Form 5500-SF	t of Small Emplo	oyee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be file	Benefit Plan ed under sections 104 and	4065 of the Employee Re	tirement	2015			
Department of Labor Employee Benefits Security Administration	Income Security Act of 1974	(ERISA), and sections 60 Revenue Code (the Cod		he Internal This Form is Open to Public Inspection				
Pension Benefit Guaranty Corporation	Complete all entries in		tructions to the Form 55	00-SF.	•			
Part I Annual Report I For calendar plan year 2015 or fise	dentification Information		and ending 12/	/31/2015				
	X a single-employer plan				cking this box must attach a			
A This return/report is for:	a one-participant plan		mployer information in acc		-			
B This return/report is	X the first return/report	the final return/report						
	an amended return/report	X a short plan year retu	urn/report (less than 12 mo	onths)				
C Check box if filing under:	X Form 5558	automatic extension			DFVC program			
	special extension (enter desc	ription)						
Part II Basic Plan Infor	mation—enter all requested in	formation						
1a Name of plan BLACK STAR MECHANICAL, LLC	DAVIS-BACON PENSION PLAN	I & TRUST		1b Thre plan (PN)	number			
			ľ	(/	ctive date of plan			
2a Plan sponsor's name (employ Mailing address (include room	er, if for a single-employer plan) a, apt., suite no. and street, or P.C	D. Box)		2b Emp (EIN	01/05/2015 loyer Identification Number) 27-4324885			
City or town, state or province BLACK STAR MECHANICAL, LLC	structions)	· · ·	ponsor's telephone number					
BLACK STAR CONSTRUCTION			-	2d Busi	253-293-9765 ness code (see instructions)			
PO BOX 753 AUBURN, WA 98071					236220			
3a Plan administrator's name and	d address XSame as Plan Spon	sor.		3b Adm	inistrator's EIN			
				3c Adm	inistrator's telephone number			
name, EIN, and the plan num	plan sponsor has changed since ber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
a Sponsor's name				4c PN				
5a Total number of participants a			1	5a	0			
	at the end of the plan year ccount balances as of the end of			5b	6			
complete this item)			· · · · · · · · · · · · · · · · · · ·	5c	6			
d(1) Total number of active part		•	F	5d(1)	0			
 d(2) Total number of active part e Number of participants that te 	icipants at the end of the plan ye erminated employment during the			5d(2)	1			
than 100% vested				5e				
Caution: A penalty for the late o Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and compl	er penalties set forth in the instru d signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/rep	ort, includi	ng, if applicable, a Schedule			
	alid electronic signature.	07/26/2016	LEONARD KING					
HERE Signature of plan ad		Date	Enter name of individu	al signing	as plan administrator			
SIGN								
HERE Signature of employ		Date			as employer or plan sponsor			
Preparer's name (including firm na	ime, ir applicable) and address (ii	iciuae room or suite num	Jer)	Preparers	telephone number			
	and OMB Control Numbers, see th				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 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	an indepe and condit	ndent qualified public a	ccount	ant (IQ	PA)				Yes [Yes [] No] No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not de	etermir	ned
Pa	rt III Financial Information	1									
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End	of Yea	r	
a	Total plan assets	7a			0					13068	
b	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c			0	_				13068	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amou	int				(b) T	otal		
а	Contributions received or receivable from:	90(1)		13	541						
	(1) Employers	8a(1) 8a(2)		10	011						
	 (2) Participants					-					
	(3) Others (including rollovers) Other income (loss)	8a(3) 8b			449						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80				-				13092	
	Benefits paid (including direct rollovers and insurance premiums	0C				-				10002	
	to provide benefits)	8d									
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	. 8g			24						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								24	
i	Net income (loss) (subtract line 8h from line 8c)	8i								13068	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics										
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 frequencies of the plan provides welfare benefits.										
Par											
10	During the plan year:				Yes	No	N/A		Αmoι	int	
	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	100	X			Amot		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		x					
c				10c	х					0	26000
d		fidelity bo	nd, that was caused	100		x					.0000
e	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.)	her person he or all of	s by an insurance the benefits under	10e	х						372
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х					
h				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	he require	d notice or one of the	10i							
j	Did the plan trust incur unrelated business taxable income?			10j							
Part	VI Pension Funding Compliance			,	1	1					
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	SB (Form 5500) line 4	0			11a				

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?...

Yes

No

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	(lf "`	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in ting the waiver.		enter Da		of the let Year		ing
lf		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			/			
b	Ente	the minimum required contribution for this plan year		12	5			13541
		the amount contributed by the employer to the plan for this plan year		120	;			13541
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		120	я			0
е	Ŭ	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?				Yes X I	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a	1			
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou e PBGC?		ontrol		Yes	5 <mark>X</mark> I	No
C		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	ify the plan(s) to					
	13c(1)	Name of plan(s):	13c(2)	EIN(s	3)	13	c(3) P	N(s)
Part	VIII	Trust Information						
14a	Name	e of trust		14b Trust's EIN				
14c	Nam	e of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Yes			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)?			Design- based safe ADP/A harbor test method			/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))?			Yes	C	No	
16a	Cheo	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):		Ratio percenta test	age		rage efit 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?	•		Yes		No	
17a	Has	the plan been timely amended for all required tax law changes?			Yes		No	N/A
17b		the last plan amendment/restatement for the required tax law changes was adopted////	Enter the ap	plica	ble code	(Se	ee inst	ructions
	advis	plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r	number		·			or
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	enter the date of	the p	lan's last	t favorab	le	
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		י 🗌	/es		No	
19	Were	in-service distributions made during the plan year?			Yes		No	
	lf "Y€	es," enter amount		19				
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w ad), as required under section 401(a)(9)?			Yes	[]	No	N/A

Form 5500-	SF Short Form Anr	-	t of Small Employe	e	OMB Nos. 1210-0110 1210-0089			
Department of the Trea Internal Revenue Serv		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement						
Department of Labo Employee Benefits Security Adr	Income Security Act of 19	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.						
Pension Benefit Guaranty Co	Complete all entries		tructions to the Form 5500-S		blic Inspection			
	Report Identification Informatic 015 or fiscal plan year beginning 01/05/2		and ending 12/31/20	15				
or caloridar plan your z	X a single-employer plan		plan (not multiemployer) (File		box must attach a			
A This return/report is f			mployer information in accord	-				
3 This return/report is	the first return/report	the final return/report						
	an amended retum/report	🗙 a short plan year retu	m/report (less than 12 months	;)				
Check box if filing un	der: X Form 5558	automatic extension		DFVC pro	gram			
	special extension (enter des			·····				
	an Information—enter all requested	information	46	Thurson 17-14	r			
a Name of plan ACK STAR MECHANIC	AL, LLC DAVIS-BACON PENSION PLA	N & TRUST	di	Three-digit plan number (PN) ▶	001			
			1c	Effective date	of plan			
	4 1 1 1 1 1			01/05/2015				
Mailing address (incl	(employer, if for a single-employer plan ude room, apt., suite no. and street, or P province, country, and ZIP or foreign po	.O. Box)	ructions)	(EIN) 27-4324				
ACK STAR MECHANIC	AL, LLC		20	2c Sponsor's telephone number (253) 293-9765				
ACK STAR CONSTRUC	TION		2d		(see instructions)			
D BOX 753				236220				
JBURN, WA 98071								
			3c	Administrator's	telephone number			
If the name and/or E	N of the plan sponsor has changed since	a the last return/report filed f	or this plan enter the Ab	EIN				
	plan number from the last return/report.		•		······			
a Sponsor's name	· · · · · · · · · · · · · · · · · · ·		4c					
	cipants at the beginning of the plan year				0			
c Number of participan	cipants at the end of the plan year ts with account balances as of the end o	f the plan year (defined bene	efit plans do not		6			
	tive participants at the beginning of the p				0			
• •	tive participants at the end of the plan ye	•		<u> </u>	1			
	its that terminated employment during th							
than 100% vested	e late or incomplete filing of this retu	m/report will be accored	-	-				
	and other penalties set forth in the instru				cable, a Schedule			
B or Schedule MB comp elief, it is true, correct, ar	leted and signed by an enrolled actuary,	as well as the electronic ver	sion of this return/report, and	to the best of m	y knowledge and			
IGN Z.M.	G	· · ·	Leonard King					
	pláp-administrator	Date 7/26/16	Enter name of individual sig	ning as plan ad	ministrator			
GN .M.	15	7 26/16	LEONARD King					
ERE Signature of	employer/plan sponsor	Date	Enter name of individual sig		er or plan sponsor			
	; firm name, if applicable) and address (i	nclude room or suite numbe		arer's telephone				

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	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 Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? 🗌 Yes 📋 No	Not determined
Pa	art III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a	0	13068
b		7b		
C	Net plan assets (subtract line 7b from line 7a)	7c	0	13068
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	13541	
	(2) Participants	8a(2)		······································
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	-449	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		13092
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		
е	Certain deemed and/or corrective distributions (see instructions)	8e		[™]
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	24	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		24
i	Net income (loss) (subtract line 8h from line 8c)	8i		13068
j	Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a	If the p	lan p	rovide	s pen	ion benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
	2C				

B If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

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10	During the plan year:	Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10		x		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	,	×		
С	Was the plan covered by a fidelity bond?	x			26000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		×		
e	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.)	x			372
f	Has the plan failed to provide any benefit when due under the plan?		х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		x		
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				
j	Did the plan trust incur unrelated business taxable income?				
Part	VI Pension Funding Compliance			K	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c 5500) and line 11a below)	omplete	Sched	ule SB ((Form

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	Form 5500-SF 2015	Page 3 - 1					
	(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 granting the waiver.	Month		enter th Day	e date of t	he letter ru Year	ling
	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 55				1		
t	b Enter the minimum required contribution for this plan year			12b	ļ		13541
C	Enter the amount contributed by the employer to the plan for this plan year			12c			13541
d 	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter negative amount)			12d			0
	Will the minimum funding amount reported on line 12d be met by the funding dea	dline?			Yes	No X	N/A
Part	t VII Plan Terminations and Transfers of Assets						
13a	a 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 ye	ar		13a			
d	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?			ntrol		Yes 🗙	No
	If during this plan year, any assets or liabilities were transferred from this plan to a which assets or liabilities were transferred. (See instructions.)	another plan(s), identify the	plan(s) to				
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Parl	t VIII Trust Information				.		
14a	Name of trust			14b 1	rust's EIN		
14c	Name of trustee or custodian				Trustee's telephone		an's
					telephone	number	
Par	rt IX IRS Compliance Questions		I				
15a	a is the plan a 401(k) plan?] Ye	s	No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for e matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ba ba	esign- sed safe rbor ethod	ADF test	P/ACP
15c	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the p testing method" for nonhighly compensated employees (Treas. Reg sections 1.40 2(a)(2)(ii))?	(k)-2(a)(2)(ii) and 1.401(m)	year)-] Ye	S	No	
	Check the box to indicate the method used by the plan to satisfy the coverage requ			1 1	atio rcentage st		erage lefit test
16b	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) this plan with any other plans under the permissive aggregation rules?	and 401(a)(4) by combining		Ye	S	No	
	Has the plan been timely amended for all required tax law changes?			Ye:	6	No	N/A
	Date the last plan amendment/restatement for the required tax law changes was a for tax law changes and codes).		nter the ap	-		`	structions
1/C	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or advisory letter, enter the date of that favorable letter	volume submitter plan that and the letter's serial number		to a fa	vorable IR	S opinion	or
17d	If the plan is an individually-designed plan and received a favorable determination determination letter			he plar	's last favo	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERI made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islan			Yes		No	
19	Were in-service distributions made during the plan year?			Yes	6	No	
	If "Yes," enter amount			19			
20	Were required minimum distributions made to 5% owners who have attained age 7 retired), as required under section 401(a)(9)?	0 1/2 (regardless of whether	or not		6	No	N/A