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).

OMB Nos. 1210-0110 1210-0089

2015

This Form is Open to Public Inspection

Pension Be	enenii Guaranty Corporation	▶ Complete all entries in a	accordance with the inst	ructions to the Form 5500	O-SF.		•				
Part I	Annual Report	Identification Information									
For calenda	ar plan year 2015 or fi	scal plan year beginning 06/03/2	015	and ending 12/3	1/2015						
A This ret	urn/report is for:	a single-employer plan a one-participant plan		olan (not multiemployer)(F nployer information in acco		-					
B This retu	urn/report is	n/report (less than 12 mon	ths)								
C Check b	oox if filing under:	X Form 5558 special extension (enter descr	automatic extension		_ D	FVC progr	am				
Part II	Racio Plan Info	prmation—enter all requested inf	· /								
1a Name	of plan	S-BACON PENSION PLAN & TRU			(PN)	number •	001				
				'	IC Effecti	ive date of	7 pian 3/2015				
Mailing	address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.O			2b Emplo	yer Identif	ication Number 365900				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					2c Sponsor's telephone number 833-232-6062						
				2	2d Busine	ess code (see instructions)				
	E ROUTE 410E KE, WA 98391					2389	10				
3a Plan a	dministrator's name a	nd address Same as Plan Spons	or.	3	3b Admin	nistrator's E	EIN				
4 If the r	name and/or FIN of th	e plan sponsor has changed since	the last return/report filed		3c Admin	istrator's to	elephone number				
name,	, EIN, and the plan nu	mber from the last return/report.	ine last retain propert med i		C PN						
a Sponse		at the headesteen of the con-			5a		0				
_		at the beginning of the plan year									
C Numb	er of participants with	at the end of the plan yearaccount balances as of the end of t	he plan year (defined ben	efit plans do not	5b 5c		14				
•	,	rticipants at the beginning of the pla			5d(1)		0				
` '	·	irticipants at the end of the plan yea	•		5d(2)		0				
e Numb	er of participants that	terminated employment during the	plan year with accrued be	nefits that were less	5e						
Caution: A	penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable cause							
SB or Sche		her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.									
SIGN		/valid electronic signature.	08/26/2016	CRAIG SHIPMAN							
HERE	Signature of plan a		Date	Enter name of individual	l signing as	s plan adm	ninistrator				
SIGN	J p				<u> </u>	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
HERE	1		15.	1							

Date

Preparer's name (including firm name, if applicable) and address (include room or suite number)

Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

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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 a If you answered "No" to either line 6a or line 6b, the plan cann	an indepe and condi	ndent qualified public a	ccount	ant (IQ	PA)			X	Yes Yes	No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes	No	Not	deterr	nined
Pai	t III Financial Information	•									
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End	of Ye	ear	
<u>a</u>	Total plan assets	7a			0					191	28
<u>b</u>	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c			0	-				191	28
а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	8a(1)	(a) Amou		336			(b)	Total		
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
	Other income (loss)	8b			208						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								191	28
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d									
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
	Administrative service providers (salaries, fees, commissions)	8f									
	Other expenses	8g									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								101	20
	Net income (loss) (subtract line 8h from line 8c)	8i								1912	20
	t IV Plan Characteristics	8j									
Part	If the plan provides welfare benefits, enter the applicable welfare for the specific compliance Questions		des from the List of Fra	II Ollaic			163 111 11	ie iristiuo			
10	During the plan year:				Yes	No	N/A		Am	ount	
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	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						532
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X					
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		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?	<u></u>		10j							
Part	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							(Form		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	requirem	ents of section 412 of t	he Cod	e or se	ction :	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 granting the waiver.	•		nter the Day	date of th	ne letter rul Year	ing
If	f you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and			Бау _		Teal	
b	Enter the minimum required contribution for this plan year			12b			19336
	Enter the amount contributed by the employer to the plan for this plan year			12c			19336
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus negative amount)	s sign to the left	of a	12d			0
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No X	N/A
Part	t VII 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 of the PBGC?	_				Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another p which assets or liabilities were transferred. (See instructions.)	lan(s), identify th	ne plan(s) to				
•	13c(1) Name of plan(s):		13c(2) [EIN(s)		13c(3) F	N(s)
Dort	t VIII Trust Information						
	T VIII Trust Information Name of trust			14h ⊤	rust's EIN		
174	Traine of trast				14010 2111		
14c	C Name of trustee or custodian			14d	Trustee's	or custodia	an's
					telephone	number	
Par	rt IX IRS Compliance Questions		1				
15a	a Is the plan a 401(k) plan?			Ye		No	
15b	b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			ba ha me	esign- sed safe rbor ethod	ADF test	P/ACP
15c	C If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a): 2(a)(2)(ii))?			Ye		No	
16a	a Check the box to indicate the method used by the plan to satisfy the coverage requirement	s under section 4	410(b):	1 1	itio rcentage st		rage efit test
16b	b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401 this plan with any other plans under the permissive aggregation rules?	· / · / ·	0	Ye	5	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 ap	plicable	code	_ (See ins	tructions
17c	C If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume advisory letter, enter the date of that favorable letter/ and the letter/	submitter plan the tter's serial num		t to a fa	vorable IR 	S opinion	or
17d	d If the plan is an individually-designed plan and received a favorable determination letter fro determination letter/	m the IRS, enter	the date of	the plar	ı's last fav	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA sect made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the			Yes	i	No	
19	Were in-service distributions made during the plan year?			Ye	S	No	
	If "Yes," enter amount		<u></u>	19			
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regretired), as required under section 401(a)(9)?			Ye	5	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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Part I		Identification Information								
For calend	dar plan year 2015 or fi	scal plan year beginning 06/03/201	5	and ending 12/	31/2015					
		a single-employer plan		plan (not multiemployer)						
A This re	eturn/report is for:	a one-participant plan	[-1	mployer information in a	n accordance with the form instructions)					
		a one-bannaham hian	a foreign plan							
Q This ra	eturn/report is	the first return/report	☐ the final return/report							
D IIIs is	tum/report is	an amended return/report								
		an amengeo return/report	X a snoπ plan year return	m/report (less than 1∠11	nonths)					
C Check	box if filing under:	X Form 5558	automatic extension		☐ DFVC pi	rogram				
special extension (enter description)										
Part II	Basic Plan Info	rmation—enter all requested info								
1a Name			7777		1b Three-digit					
		S-BACON PENSION PLAN & TRUS	ST		plan number	001				
					(PN)					
	· · · · · · · · · · · · · · · · · · ·				1c Effective date 06/03/2015					
		yer, if for a single-employer plan)	6 A			ntification Number				
		n, apt., suite no. and street, or P.O. e, country, and ZIP or foreign postal		ructions)	(EIN) 27-2365900					
	STRUCTION INC	· · · · · · · · · · · · · · · · · · ·	, and a second second	,	2c Sponsor's tel	lephone number 3) 232-6062				
						e (see instructions)				
22308 STAT	TE ROUTE 410E				238910					
BONNEY L	AKE, WA 98391									
	·	d address X Same as Plan Sponso	or.		3b Administrator	's EIN				
		u								
					F _					
					3c Administrator	's telephone number				
					3C Administrator	's telephone number				
					3c Administrator	's telephone number				
						's telephone number				
4 If the s	name and/or EIN of the	plan sponsor has changed since the	e last retum/report filed fo	or this plan, enter the	3c Administrator	's telephone number				
name	name and/or EIN of the e, EIN, and the plan num sor's name	plan sponsor has changed since th ober from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN	's telephone number				
name a Spons	e, EIN, and the plan num sor's name	nber from the last return/report.	· · · · · · · · · · · · · · · · · · ·		4b EIN 4c PN					
a Spons 5a Total	e, EIN, and the plan num sor's name number of participants a	nber from the last return/report.		.,,	4b EIN 4c PN 5a	0				
a Spons 5a Total i	e, EIN, and the plan num sor's name number of participants a number of participants a	at the beginning of the plan year at the end of the plan year			4b EIN 4c PN 5a 5b					
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	Form 5500-SF 2015		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible. 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 cannot be a continued to the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible are year.	an indepe and condi not use Fe	endent qualified public itions.) orm 5500-SF and mu	accoun	tant (IC	⊇PA) • Form	n 5500.		[Yes No
,	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance	program (see ERISA s	section ·	4021)?		Yes	∐No	∐ No	t determined
7	Plan Assets and Liabilities	T	(3)			т		4)=		
<u> </u>	Total plan assets	. 7a	(a) Beginnin	ig of Ye	ear O	╅		(D) E	nd of \	19128
b		7b				\top				10120
c	Net plan assets (subtract line 7b from line 7a)	7c			0	+				19128
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt			,	(t) Tota	
а	Contributions received or receivable from:	A-40		193	26					
	(1) Employers	8a(1)		193	30	╅			************	
	(3) Others (including rollovers)	8a(2) 8a(3)				+				· · · · · · · · · · · · · · · · · · ·
b	Other income (loss)	8b		-2	08	+				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		70 10 00		1				19128
đ	Benefits paid (including direct rollovers and insurance premiums									
	to provide benefits)	8d 8e				+				
	Administrative service providers (salaries, fees, commissions)	8f				+				
g	Other expenses	8g				\top				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							***************************************	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	81								19128
j	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics	·								
Эa	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D	feature co	des from the List of Pl	lan Cha	racteri	stic Co	odes in	the inst	ruction	8 :
В	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Char	acteris	lic Cod	les in ti	ne instr	uctions	
										
Par 10					Yes	No	N/A	1		
	During the plan year: Was there a failure to transmit to the plan any participant contribut	lions within	the time period		165	MO	NA		Am	ount
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vi	oluntary F	iduciary Correction			х				
	Program) Were there any nonexempt transactions with any party-in-interest?			10a					***************************************	
	reported on line 10a.)			10b		Х				
c	Was the plan covered by a fidelity bond?			10c	Х					50000
đ	Did the plan have a loss, whether or not reimbursed by the plan's to by fraud or dishonesty?			10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some the plan? (See instructions.)	er persons e or all of t	by an insurance the benefits under	10e	х					532
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	of year e	nd.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			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 2520.101	e required	notice or one of the	10i						
j	Did the plan trust incur unrelated business taxable income?			10i						
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (if "Y	es," see instructions a	and con	plete	Sched	ule SB	(Form	П	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	equireme	nts of section 412 of th	ne Code	or se	ction 3	02 of E	RISA?	🛚	Yes No

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	(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 granting the waiver.	Month _	ns, and	enter th Day	e date of	the letter Year	ruling
	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and						
	b Enter the minimum required contribution for this plan year			12b			19336
	C Enter the amount contributed by the employer to the plan for this plan year	***************************************	********	12c			19336
***	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minunegative amount)	********	12d			0	
	e Will the minimum funding amount reported on line 12d be met by the funding deadline?	******************************			Yes	No	X N/A
	rt VII Plan Terminations and Transfers of Assets						
13	a Has a resolution to terminate the plan been adopted in any plan year?		•••••		Ye	s 🛛 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 of the PBGC?	******************************				Yes 🛚	No
_	If during this plan year, any assets or liabilities were transferred from this plan to another p which assets or liabilities were transferred. (See instructions.)	lan(s), identify the pl	an(s) to)			
	13c(1) Name of plan(s):		13c(2)	EIN(s)		13c(3)	PN(s)
Pai	rt VIII Trust Information						
148	Name of trust			14b T	rust's Elf	v	
14	C Name of trustee or custodian			444 -			
						or custod number	ian's
Pa	rt IX IRS Compliance Questions						
15	is the plan a 401(k) plan?			Yes		No	
	If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?			∐ bas	sign- sed safe bor thod	ADI	
150	If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2(a)(2)(ii))?	?\(ii) and 1.401(m_	t	Yes		∏No	
	Check the box to indicate the method used by the plan to satisfy the coverage requirements	under section 410(b	į	Rat per test	centage		erage nefit test
	Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a this plan with any other plans under the permissive aggregation rules?	***************************************		Yes		□No	
	Has the plan been timely amended for all required tax law changes?			Yes		No	□ N/A
	Date the last plan amendment/restatement for the required tax law changes was adopted for tax law changes and codes).	······································		plicable	-		structions
1/C	If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume s advisory letter, enter the date of that favorable letter and the let	ubmitter plan that is tter's serial number	subject	to a fav	orable IR	S opinion	or
17d	If the plan is an individually-designed plan and received a favorable determination letter from determination letter	the IRS, enter the d		he plan's	s last favo	orable	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA sectio made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the	n 1022(i)(2) has bee U.S. Virgin Islands)?		Yes	·	No	
19	Were in-service distributions made during the plan year?			Yes		No	
	If "Yes," enter amount	•		19	· · · · · · · · · · · · · · · · · · ·	-	
20	Were required minimum distributions made to 5% owners who have attained age 70 ½ (regainetired), as required under section 401(a)(9)?	rdless of whether or	not	Yes	· · · · · · · · · · · · · · · · · · ·	No	□N/A