For	rm 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089						
	rtment of the Treasury nal Revenue Service	This form is required to be filed	065 of the Employee R	etirement	2016					
Employee B	epartment of Labor enefits Security Administration	7(b) and 6058(a) of the).	he Internal This Form is Open							
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
For calenda	Annual Report Ic	Ientification Information al plan year beginning 01/01/20)16	and ending 12	2/31/2016					
		a single-employer plan				king this box must attach a				
A This ret	urn/report is for:	a one-participant plan				with the form instructions.)				
B This retu	urn/report is	the first return/report an amended return/report	the final return/report	n/report (less than 12 m	onths)					
C Check	box if filing under:	 Form 5558	automatic extension		-	program				
		special extension (enter descri	,							
Part II		mation—enter all requested info	ormation		41					
1a Name CARMAN'S		DAVIS-BACON PENSION PLAN	AND TRUST		1b Thre plan (PN)	number				
						ctive date of plan 02/03/2015				
Mailing	address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O.		uctions)	2b Employer Identification Number (EIN) 26-2675436					
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) CARMAN'S CONSTRUCTION LLC				ucions)	2c Sponsor's telephone number 360-679-5010					
20 W TROXELL RD OAK HARBOR, WA 98277						2d Business code (see instructions) 238910				
3a Plan a	dministrator's name and	address 🛛 Same as Plan Spon	SOF.			inistrator's EIN				
					JC Aam	inistrator's telephone number				
name	, EIN, and the plan numb	olan sponsor has changed since the sponsor has changed since the last return/report.	he last return/report filed fo	or this plan, enter the	4b EIN					
	or's name				4C PN					
		the beginning of the plan year			5a 5b	1				
C Numb	er of participants with ac	the end of the plan year count balances as of the end of th	ne plan year (only defined	contribution plans	50 5c					
	,	cipants at the beginning of the pla			5d(1)					
• •		cipants at the end of the plan yea			5d(2)	1				
		rminated employment during the			5e					
		incomplete filing of this return								
SB or Sche		r penalties set forth in the instruct signed by an enrolled actuary, as etc.								
SIGN HERE	Filed with authorized/va	lid electronic signature.	04/17/2017	KEVIN CARMAN						
SIGN	Signature of plan adr	ninistrator	Date	Enter name of individ	ual signing	as plan administrator				
HERE	Cirrenture of ormalour		Dete	Enter recent of individ						
Preparer's	Signature of employe name (including firm nar	ne, if applicable) and address (ind	Date Clude room or suite numbe			as employer or plan sponsor s telephone number				

6a											
b	b 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.										
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	rogram (see ERISA section 4021)?	Yes No Not determined							
Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year							
a	Total plan assets	7a	43862	91544							
b	Total plan liabilities	7b									
C	Net plan assets (subtract line 7b from line 7a)	7c	43862	91544							
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total							
а	Contributions received or receivable from:	8a(1)	62131								
	(1) Employers										
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	2042								
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		64173							

d Benefits paid (including direct rollovers and insurance premiums 11431 8d to provide benefits).... 5000 e Certain deemed and/or corrective distributions (see instructions). 8e f Administrative service providers (salaries, fees, commissions).... 8f 60 g Other expenses..... 8g 16491 h Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 47682 i Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions) j 8j

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2C 2F 2G 2T 3D

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

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)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			10000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	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.)	10e	×			1708
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-end.)	10g	Х			0
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
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	10i				

Part	VI	Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c m 5500) and line 11a below)						Yes	No	
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a					
12	ERIS	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co SA?					Yes	No		
		Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	truction		lontort	ha data	of the l			
	gran	vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ting the waiver	Ionth	s, and	_ Day		_ Ye		ng	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.							
b	Enter	the minimum required contribution for this plan year			12b				62131	
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				62131	
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l ative amount)			12d				0	
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	XN	/A	
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	s <mark>X</mark>	No		
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a					
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug rol of the PBGC?					Yes	s 🗙 No		
С		uring 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.)	ify the p	lan(s)	to					
1	3c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3) PN(s)			
Dout	1/111	Trust Information								
Part		A			4.41					
14a	Name	e of trust			140	Frust's E	IN			
14c	Name	e of trustee or custodian			14d Trustee's or custodian's telephone number					
Part	t IX	IRS Compliance Questions								
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No			
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:	<u>.</u> ЦЦ 8	safe h	gn-based "Prior year" ADP harbor test					
	- (Curre	ent year' est		N/A			
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:						ntage Average N/A				
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?						No				
	the le		-			-				
	letter		nter the	date	of the m	lost rece	ent dete	erminatio	n	
	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not sepace?		rom	Yes	s [No			
19	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			Yes	s	No			

Earm	Form 5500-SF Short Form Annual Return/Report of Small Emp					OMP Non 1210 0110			
Department	of the Treasury	Short Form Annua	Benefit Plan	or Small Empl	oyee	OMB Nos. 1210-0110 1210-0089 2016			
Departme	venue Service	This form is required to be filed Income Security Act of 1974	This form is required to be filed under sections 104 and 4065 of the Employee Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).						
	Security Administration			This Form is Open to Public Inspection					
Part I Ar	nual Report lo	Complete all entries in a lentification Information	ccordance with the inst	ructions to the Form 5	500-SF.	-			
		al plan year beginning 01/01/201	6	and ending 12/3	31/2016				
	-	a single-employer plan				ing this box must attach a			
A This return/re	eport is for:	a one-participant plan	list of participating en	nployer information in a	ccordance wi	th the form instructions.)			
B This return/re	port is	the first return/report	the final return/report						
C Oberlahara	GU U U	an amended return/report	a short plan year retur	n/report (less than 12 m	ionths)				
C Check box if	filing under:	Form 5558	automatic extension		DFVC pr	ogram			
Dette		special extension (enter descri	· · · ·						
		nation-enter all requested info	ormation						
1a Name of pla CARMAN'S CON		DAVIS-BACON PENSION PLAN	AND TRUST		1b Three plan r (PN)	number			
					1c Effect	ive date of plan			
Mailing add	ress (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O.	. Box)	//////////////////////////////////////	2b Emplo	3/2015 over Identification Number 26-2675436			
City or town	, state or province, STRUCTION LLC	country, and ZIP or foreign posta	I code (if foreign, see insti	ructions)	2c Sponsor's telephone number				
					2d Busin	(360) 679-5010 ess code (see instructions)			
20 W TROXELL F	RD				23891	-			
OAK HARBOR, W		address 🕅 Same as Plan Spon							
					3c Admir	nistrator's telephone number			
4 If the name name, EIN,	and/or EIN of the p and the plan numb	lan sponsor has changed since t er from the last return/report.	he last return/report filed f	or this plan, enter the	4b EIN				
a Sponsor's n					4c PN				
5a Total numb	er of participants at	the beginning of the plan year			5a	10			
		the end of the plan year			5b	16			
C Number of	participants with ac	count balances as of the end of t	he plan year (only defined	contribution plans	5c	16			
		cipants at the beginning of the pla			5d(1)	6			
		cipants at the end of the plan yea			5d(2)	10			
e Number of	participants that ter	minated employment during the	plan year with accrued be	nefits that were less	5e	αμερικοποιομούματα ματικό το			
Caution: A pen	alty for the late or	incomplete filing of this return	/report will be assessed	unless reasonable ca	use is estab	lished.			
Under penalties SB or Schedule	of perjury and other	r penalties set forth in the instruct signed by an enrolled actuary, as	tions. I declare that I have	examined this return/re	nort includir	r if applicable a Schedule			
SIGN	Kenni (27			Kevin Carman					
Sig	nature of plan adn	ninistrator	Date	Enter name of individ	lual signing a	s plan administrator			
SIGN HERE	nature of employe								
		ne, if applicable) and address (in	Date clude room or suite numbe	r)		s employer or plan sponsor telephone number			
For Paperwork Re	duction Act Notice,	see the Instructions for Form 5500-	SF.	Mangalan managalan kara dan saka saka saka saka saka saka saka sa		Form 5500-SF (2016) v.160205			

	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								X Yes No			
b	b 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.)								X Yes No			
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.											
С	If the plan is a defined benefit plan, is it covered under the PBGC ir								Not determined			
Pa	rt III Financial Information		*****	******			-					
7	Plan Assets and Liabilities	Γ	(a) Beginning	of Year	T			(b) End of	Year			
а	Total plan assets	7a		4386					91544			
b	Total plan liabilities	7b	***************************************					Weiter and a second				
C	Net plan assets (subtract line 7b from line 7a)	7c		4386	52			91544				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) Tota	al			
а	Contributions received or receivable from: (1) Employers	8a(1)		6213	31							
	(2) Participants	8a(2)				-	·					
	(3) Others (including rollovers)	8a(3)					:					
b	Other income (loss)	8b		204	12		2					
<u> </u>	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							64173			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		1143	31				- -			
e	Certain deemed and/or corrective distributions (see instructions)	8e		5000								
f	Administrative service providers (salaries, fees, commissions)	dministrative service providers (salaries, fees, commissions) 8f										
g	Other expenses	8g			30							
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							16491			
i	Net income (loss) (subtract line 8h from line 8c)	8i						47682				
j	Transfers to (from) the plan (see instructions)	8j										
Pa	rt IV Plan Characteristics											
9a	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D	feature coo	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instruc	tions:			
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Pla	n Chara	acteris	tic Coo	des in t	he instructi	ons:			
Par	t V Compliance Questions								***************************************			
10	During the plan year:	*****	*****		Yes	No	N/A		Amount			
a				[
	described in 29 CFR 2510.3-102? (See instructions and DOL's N Program)			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				10000			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			10d		х						
e	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.)			10e	x			*********	170			
f				10f		х			******			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)			10g	x		<u> </u>					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	ctions and 29 CFR	10g		x						
i	If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10	he required	notice or one of the	101					1			

Part	VI Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com (Form 5500) and line 11a below)	plete Sc	hedule S	В	[] Y	′es 🗌 No	
_11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a		*****		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code ERISA?	or secti	on 302 of		XY	'es 🗌 No	
a	(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 instruction granting the waiver	tions, ai	nd enter t Day		f the letter Year	r ruling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		7			****	
<u> b</u>	Enter the minimum required contribution for this plan year	. 12b			62131		
c	Enter the amount contributed by the employer to the plan for this plan year		. 12c			62131	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a	12d			0	
e	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				****	*****	
_13a	Has a resolution to terminate the plan been adopted in any plan year?			Yes	XN	0	
	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 brought control of the PBGC?	under th	e		Yes X	No	
с	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)		s) to			#998-059999966666999996 ment 6000000	
	13c(1) Name of plan(s):	13c()	2) EIN(s)		13c(3) PN(s)	
Part							
14a	Name of trust		14b 1	rust's Ell	4		
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				
Par	t IX IRS Compliance Questions						
15a	Is the plan a 401(k) plan? If "No," skip b	Yes			No		
15b	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	∐ safe	gn-basec harbor	ar" ADP			
			rent year ' test		N/A		
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	io centage	ntage Average N/				
16b	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Νο				
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS op the letter and the serial number	nion lett	er or advi	sory letter	, enter th	e date of	
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, ente letter	r the dat	e of the m	iost recen	it determi	nation	
18	Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separa service?	ted from	[] Ye	s []	No	1999 / 1999 / 1999 / 1999 / 1999 / 1999 / 1999 / 1999 / 1999 / 1999 / 1999 / 1999 / 1999 / 1999 / 1999 / 1999 /	
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?	•••••	[] Ye	s []	No		