplo		Date			g as employer or plan sponsor			
Preparer's	name (including firm r	name, if applicable) and address (in	clude room or suite number	er) F	Prepare	r's telephone number			

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 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 lf you answered "No" to either line 6a or line 6b, the plan cann 	an independand condition	dent qualified public a	account	ant (IQ	PA)		_	Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance pr	ogram (see ERISA se	ection 4	021)?		Yes	No No	determined
Part III Financial Information								
7 Plan Assets and Liabilities		(a) Beginning					(b) End of Y	ear
a Total plan assets	7a		40	983				43837
b Total plan liabilities	7b		40	000				42027
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7c	(a) A		983			(b) Total	43837
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from:		(a) Amou	unt				(b) Total	
(1) Employers	8a(1)			312				
(2) Participants	8a(2)							
(3) Others (including rollovers)	8a(3)			103				
b Other income (loss)	8b		-1	538				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							2877
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e Certain deemed and/or corrective distributions (see instructions)	8e							
f Administrative service providers (salaries, fees, commissions)	8f							
g Other expenses	8g			23				
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							23
Net income (loss) (subtract line 8h from line 8c)	8i							2854
j Transfers to (from) the plan (see instructions)	8j							
B If the plan provides welfare benefits, enter the applicable welfare for Part V Compliance Questions	eature code	es from the List of Pla	n Chara	acterist	ic Cod	les in the	instructions:	
10 During the plan year:				Yes	No	N/A	Λm	ount
Was there a failure to transmit to the plan any participant contributed described in 29 CFR 2510.3-102? (See instructions and DOL's Verogram) Were there any nonexempt transactions with any party-in-interest	oluntary Fig	duciary Correction	10a		X		All	iount .
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?			10d		X			
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	ne benefits under	10e	X				8
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 a	s of year er	nd.)	10g		Χ			
h If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instruc	ctions and 29 CFR	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					
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)								Yes No
11a Enter the unpaid minimum required contribution for all years from	Schedule S	SB (Form 5500) line 4	0			11a		
12 Is this a defined contribution plan subject to the minimum funding	requiremen	nts of section 412 of t	he Cod	e or se	ction :	302 of El	RISA?	Yes No

	F	Form 5500-SF 2015						
	(If "Ye	es," 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								
If	you co	mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	ı	I			
b	Enter t	he minimum required contribution for this plan year		12b			312	
С	Enter tl	ne amount contributed by the employer to the plan for this plan year		12c			312	
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ve amount)		12d			0	
е	Will th	e 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	Has a	resolution to terminate the plan been adopted in any plan year?			Yes	No X		
	If "Yes	s," enter the amount of any plan assets that reverted to the employer this year		13a				
b		all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough PBGC?	-			Yes X	No	
С		ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi assets or liabilities were transferred. (See instructions.)	fy the plan(s) to	1				
1	13c(1) N	Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part	VIII	Trust Information		I -				
14a	Name o	of trust		14b ⊺	Γrust's EIN	1		
14c	Name	of trustee or custodian		14d	Trustee's telephone	or custodia e number	an's	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan?		Yes No				
15b		," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an ing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?		Design- based safe ADP/ACP harbor test method				
15c	testing	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 (ii))?		Yes No				
16a	Check	the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Ra pe	erage nefit test			
16b		he plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by coman with any other plans under the permissive aggregation rules?	0	Ye	s	No		
17a	Has th	e plan been timely amended for all required tax law changes?		Ye	S	No	N/A	
17b		ne last plan amendment/restatement for the required tax law changes was adopted//law changes and codes).	Enter the ap	plicable	code	(See ins	structions	
17c		olan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plants of the control of the contr		t to a fa	vorable If	RS opinion	or	
17d		olan is an individually-designed plan and received a favorable determination letter from the IRS, e nination letter/	nter the date of	the plai	n's last fav	orable o		
18		Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2, American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes	3	No		
19	Were i	n-service distributions made during the plan year?		Ye	s	No		
	If "Yes	," enter amount		19		_		
20		required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w), as required under section 401(a)(9)?		Ye	s	No	N/A	

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

OMB Nos. 1210-0110 1210-0089

2015

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For calent		t Identification Information									
	dar plan year 2015 or	fiscal plan year beginning 01/01/20 R a single-employer plan		and ending 12/3							
		an (not multiemployer)									
A This re	eturn/report is for:	a one-participant plan	list of participating em	iom instructions)							
		U a one-paracipant plan.	☐ a loteign bian								
B This rol	lum/report is	the first return/report	the final return/report								
D 11:12 16:	idinineport is	an amended return/report	a short plan year return	months)							
		T all allielloed letter heboit		report (1999 then 12 III	_						
C Check	box if filing under:	Form 5558	automatic extension		☐ DFVC	program					
		special extension (enter desi	cription)								
Part II	Basic Plan Inf	ormation—enter all requested in	nformation								
1a Name					1b Three-digit						
DE-WATERING SERVICES LLC DAVIS-BACON PENSION PLAN AND TRUST						er 001					
						ate of plan					
		oyer, if for a single-employer plan)			1	ientification Number					
Mailin City o	ig address (include roi ir town, state or provin	om, apt., suite no. and street, or P. ice, country, and ZIP or foreign pos	O. Box) stal code (il foreign, see instr	uctions)	(EIN) 20-55						
	RING SERVICES LLC		iai code (ii loroigii, ece iileii	,		lelephone number 360) 474-0123					
					2d Business co	ode (see instructions)					
4103 2415	T ST NE				238900						
* C)											
	N, WA 98223				3b Administrati	ore EIM					
oa Pian i	administrators name a	and address Same as Plan Spor	1901,		SD Administrati	OI S EII4					
					3c Administrate	or's telephone number					
4 If the	name and/or EIN of the			r this plan, enter the	4b EIN						
		ne pian sponsor has changed since	e the last return/report filed fo	i title blant enter the							
name	e, EIN, and the plan n	ne plan sponsor has changed since umber from the last return/report.	the last return/report filed fo	, title plant, citter the							
	e, EIN, and the plan no sor's name	ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed fo	, this plant, office the	4c PN						
a Spons	e, EIN, and the plan m sor's name	ne plan sponsor has changed since umber from the last return/report. s at the beginning of the plan year.			4c PN 5a	2					
a Spons	e, EIN, and the plan m sor's name number of participant	umber from the last return/report.	***************************************		4c PN	2 3					
a Spons 5a Total b Total c Numb	e, EIN, and the plan no sor's name number of participant number of participant ber of participants with	umber from the last return/report. s at the beginning of the plan years at the end of the plan year	f the plan year (defined bene	fit plans do not	4c PN 5a						
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a Spons 5a Total b Total c Number d(1) To d(2) To e Number than Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan mosor's name number of participant number of participants with chete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of the plan is articipants at the beginning of the participants at the end of the plan year terminated employment during the property of the plan year terminated employment during the penalties set forth in the instrument of the plan year and signed by an enrolled actuary, applete.	olan year (defined bene plan year with accrued ber rn/report will be assessed outlons, I declare that I have as well as the electronic vers	efits that were less smiless reasonable car examined this return/repor John Gustafson Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the best	3 3 1 1 1 d. pplicable, a Schedule of my knowledge and administrator					
a Spons 5a Total b Total c Number d(1) To d(2) To e Number than Caution: Under per SB or Sch belief, it is SIGN HERE	e, EIN, and the plan mosor's name number of participant number of participants with chete this item)	s at the beginning of the plan year at the end of the plan year account balances as of the end of the plan is articipants at the beginning of the participants at the end of the plan year terminated employment during the property of the plan year terminated employment during the penalties set forth in the instrument of the plan year and signed by an enrolled actuary, applete.	olan year (defined bene plan year with accrued ber rn/report will be assessed outlons, I declare that I have as well as the electronic vers	efits that were less smiless reasonable car examined this return/repor John Gustafson Enter name of individ	4c PN 5a 5b 5c 5d(1) 5d(2) 5e use is established port, including, if a t, and to the best of the best	3 3 1 1 1 d. pplicable, a Schedule of my knowledge and administrator					

	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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in	an indepe and condi tot use Fo	ndent qualified public attions.)orm 5500-SF and mus	account it inste	lant (IC	PA)	5500.				
	rt III Financial Information	isolatice p	NOGISITI (SEE ENION S	90110117			1 65	140 1 Hot determined			
7	Plan Assets and Liabifilies	T	(a) Beginnin	t V -		T		(b) End of Year			
	Total plan assets	7a	(a) Deginini	409		+		43837			
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c		409	83	1		43837			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amor	unt				(b) Total			
a	Contributions received or receivable from:			•	40						
	(1) Employers	8a(1)		3	12	+					
	(2) Participants	8a(2)		41	na	+					
	(3) Others (including rollovers)	8a(3) 8b		-15		+-					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<u> </u>			+		2877			
_	Benefits paid (including direct rollovers and insurance premiums					+					
	to provide benefits)	8d				-					
	Certain deemed and/or corrective distributions (see instructions)	8e				_					
	Administrative service providers (salaries, fees, commissions)	8f				_					
	Other expenses	8g		- 4	23	+-		23			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	1			·	╅		2854			
	at income (loss) (subtract line 8h from line 8c)					+					
<u> </u>	t IV Plan Characteristics	<u> 8j</u>		<u> </u>							
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instructions:			
	2C 2F 2G 2T 3D										
В	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Char	acteris	ic Co	les in th	e instructions:			
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 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-interest reported on line 10a.)			10b		х					
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?			10d		х					
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.)	er person	s by an insurance the benefits under	10e	x			8			
f	Has the plan failed to provide any benefit when due under the plan			10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х					
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 2520.101	ne required	i notice or one of the	101							
J	Did the plan trust incur unrelated business taxable income?	•		10j							
Part	VI Pension Funding Compliance		- A								
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)										
11a	Enter the unpaid minimum required contribution for all years from	,									
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of t	he Cod	e or se	ction 3	302 of E	RISA? X Yes No			

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	(if "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		enter the Day_		e letter ru Year	ling	
<u>If</u> :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		·			
<u> </u>	Enter the minimum required contribution for this plan year	12b		312			
	Enter the amount contributed by the employer to the plan for this plan year	12c			312		
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			0	
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	**************		Yes	No X	N/A	
Part \	/II Plan Terminations and Transfers of Assets	,					
13a	Has a resolution to terminate the plan been adopted in any plan year?	77 (F2 7F4 manager) has 1 con 1 5 %;	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 broughthe PBGC?				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.)	ly the plan(s) to					
1:	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) F	PN(s)	
Part '	VIII Trust Information						
14a N	lame of trust		14b T	rust's EIN			
14c Name of trustee or custodian				14d Trustee's or custodian's telephone number			
Part	IX IRS Compliance Questions						
15a	is the plan a 401(k) plan?	*******	Yes	;	No		
15b	f "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	i employer	Design- based sat harbor method		ADP/ACP test		
(f the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "co esting method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2(a)(2)(ii))?	01(m)-	Yes	•	No		
16a (Check the box to indicate the method used by the plan to satisfy the coverage requirements under section	on 410(b):	Ratio percentage test		Average benefit test		
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combine plans under the permissive aggregation rules?		Yes	1	No		
17a i	las the plan been timely amended for all required tax law changes?	***************************************	Yes	i	No	N/A	
	Date the last plan amendment/restatement for the required tax law changes was adopted or tax law changes and codes).	Enter the ap	•			structions	
17¢ !	f the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter pla and the letter's serial i		to a fav	orable IRS	opinion i	or	
17d i	f the plan is an individually-designed plan and received a favorable determination letter from the IRS, en letermination letter		he plan	's last favo	rable		
	s the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) nade), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin		Yes		□No		
19 v	Vere in-service distributions made during the plan year?		. Yes No				
ŧ	f "Yes," enter amount	. 4	19				
20 v	Vere required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wh etired), as required under section 401(a)(9)?	ether or not	Yes] No	□ N/A	