	rm 5500-SF	Short Form Annua	l Return/Report Benefit Plan	of Small Emplo	oyee	OM	IB Nos. 1210-0110 1210-0089	
	rtment of the Treasury nal Revenue Service	4065 of the Employee Re	etirement					
Employee B	epartment of Labor enefits Security Administration	Income Security Act of 1974 (B		57(b) and 6058(a) of the			m is Open to Inspection	
	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	ructions to the Form 55	00-SF.			
For calenda	Annual Report IC	dentification Information	16	and ending 12	/31/2016			
	<u> </u>	a single-employer plan		an (not multiemployer) (I	-ilers checl	king this box r	nust attach a	
A This ret	turn/report is for:	a one-participant plan	list of participating en	nployer information in ac	cordance v	vith the form in	nstructions.)	
<b>B</b> This ret	urn/report is	the first return/report	the final return/report					
	[	an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	orogram		
	[	special extension (enter descrip						
Part II	Basic Plan Inform	mation—enter all requested info	rmation					
<b>1a</b> Name BELSHIRE (		TION, LLC DAVIS-BACON PENSI	ON PLAN & TRUST		1b Thre plan (PN)	number	001	
						ctive date of p 08/10/2		
Mailing	g address (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O.			2b Emp (EIN)	loyer Identific	ation Number	
	CONCRETE RESTORAT	country, and ZIP or foreign postal TION, LLC	code (if foreign, see inst	ructions)	2c Spor	nsor's telepho 360-910-9		
27603 NE 10 RIDGEFIELD					2d Busin	ness code (se 238100	e instructions)	
<b>3a</b> Plan a	dministrator's name and	address 🗙 Same as Plan Spons	or.			inistrator's Ell	N ephone number	
		plan sponsor has changed since the per from the last return/report.	e last return/report filed f	or this plan, enter the	4b EIN			
a Spons	or's name				<b>4c</b> PN			
5a Total	number of participants a	t the beginning of the plan year			5a		11	
		the end of the plan year		•	5b		9	
		count balances as of the end of th			5c		9	
	,	cipants at the beginning of the plar			5d(1)		5	
<b>d(2)</b> Tot	al number of active parti	cipants at the end of the plan year			5d(2)		5	
	• •	rminated employment during the p			5e			
		incomplete filing of this return/			ise is esta	blished.		
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructi signed by an enrolled actuary, as	ons, I declare that I have	examined this return/rep	oort, includ	ing, if applicat		
SIGN		lid electronic signature.	07/11/2017	STEVE SHIREY				
HERE	Signature of plan ad	ninistrator	Date	Enter name of individu	ual signing	as plan admir	nistrator	
SIGN HERE								
	Signature of employed name (including firm name)	er/plan sponsor ne, if applicable) and address (inc	Date lude room or suite numbe	Enter name of individuer )		as employer of stelephone n		

h Total expenses (add lines 8d, 8e, 8f, and 8g).....

Part IV Plan Characteristics

Net income (loss) (subtract line 8h from line 8c).....

Transfers to (from) the plan (see instructions) .....

i

j

9a

b

6a 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	an indepe	ndent qualified public accountant	(IQPA)
	If you answered "No" to either line 6a or line 6b, the plan cann		,	
c	If the plan is a defined benefit plan, is it covered under the PBGC in			
Pa	rt III Financial Information	i	i	
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	46045	53640
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	46045	53640
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	1237	
	(2) Participants	8a(2)		
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	7926	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		9163
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1562	
е	Certain deemed and/or corrective distributions (see instructions).	8e		
f	Administrative service providers (salaries, fees, commissions)	8f		
g	Other expenses	8g	6	
h	Total expenses (add lines 8d 8e 8f and 8g)	8h		1568

8h

8i

8j

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

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

7595

Part	V	Compliance Questions					
10	Durir	ng the plan year:		Yes	No	N/A	Amount
а	dese	there a failure to transmit to the plan any participant contributions within the time period cribed in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction gram)	10a		X		
b		e there any nonexempt transactions with any party-in-interest? (Do not include transactions rted on line 10a.)	10b		Х		
C	Was	the plan covered by a fidelity bond?	10c	Х			50000
d		he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused aud or dishonesty?	10d		Х		
е	carrie	e any fees or commissions paid to any brokers, agents, or other persons by an insurance er, insurance service, or other organization that provides some or all of the benefits under plan? (See instructions.)	10e	×			34
f	Hast	the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did t	he plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X		
h		s is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		Х		
i		h was answered "Yes," check the box if you either provided the required notice or one of the ptions 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	r 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," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)					Yes	No	
а		vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins	tructior	is. and	l enter t	he date	of the le	etter ruli	าต
	gran	ting the waiver	1onth _	-,	_ Day		Ye		
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line $^{\prime}$	13.	r					
b	Enter	the minimum required contribution for this plan year			12b				1237
С	Enter	the amount contributed by the employer to the plan for this plan year			12c				1237
d		ract 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	I/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?				Yes	6 X	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	X No	)
С		uring 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 p	olan(s)	to				
1	3c(1)	Name of plan(s):		13c(2)	EIN(s)		13	<b>c(3)</b> PN	(s)
Davit		Truct Information							
Part		Trust Information		1	4.41				
14a	Name	of trust			140	Frust's E	IN		
14c	Name	e of trustee or custodian				Trustee' telephor		todian's per	
Part	: 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:		safe h		L	] "Prio test	or year" A	ADP
10-				ADP t			N/A		
16a		testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit te	st	N/A
	for th	he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	n than alor	(
	the le		-			-			
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, en	nier the	uate	u ine m	IUST TEC	ent aete	minatio	
	Were	ed Benefit Plan of Money Purchase Pension Plan Unly: e any distributions made during the plan year to an employee who attained age 62 and had not sepace?		rom	Yes	5	No		
19	Was	any plan participant a 5% owner who had attained at least age 70 $^{1\!\!/_2}$ during the prior plan year?			Yes	s	No		

Form 5500-SF	Short Form Annu	al Return/Report	of Small Empl	oyee	c	MB Nos. 1210-0110 1210-0089		
Department of the Treasury		Benefit Plan	-			2016		
Internal Revenue Service Department of Labor Employee Benefits Security Administration	This form is required to be file Income Security Act of 1974	d under sections 104 and 4 (ERISA), and sections 605 Revenue Code (the Code)	7(b) and 6058(a) of the	etirement Intemal				
Pension Benefit Guaranty Corporation		accordance with the instru	uctions to the Form 5	500-SF.	Publ	ic inspection		
	Identification Information			4 20040				
For calendar plan year 2016 or fi	scal plan year beginning 01/01/20	a multiple-employer pla	and ending 12/3		ring this bo	y must attach a		
A This return/report is for:	a one-participant plan		ployer information in ac		-			
B This return/report is	the first return/report	the final return/report						
	an amended return/report	a short plan year return	Vreport (less than 12 m	onths)				
C Check box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
	special extension (enter desc	ription)						
Part II Basic Plan Info	prmation-enter all requested in	formation				r		
<b>1a</b> Name of plan BELSHIRE CONCRETE RESTOR	RATION, LLC DAVIS-BACON PEN	ISION PLAN & TRUST		1b Thre plan (PN	number	001		
					ctive date o	f plan		
					0/2010			
Mailing address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P. ce. country, and ZIP or foreign poe	O. Box) tal code (if foreign, see instr	uctions)	(EIN	) 20-18870	*****		
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ELSHIRE CONCRETE RESTORATION, LLC				2c Sponsor's telephone number (360) 910-9209				
27603 NE 10TH AVE				2d Busi 2381		(see instructions)		
RIDGEFIELD, WA 98642	nd address K Same as Plan Spo			3h Ada	inistrator's	FIN		
				3C Adm	linistrator's	telephone number		
4 If the name and/or EIN of th	e plan sponsor has changed since	e the last return/report filed f	or this plan, enter the	4b EIN				
name, EIN, and the plan nu a Sponsor's name	mber from the last return/report.			4c PN				
	s at the beginning of the plan year			5a	T	11		
	s at the end of the plan year			5b	1	9		
c Number of participants with	account balances as of the end o	f the plan year (only defined	contribution plans	5c		9		
d(1) Total number of active particle	articipants at the beginning of the	plan year		5d(1)	ļ	5		
	articipants at the end of the plan y			. 5d(2)		5		
than 100% vested	t terminated employment during t			<b>5e</b>				
Caution: A penalty for the late	or incomplete filing of this retu	m/report will be assessed	uniess reasonable ca	iuse is est	blished.	<u> </u>		
Under penalties of penjury and on SB or Schedule MB completed a belief, it is true, correct, and con	ther penalties set forth in the instr and signed by an enrolled actuary uplete.	uctions, I declare that I have as well as the electronic ve	examined this return/n rsion of this return/repo	eport, includ rt, and to th	ting, if appli the best of m	cable, a Schedule y knowledge and		
SIGN A	m Mun	7/11/17	Steve Shirey					
HERE Signature of plan	administrator	Date	Enter name of individ	dual signing	as plan ad	ministrator		
SIGN HERE Signature of emplo	loyer/plan sponsor	Date	Enter name of individ	dual signing	as employ	er or plan sponsor		
Preparer's name (including firm	name, if applicable) and address				's telephon			
For Paperwork Reduction Act Not	ice, see the instructions for Form 68	00-\$F.	ana an			Form 5500-SF (2016 v.16020		

Form 5500-SF 2016		Page 2							
a Were all of the plan's assets during the plan year invested in eligible	accete? (	See instructions )						X Yes	No
<ul> <li>Were all of the plan's assets during the plan year invested in eighted</li> <li>Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility an If you answered "No" to either line 6a or line 6b, the plan canno</li> </ul>	n independ nd conditio	tent qualified public ac	countar	nt (IQF	'A) 			X Yes [	] No
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC ins	urance pr	ogram (see ERISA sec	tion 40	21)?	[]	Yes [	No	Not determ	nined
Part III Financial Information						Ang.,			
Plan Assets and Liabilities		(a) Beginning of				(I	b) End (		
a Total plan assets	7a		46045	<u>-</u>			-	53640	
b Total plan liabilities	7b								
C Net plan assets (subtract line 7b from line 7a)	7c	***	46045	5				53640	
Income, Expenses, and Transfers for this Plan Year		(a) Amount	inde Millen andre			nin etertitiken	(b) T	otal	
Contributions received or receivable from:     (1) Employers	8a(1)		1237	,				er er er en de ser er e	
(2) Participants	8a(2)				****	*****			
(3) Others (including rollovers)	8a(3)			_	***		aniaa	an a subsection of the second seco	60000000000000000000000000000000000000
b Other income (loss)	8b		7920	<u>}</u>					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							9163	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		156	2	<b></b>				
e Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>				an training and the second		المعادية مريونيا	ang	haagemaan daharee
f Administrative service providers (salaries, fees, commissions)	8f	w provinsion of the second structure of the second							alaangadaan in a
g Other expenses	8g			6					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						****	1568	-
i Net income (loss) (subtract line 8h from line 8c)	8i					****		759	j
j Transfers to (from) the plan (see instructions)	8j						5		
<ul> <li>9a If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D</li> <li>b If the plan provides welfare benefits, enter the applicable welfare for a second seco</li></ul>									
Part V Compliance Questions		andar marina an a maringada in 11 damanda - 60 m (10		Yes	No	N/A		Amount	
10 During the plan year:	1	- the time period		160				Anoun	
a 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		х				
b Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		x				
C Was the plan covered by a fidelity bond?			10c	х				and the second	5000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		x				
<ul> <li>Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.)</li></ul>	her person ne or all of	s by an insurance the benefits under	10e	x					:
f Has the plan failed to provide any benefit when due under the pla			10f		X	<u> </u>	<b></b>		
g Did the plan have any participant loans? (If "Yes," enter amount a	s of year-	end.)	10g		X			territudi tetilimi	
h If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instr	uctions and 29 CFR	10h		x				
I If 10h was answered "Yes," check the box if you either provided to the second sec	he rocuire	d notice or one of the					1		

. ....

Form 5500-SF 2016

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rt VI Pension Funding Compliance		~ · ·	1.05			
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)				•		Yes
- 5 to the use of minimum matrixed contributions for all years from Schedule SB (Form 5500) line 40		1	11a		<del></del>	
2 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the control of the section 412 of the secti	Code of st	SCHOULS	302 of			Yes
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	instructions	and e	nter fi	e date	of the let	ter rulina
<ul> <li>(If "Yes," complete line 12a of lines 12b, 12b, 12b, une 12b event, the provide state of the minimum funding standard for a prior year is being amortized in this plan year, see is granting the waiver.</li> </ul>	WOTHI		Day		Year	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to im	10 13.		401			1237
b Enter the minimum required contribution for this plan year			12b 12c			1237
c Enter the amount contributed by the employer to the plan for this plan year		·····				1207
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	he left of a		12d		<b>F</b>	0
e Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No No	X N/A
nt VII Plan Terminations and Transfers of Assets						
3a Has a resolution to terminate the plan been adopted in any plan year?				Ves		No
If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	ļ	a al an air ann an Annaich.	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or br control of the PBGC?				L	Yes	X No
<ul> <li>C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)</li> </ul>	lentify the p	ilan(s) f	to			
13c(1) Name of plan(s):	1	13c(2)	EIN(s)		13	c(3) PN(s)
art VIII Trust Information			14b	Trust's	EIN	
4a Name of trust						
4c Name of trustee or custodian			14d		's or cus	
Part IX IRS Compliance Questions						
		Yes			No No	
15a is the plan a 401(k) plan? If "No," skip b		Desig	n hase	d	- "Prio	or year" AD
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 h	arbor		Li test	, your ru
		ADP t	est		∐ N/A	
16a What testing method was used to satisfy the coverage requirements under section 410(b) for the playear? Check all that apply:	an 	Ratio perce test	entage		Average benefit te	est
16b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a for the plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No No	
17a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a tavorable and the serial number	IKS opinio					
17b If the plan is an individually-designed plan that received a favorable determination letter from the IR letter	RS, enter th	e date	of the	most re	cent dete	ermination
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 service?	t separated	from	٦v	es	No No	
19 Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year			۲ <u> </u>	'es	No No	