Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirem

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).

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

Short Form Annual Return/Report of Small Employee

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I		Identification Information				
For calend	ar plan year 2016 or f	iscal plan year beginning 01/01/20	16 —	and ending 1	2/31/2016	
_		∠ a single-employer plan	a multiple-employer p			
A This ref	turn/report is for:	a one-participant plan	_ ' ' ~	nployer information in a	ccordance with the fo	rm instructions.)
		a one participant plan	a foreign plan			
B This retu	urn/report is	the first return/report	the final return/report			
	·	an amended return/report	a short plan year retui	n/report (less than 12 m	nonths)	
C Check	box if filing under:	П г 5550	<u> </u>		□ pc/c	
• Oncor	box ii iiiiiig dildei.	Form 5558	automatic extension		DFVC program	
Dort II	Basis Blan Infe	special extension (enter descrip	<u> </u>			
Part II	l.	ormation—enter all requested info	rmation		1h Thron digit	
1a Name SOTO & SO		I LLC DAVIS-BACON PENSION PLA	N AND TRUST		1b Three-digit plan number	
					(PN) •	001
			1c Effective date	•		
					+	01/2006
		oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.	Box)		2b Employer Ider (EIN) 91-	ntification Number 1993636
City or	town, state or provin	ce, country, and ZIP or foreign postal		ructions)	2c Sponsor's tele	
SOTO & SONS CONSTRUCTION LLC					66-9999	
					2d Business code	e (see instructions)
7730 GOOD					23	7310
EVERSON, \	NA 90247					
22 Dlan a	dminiatrataria nama a	and address V Come as Blan Chang	•		3b Administrator's	- ГIN
Ja Plan a	uministrator's name a	ind address X Same as Plan Spons	OI.		3D Administrator	SEIIN
					3c Administrator'	s telephone number
		ne plan sponsor has changed since the umber from the last return/report.	e last return/report filed t	for this plan, enter the	4b EIN	
	or's name	aniber from the last retain report.			4c PN	
5a Total i	number of participants	s at the beginning of the plan year			5a	1
b Total i	number of participants	s at the end of the plan year			5b	1
		account balances as of the end of th	e plan year (only defined	contribution plans	5c	1
	lete this item)					
` '	•	articipants at the beginning of the plan	•		5d(1)	
		articipants at the end of the plan year			5d(2)	
		t terminated employment during the p	•		5e	
Caution: A	penalty for the late	or incomplete filing of this return/	report will be assessed	unless reasonable ca		
		ther penalties set forth in the instructi and signed by an enrolled actuary, as				
	true, correct, and com		won as the electronic ve	ision of this return/repo	it, and to the pest of f	ily kilowieuge aliu
SIGN	Filed with authorized	I/valid electronic signature.	05/25/2017	ROBERT SOTO		
HERE	Signature of plan	administrator	Date	Enter name of individ	dual signing as plan a	dministrator
SIGN						

Date

Signature of employer/plan sponsor

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

HERE

Enter name of individual signing as employer or plan sponsor

Preparer's telephone number

Form 5500-SF 2016 Page **2**

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	6a Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)						X Ye	s 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. If the plan is a defined benefit plan, is to overed under the PBGC insurance program (see ERISA section 4021)?									X Ye	s Π No	
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes									ш	- Ц	
7 Plan Assets and Liabilities						_	-	_	Not de	termined	
a Total plan assets	Part III Financial Information						_				
a Total plan assets. 7a 244916 256790 b Total plan liabilities. 7b C Net plan assets (subtract line 7b from line 7a). 7c 244916 256790 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Combutions received or receivable from: (1) Employers. 8a(1) (2) Participants. 8a(2) (3) Others (including rollovers). 8a(2) (3) Others (including rollovers). 8a(3) b Other income (dod lines 8a(1), 8a(2), 8a(3), and 8b). 8b 12925 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 12935 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 12935 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 12935 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8d			(a) Beginning	of Year				(b) End	of Year		
b Total plan liabilities	a Total plan assets	7a								00	
8 Income. Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers		1									
a Contributions received or receivable from: (i) Employers (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	C Net plan assets (subtract line 7b from line 7a)	7с		244916	3				25679	0	
(2) Participants	8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) T	otal		
(3) Others (including rollovers)		8a(1)	• •								
b Other income (loss)	(2) Participants	8a(2)									
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	(3) Others (including rollovers)	8a(3)									
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b Other income (loss)	8b		12925	5						
e Certain deemed and/or corrective distributions (see instructions). e Certain deemed and/or corrective distributions (see instructions). f Administrative service providers (salaries, fees, commissions) g Other expenses	C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							1292	25	
f Administrative service providers (salaries, fees, commissions)		8d		803	3						
g Other expenses (add lines 8d, 8e, 8f, and 8g)	e Certain deemed and/or corrective distributions (see instructions).	8e									
Total expenses (add lines 8d, 8e, 8f, and 8g)	f Administrative service providers (salaries, fees, commissions)	8f									
Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g		248	3						
Transfers to (from) the plan (see instructions) 8j	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h									
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: C	i Net income (loss) (subtract line 8h from line 8c)	8i					11874				
Second Part V Compliance Questions	j Transfers to (from) the plan (see instructions)	8j									
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	Part IV Plan Characteristics										
Part V Compliance Questions 10 During the plan year: a 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond?		feature co	des from the List of Pl	lan Cha	racteri	stic Co	odes in	the inst	ructions:		
10 During the plan year: a 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) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond?	b If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Char	acteris	tic Cod	des in t	he instru	uctions:		
a 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). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	Part V Compliance Questions										
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10 During the plan year:				Yes	No	N/A		Amount	t	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	described in 29 CFR 2510.3-102? (See instructions and DOL's V	/oluntary F	iduciary Correction	102		X					
C Was the plan covered by a fidelity bond?	b Were there any nonexempt transactions with any party-in-interest	t? (Do not i	nclude transactions			X					
by fraud or dishonesty?					X					4000	
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?				10d		X					
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	carrier, insurance service, or other organization that provides som	ne or all of	the benefits under	10e		X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	f Has the plan failed to provide any benefit when due under the pla	an?		10f		X					
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	g Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10a		X					
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	h If this is an individual account plan, was there a blackout period?	(See instru	ctions and 29 CFR			Х					
	i If 10h was answered "Yes," check the box if you either provided the	he required	notice or one of the								

ı	Form	550	0-SF	201	16

Page 3-	1	
Page 3-	1	

Part	VI	Pension Funding Compliance					
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and constructions and constructions and constructions and constructions and constructions and constructions are supplied to the constructions and constructions are supplied to the constructions are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the construction are supplied to the construction and construction are supplied to the construction and construction are supplied to the constru					es No
11a	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		. 11a			
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co			f		es X No
	ERIS (If "\	A?				🖰	
а		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ing the waiver		nd enter t Day		of the lette Year _	r ruling
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.				
b	Enter	the minimum required contribution for this plan year		. 12b			
С	Enter	the amount contributed by the employer to the plan for this plan year		12c			
	Subt	ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the letive amount)	eft of a	12d			
е	Will t	he 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	a resolution to terminate the plan been adopted in any plan year?			Yes	s X N	0
	If "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		e 		Yes X	No
С		rring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identif h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to			
	13c(1)	Name of plan(s):	13c(2	2) EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	ΞIN	
14c	Name	of trustee or custodian				s or custodi ne number	an's
Par	t IX	IRS Compliance Questions					
15a	Is the	plan a 401(k) plan? If "No," skip b	Yes			No	
15b		did the plan satisfy the nondiscrimination requirements for employee deferrals under section (3) for the plan year? Check all that apply:		gn-based harbor	d ["Prior ye test	ar" ADP
			Gur ADP	rent year test	,"	N/A	
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:	Rat perd test	centage		verage enefit test	□ N/A
16b		ne plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) be plan year by combining this plan with any other plan under the permissive aggregation rules?	Yes			No	
	the le		<u> </u>				
	letter		nter the date	e of the n	nost rec	ent determi	nation
18	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 sepa		Ye	s [No	
19	Wasa	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?	•••••	. Ye	s	No	

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).

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

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

Part		t Identification Information								
For calenda	ar plan year 2016 or t	fiscal plan year beginning 01/01/201		and ending 12/3						
▲ Thic ref	turn/report is for:	X a single-employer plan		lan (not multiemployer)						
A THE FOR	um/report is ior.	a one-participant plan	a foreign plan	nployer information in a	ccordance with th	ie form instructions.)				
_			<u> </u>							
B This retu	ım/report is	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 m	months)					
C Check b	box if filing under:	Form 5558	automatic extension		☐ DFVC progra	ım				
		special extension (enter descr	ription)		l,d					
Part II		ormation—enter all requested inf	formation							
1a Name o			And the state of t		1b Three-digi	it [
SOTO & SO	NS CONSTRUCTION	N LLC DAVIS-BACON PENSION PL	LAN AND TRUST		plan numb	ber 001				
					1c Effective of					
-					05/01/200					
2a Plan sp	onsor's name (empl	loyer, if for a single-employer plan)			2b Employer	Identification Number				
City or	town, state or provin	om, apt., suite no. and street, or P.C ace, country, and ZIP or foreign post). Box) al code (if foreign, see instr	nuctions)	(EIN) 91-1	***************************************				
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) SOTO & SONS CONSTRUCTION LLC					s telephone number (360) 966-9999					
						code (see instructions)				
7730 GOOD\	WIN RD				237310					
EVERSON, V	NA 98247									
3a Plan ac	dministrator's name ε	and address 🛭 Same as Plan Spor	nsor.		3b Administra	ator's EIN				
					3C Administra	ator's telephone number				
4 If the n	name and/or EIN of th	he plan sponsor has changed since	the last return/report filed for	or this plan, enter the	4b EIN					
name,	, EIN, and the plan nu	umber from the last return/report.	,		_					
a Sponso					4c PN					
		s at the beginning of the plan year				13				
		s at the end of the plan year			. 5b	12				
C Numbe comple	er of participants with ete this item)	account balances as of the end of t	the plan year (only defined	contribution plans	5c	12				
		articipants at the beginning of the pl			5d(1)	5				
		articipants at the end of the plan year			5d(2)	7				
e Numb	er of participants that	at terminated employment during the	plan year with accrued be	nefits that were less	-	Para 10				
than 1	100% vested	or incomplete filing of this return	•••••••••							
Under pena	alties of perjury and o	other penalties set forth in the instruc	ctions. I declare that I have	examined this return/re	port including if	annlicable a Schedule				
SB or Sche	dule Mis completed a	and signed by an enrolled actuary, a	is well as the electronic ver	rsion of this return/repor	rt, and to the best	of my knowledge and				
SIGN	Lo bet 12	ipiete.	5-23-17	Robert Soto	***************************************					
HERE		and and it is to be set to as			* * * *					
 	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator				
SIGN HERE										
		oyer/plan sponsor name, if applicable) and address (in	Date	Enter name of individ		nployer or plan sponsor				
Tropuloi 5 .	lattic (moranig min	tigitie, ii abbiicanie) and address (iii	icidde footh of suite fluitibe	er)	Preparer's tele	phone number				
I					1					

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	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								X Ye	s No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								X Ye	s П No
	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	ection 4	021)?		Yes	No	Not det	ermined
Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a	Total plan assets	7a		2449	16				2567	'90
b	Total plan liabilities	7b								
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c		24491	16				2567	90
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt				(b) T	otal	
a	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		1292	25					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							129	25
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		80	03					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g		24	18					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							10)51
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							118	374
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Pai	Part IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the inst	ructions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	des from the List of Pla	n Chara	acterist	ic Coc	des in t	he instru	ıctions:	
Par	t 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 contribudescribed in 29 CFR 2510.3-102? (See instructions and DOL's V					Х				
	Program)			10a						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		Х				
С	Was the plan covered by a fidelity bond?			10c	Х					40000
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 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		Х				
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-	end.)	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 to exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i						

Part	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see in (Form 5500) and line 11a below)						Yes	No
11a	1a Enter the unpaid minimum required contributions for all years from Schedule SB (Form							
12	ERISA?				f 	🗆	Yes X	No
a	(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 this pla	an vear see instru	ctions an	d enter t	he date	of the lett	er rulinc	1
	granting the waiver.	•		Day		Year		,
If	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), are	nd skip to line 13.						
b	b Enter the minimum required contribution for this plan year			12b				
С	C Enter the amount contributed by the employer to the plan for this plan year			12c				
d	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a min negative amount)	J		12d				
<u>e</u>	e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A	Α
Part	rt VII Plan Terminations and Transfers of Assets							
13a	3a Has a resolution to terminate the plan been adopted in any plan year?				Ye	s XI	No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another control of the PBGC?					Yes	X No	
С	C If, during this plan year, any assets or liabilities were transferred from this plan to another which assets or liabilities were transferred. (See instructions.)	er plan(s), identify	the plan(s) to				
	13c(1) Name of plan(s):		13c(2) EIN(s)		13c(3) PN(s)
Part	art VIII Trust Information			1				
14a	a Name of trust			14b 1	Trust's I	ΞIN		
14c	C Name of trustee or custodian			_		s or custone number		
Par	art IX IRS Compliance Questions			•				
15a	5a 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 unde 401(k)(3) for the plan year? Check all that apply:		□ safe	n-based harbor	Ĺ	"Prior y test	∕ear" A⊡)P
			ADP	ent year test		N/A		
16a	Sa What testing method was used to satisfy the coverage requirements under section 410(by year? Check all that apply:		Ratio	entage		verage enefit test		N/A
	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) for the plan year by combining this plan with any other plan under the permissive aggreg	ation rules?	Yes			No		
	7a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a the letter and the serial number	·						of
	7b If the plan is an individually-designed plan that received a favorable determination letter letter	from the IRS, ente	r the date	of the m	nost rec	ent determ	nination	
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 a service?		ted from	Yes	s [No		
19	Was any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior	or plan year?		Ye	s [No		