## **Form 5500-SF**

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Benefit Plan** Internal Revenue Service 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

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

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** 

Part I	Annual Report	Identification Information									
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016											
A This ret	a single-employer plan   a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)   a one-participant plan   a foreign plan										
<b>B</b> This retu	ırn/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	oox if filing under:	Form 5558	automatic extension		DFVC program						
David II	Deele Blee Inte	special extension (enter descri	· '								
Part II		ormation—enter all requested info	ormation		41	<u> </u>					
1a Name CCT CONST		S-BACON PENSION PLAN & TRUS	ST		<b>1b</b> Three-digit plan number (PN) ▶	001					
					1c Effective date 06/0	of plan 03/2015					
Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.O. ce, country, and ZIP or foreign posta		uctions)	2b Employer Iden (EIN) 27-2	tification Number 2365900					
•	RUCTION INC	o, oddiniy, dha zhi ol loldigh poda	ii oodo (ii loroigri, ooo iiloti	dollono)	2c Sponsor's tele	phone number 32-6062					
22308 STATE ROUTE 410E BONNEY LAKE, WA 98391											
3a Plan ad	dministrator's name a	nd address 🛛 Same as Plan Spons	sor.		<b>3b</b> Administrator's	EIN					
4 If the n	nama and/ar EIN of th	e plan sponsor has changed since tl	ha last raturn/rapart filed for	or this plan enter the	3C Administrator's 4b EIN	s telepnone number					
	EIN, and the plan nu	mber from the last return/report.	ne iast return/report med it	or tills plan, enter the	4c PN						
		at the beginning of the plan year									
_		s at the end of the plan year			5b						
		account balances as of the end of the									
	ete this item)			·······	5c						
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the pla	ın year		5d(1)	1					
<b>d(2)</b> Tota	al number of active pa	articipants at the end of the plan yea	r		5d(2)	3					
than 1	100% vested	terminated employment during the			5e						
		or incomplete filing of this return, ther penalties set forth in the instruct				licable, a Schedule					
	rue, correct, and com			·	t, and to the best of n	ny knowledge and					
SIGN HERE	Filed with authorized	/valid electronic signature.	07/06/2017	CRAIG SHIPMAN							
HEKE	Signature of plan a	administrator	Date	Enter name of individ	lual signing as plan a	dministrator					
SIGN											
HERE	Signature of emplo		Date	Enter name of individ							
Preparer's	name (including firm ।	name, if applicable) and address (inc	clude room or suite numbe	r)	Preparer's telephor	e number					

Form 5500-SF 2016 Page **2** 

Part III   Financial Information   7 Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year   a Total plan assets	a Were all of the plan's assets during the plan year invested in eligib	ble assets?	(See instructions.)						X	es 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 it covered under the PBGC insurance program (see ERISA section 4021)?									<u> </u>	
C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	· · · · · · · · · · · · · · · · · · ·		•						r 🖰	es No
Part III   Financial Information   7 Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year   a Total plan assets						_	_	_	□ Not d	etermined
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets	<u>'</u>					<u>L</u>		Ш -	ш	
a Total plan assets			(a) Reginning	of Year	,			(h) Enc	l of Year	
b Total plan liabilities		72	(a) Degiiiiiiig					(b) Life		141
C Net plan assets (subtract line 7b from line 7a)										
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers				19128	3				94	141
a Contributions received or receivable from: (1) Employers			(a) Amour	nt				(b)	Total	
Sa(3)   Others (including rollovers)	a Contributions received or receivable from:	8a(1)	(4) / 1110 411					(4)	<u> </u>	
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>b</b> Other income (loss)	8b		2835	5					
to provide benefits)	<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							28	335
f Administrative service providers (salaries, fees, commissions)		8d		12522	2					
g Other expenses	<b>e</b> Certain deemed and/or corrective distributions (see instructions).	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	<b>f</b> Administrative service providers (salaries, fees, commissions)	8f								
i Net income (loss) (subtract line 8h from line 8c)	g Other expenses	8g								
j Transfers to (from) the plan (see instructions) 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:  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) 10a  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b	h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						12	522	
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:  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) 10a  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b	i Net income (loss) (subtract line 8h from line 8c)	8i							-96	887
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:   Description   During the plan year:   Description   Yes   No   N/A   Amount	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  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)	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)		n feature co	des from the List of P	lan Cha	aracteri	istic Co	odes in	the ins	tructions:	
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>b</b> If the plan provides welfare benefits, enter the applicable welfare to	feature cod	es from the List of Pla	an Char	acteris	stic Co	des in t	the instr	ructions:	
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)	art V Compliance Questions									
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	O During the plan year:				Yes	No	N/A		Amou	nt
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 \	Voluntary F	iduciary Correction	102		X				
reported on line 10a.)	<b>b</b> Were there any nonexempt transactions with any party-in-interes	st? (Do not i	include transactions	100		X				
				10b	Y					F000
Was trie plan covered by a fidelity boriu?				10c	^	-				5000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	by fraud or dishonesty?			10d		X				
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				
f Has the plan failed to provide any benefit when due under the plan?	· · · · · · · · · · · · · · · · · · ·					X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	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.)	·	•		10h		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	i If 10h was answered "Yes," check the box if you either provided t	the required	d notice or one of the	10i						

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 con 5500) and line 11a below)				Y	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	ΠY	es X No
	ERISA?						
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 i		of the letter Year _	ruling
lf	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 No	)
	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				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(	<b>2)</b> EIN(s)		13c(3)	PN(s)
Part	VIII	Trust Information					
14a	Name	of trust		14b	Trust's E	EIN	
14c	Name	of trustee or custodian				s or custodia 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 [	Test	ar" 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	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 determir	ation
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	Was	any plan participant a 5% owner who had attained at least age 70 $\frac{1}{2}$ during the prior plan year?			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).

2016

OMB Nos. 1210-0110 1210-0089

This Form is Open to **Public Inspection** 

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

	Part I Annual Report Identification Information										
For	For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016										
Α 1	Γhis ret	a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)									
			a one-participant plan	a foreign plan							
Вт	his retu	rn/report is	the first return/report	the final return/report							
			an amended return/report	a short plan year retur	n/report (less than 12 m	onths)					
C	Check b	oox if filing under:	Form 5558 special extension (enter descr	automatic extension		DFVC progra	am				
Do	II	Desig Dles Info									
	rt II		prmation—enter all requested inf	ormation		1b Three-dig	.:.				
1a Name of plan CCT CONSTRUCTION INC DAVIS-BACON PENSION PLAN & TRUST							ber 001				
						1c Effective 06/03/20					
	Mailing	address (include roo	oyer, if for a single-employer plan) m, apt., suite no. and street, or P.C			<b>2b</b> Employer (EIN) 27-	Identification Number 2365900				
	-	town, state or provinc RUCTION INC	e, country, and ZIP or foreign post	al code (if foreign, see inst	ructions)	2c Sponsor'	s telephone number (253) 232-6062				
						ł	code (see instructions)				
		E ROUTE 410E				238910					
		KE, WA 98391									
3a Plan administrator's name and address K Same as Plan Sponsor.						3b Administrator's EIN					
						3c Administr	rator's telephone number				
						OC Administr	ator's telephone number				
4	If the r	ame and/or FIN of the	e plan sponsor has changed since	the last return/report filed f	or this plan enter the	4b EIN					
	name,		mber from the last return/report.		or the plan, officer the	4c PN					
						5a					
			at the beginning of the plan year			<b> </b>	14				
b			at the end of the plan year			5b	9				
С		er of participants with ete this item)	account balances as of the end of	the plan year (only defined	contribution plans	5c	9				
d(	<b>1)</b> Tota	al number of active pa	rticipants at the beginning of the pl	an year		5d(1)	1				
-		·	articipants at the end of the plan yea			5d(2)	3				
	than '	100% vested	terminated employment during the			5e					
			or incomplete filing of this return								
SB	or Śche		ther penalties set forth in the instructed nd signed by an enrolled actuary, a plete.								
SIG			2	7/11/17	Craig Shipman	an					
1 11-1	<u>,                                    </u>	Signature of plan a	administrator	Date	Enter name of individ	ual signing as p	lan administrator				
SIG					,						
HEF		Signature of emplo		Date			mployer or plan sponsor				
Prek	Jaiers	name (including firm r	name, if applicable) and address (ir	iciade room or suite numb	e )	rreparer s tele	ephone number				

	Form 5500-SF 2016		Page <b>2</b>								
b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)										
parameteris		iodidiloc p	rogiani (oco Entorto			L	100	Пио	L Hot de	.c.iiiiiiica	
7		I		- * 3/			***********	/I.\ FI	- # 3/		
	Plan Assets and Liabilities		(a) Beginning (	1912				(b) End of Year 9441			
-	Total plan assets	7a 7b		1012	<del>-</del>				3-		
Market Control of the Parket Control of the	Net plan assets (subtract line 7b from line 7a)	7c		1912	8	**********			94	41	
8	Income, Expenses, and Transfers for this Plan Year	10	(a) Amoun			NAME OF STREET		(b) T	70 No. 11 70 No. 11 10 No.		
***************************************	Contributions received or receivable from:		(a) Amoun			102M24M24M		(5) 1	Jtui		
	(1) Employers	8a(1)				-		ndergelikatektalistavla atrosz			
20-00-00-00-00-00-00-00-00-00-00-00-00-0	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)							***	*******************************	
***************************************	Other income (loss)	8b		283	55						
PRODUCTION OF THE PERSON	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_		-		28	35	
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)										
е	Certain deemed and/or corrective distributions (see instructions) 8e										
f											
g											
h	h Total expenses (add lines 8d, 8e, 8f, and 8g)							522			
i	Net income (loss) (subtract line 8h from line 8c)	8i						-9687			
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt 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 Chai	acteri	stic Co	des in	the instr	uctions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	cterist	ic Coc	les in t	he instru	ctions:		
Par	t V Compliance Questions										
10	During the plan year:	<u> </u>			Yes	No	N/A		Amount		
а	Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Norgram)	/oluntary F	Fiduciary Correction	10a		Х					
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	,				50000	
d	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.)					Х					
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		Х					
9				10g		Х					
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х			and distributions of the second secon		

10i

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....

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Form 5500-SF 2016

Part	VI Pension Funding Compliance		MALE VIOLENCE DE L'ANNE		STATE OF THE STATE	····	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete	e Sche	dule SE	3	Τп	Yes	П No
	(Form 5500) and line 11a below)				<u>.L_U</u>	100	П 110
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40						
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or s ERISA?				.] 🛮	Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		DESCRIPTION OF THE PARTY OF THE		<u> </u>		-
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.	s, and	enter ti Day		of the let Year		ng
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.						
b	Enter the minimum required contribution for this plan year		12b				ENGRAPH PERSONAL PROPERTY OF THE PERSONAL PROP
С	Enter the amount contributed by the employer to the plan for this plan year		12c	A			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No		1/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	No	
week a seed of the	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 undecontrol of the PBGC?				Yes	X No	)
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)	olan(s) t	to				
***************************************		3c(2) E	EIN(s)		130	(3) PN	(s)
Part	t VIII Trust Information	esport and a residence of	<del></del>				
	Name of trust	T	14h T	rust's E	IN		
170	Name of trust		1-16	, 401 0 2			
14c	Name of trustee or custodian		14d Trustee's or custodian's telephone number				e hann de colonido de servicio de Prescuela de colonida.
Par	t IX IRS Compliance Questions						
15a		Yes			No		COMPACT THE COMPACT CO
		Design safe ha		Γ	"Prior	year" /	ADP
	401(k)(3) for the plan year? Check all that apply:	"Currer ADP te	nt year'	,	] 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:	Ratio percer test	ntage		verage enefit tes	t [	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?	Yes			No	TO THE STATE OF TH	
17a	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion the letter and the serial number.	letter	or advi	sory lett	er, enter	the da	te of
17b	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the letter	date o	of the m	ost rec	ent deter	minatio	on
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 separated f service?	from	Ye	s [	] No		
19	Was any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Ye	s [	No		