#### 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

This Form is Open to

**Public Inspection** 

OMB Nos. 1210-0110

1210-0089

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

Annual Report Identification Information For calendar plan year 2016 or fiscal plan year beginning and ending X 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** This return/report is for: a one-participant plan a foreign plan the final return/report B This return/report is the first return/report an amended return/report a short plan year return/report (less than 12 months) **C** Check box if filing under: DFVC program Form 5558 automatic extension special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit ERIKSEN DIESEL REPAIR DEFINED BENEFIT PENSION PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2015 2a Plan sponsor's name (employer, if for a single-employer plan) **2b** Employer Identification Number Mailing address (include room, apt., suite no. and street, or P.O. Box) 91-1637745 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) **2c** Sponsor's telephone number ERIKSEN DIESEL REPAIR 425-778-8237 2d Business code (see instructions) 7724 222ND STREET SW 811310 EDMONDS, WA 98026-7967 **3a** Plan administrator's name and address X Same as Plan Sponsor. 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a 5a Total number of participants at the beginning of the plan year ...... 5b **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (only defined contribution plans 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 5 d(2) Total number of active participants at the end of the plan year..... Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete Filed with authorized/valid electronic signature. 09/25/2017 MARGARET ERIKSEN SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator **SIGN HERE** Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address (include room or suite number ) Preparer's telephone number

Form 5500-SF 2016 Page **2** 

b Are you claiming a water of the annual oxamination and report of an independent qualified public accountant (ICPA) under 29 CFR 520 10-14 PC (See instructions on water etipolity) and conditions). If you answered "No" to either line 6 as of line 6b, the plan cannot use Form 5500-5F and must instead use Form 5500. If the pain is a defined benefit plan, is a covered under the PBGC insurance program (see FRISA section 4021)?  Part III Financial Information  7 Pina Assets and Liabilities  (a) Beginning of Year (b) End of Year A 1000000  A 11975  b Total plan liabilities  7 a 4000000  A 11975  6 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total  a Contributions received or receivable from: (b) Find of Year  A 1000000  A 11975  6 Income, Expenses, and Transfers for this Plan Year (c) Participants (d) Other (moduling rolloyers) (e) Participants (d) Benefits poid (incuding direct rollovers and insurance premiums (e) C Total income (dast lines 8a(1), 8a(2), 8a(3), and 8b). (e) Cortain demends and/or corrective distributions (see instructions) (e) Cortain demend and/or corrective distributions (see instructions) (e) Cortain demends (e) Transfers to (from) the plan (see instructions) (e) Cortain demends (e) C		Were all of the plan's assets during the plan year invested in eligib		` ,					X Y	es No			
If you answered "No" to other line 6s or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.    C   If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b								X Y	es No			
Part III   Financial Information 7 Plan Assets and Liabilities   (a) Beginning of Year   (b) End of Year   400000   471975   5 Total plan liabilities   7b   0   0   0   0   6 Total plan liabilities   7c   4000000   471975   6 Total plan liabilities   7c   4000000   471975   7 C Net plan assets (subtract line 7b from line 7a)   7c   4000000   471975   8 Income. Exponses, and Transfers for this Plan Year   (a) Amount   (b) Total   8 Contributions received or receivable from: (1) Employers   8a(1)   65000   (2) Participants   8a(2)   0   0   0   0   0   8 D Other income (loss)   8a(3)   0   0   0   0   0   0   8 D Other income (loss)   8a(3)   0   0   0   0   0   0   0   0   8 D Other income (loss)   8a(3)   0   0   0   0   0   0   0   0   0		` ` ,		,						ш			
7 Plan Assets and Liabilities	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	X No Not de	etermined			
a Total plan isabilities. 7a 400000 471975 b Total plan isabilities. 7b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Pa	rt III Financial Information											
b Total plan liabilities	7	Plan Assets and Liabilities		(a) Beginning (	of Year			(	b) End of Year				
C Net plan seatinities.  8 Income, Expenses, and Transfers for this Plan Year  C Net plan sessets (subtract line 7b from line 7a)	<u>a</u>	Total plan assets	7a		400000	ı			4719	75			
8 income, Expenses, and Transfers for this Plan Year  a Contributions received or receivable from: (1) Employers.  8a(1) 65000  (2) Participants. (3) Others (including rollovers). 8a(2) 0  9 Other income (including rollovers). 8a(3) 0  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 72183  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 72183  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b). 8c 72183  C Expensive past (including direct rollovers and insurance premiums to provide benefits). 8d 0  G Evertain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deemed and/or corrective distributions (see instructions). 8e 0  G Certain deeme	b	Total plan liabilities	7b										
a Contributions received or receivable from: (i) Employers (ii) Employers (iii) Employers (iiii) Employers (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	С	Net plan assets (subtract line 7b from line 7a)	7c		400000				4719	75			
(1) Employers	8			(a) Amoun	ıt				(b) Total				
(2) Participants	а		8a(1)		65000								
(3) Other (including rollovers)					0								
b Other income (loss)		•			0								
C Total income (add lines Ba(1), 8a(2), 8a(3), and 8b)		, , , , , , , , , , , , , , , , , , , ,			7183								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)									721	83			
e Certain deemed and/or corrective distributions (see instructions).  8		Benefits paid (including direct rollovers and insurance premiums			_								
f Administrative service providers (salaries, fees, commissions)			8d			_							
g Other expenses	<u>e</u>												
i Notal expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)											
i Net income (loss) (subtract line 8h from line 8c)		·		0					100				
Transfers to (from) the plan (see instructions)   Si   Transfers to (from) the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:    Di   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Di   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Di   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Di   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Di   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Di   If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Di   If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Di   If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Di   If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Di   If the plan provides pension benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:    Di   Di	<u>h</u>												
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:  1A 3B 3D  1D 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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	<del>-</del>							719	75				
9a	_ J												
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)  b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					01		0						
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)	9а	If the plan provides pension benefits, enter the applicable pension 1A 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	des in	the instructions:				
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?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  10 If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	les in t	he instructions:				
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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?						Yes	No	N/A	Amour	nt			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а												
reported on line 10a.)			-	-	10a		X						
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b				10b		X						
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g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som	ner persor ne or all of	s by an insurance the benefits under	y an insurance benefits under								
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	f	f Has the plan failed to provide any benefit when due under the plan?											
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	9	Did the plan have any participant loans? (If "Yes," enter amount a	end.)	10g		X							
	h	·		10h		X							
	i				10i								

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Part	VI	Pension Funding Compliance						
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c n 5500) and line 11a below)					X	'es No
	Ente	r the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			0
12		is a defined contribution plan subject to the minimum funding requirements of section 412 of the Co A?					Y	′es X No
	(If "	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a		raiver of the minimum funding standard for a prior year is being amortized in this plan year, see insing the waiver		s, and	l enter t Day		of the lette Year _	r ruling
If	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	13.			I		
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			
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l tive amount)			12d			
		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	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 brougout of the PBGC?					Yes X	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identinassets or liabilities were transferred. (See instructions.)	fy the p	lan(s)	to			
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(3	<b>)</b> PN(s)
Part	VIII	Trust Information		ı				
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN	
14c	Name	of trustee or custodian					s or custod ne number	ian's
Par	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:	L		n-based arbor	j [	] "Prior ye test	ear" ADP
			-   □ □ □	Curre ADP t	ent year est	"	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 test	N/A
	for the	be 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?	Ш	Yes			No	
	the le							
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, er	nter the	date	of the m	nost rece	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 e?		om	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?			Ye	s	No	

# SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Internal Revenue Service

Department of Labor

# Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2016

This Form is Open to Public Inspection

_Fo	or calendar plan year 2016 or fiscal plan year beginning 01/01/2016		and ending	g 12/	31/2016	
	Round off amounts to nearest dollar.  Caution: A penalty of \$1,000 will be assessed for late filing of this report unles	s reasonable car	use is established			
	Name of plan ERIKSEN DIESEL REPAIR DEFINED BENEFIT PENSION PLAN	B Three-dig	git	J) •	001	
С	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ERIKSEN DIESEL REPAIR		<b>D</b> Employer	Identific 91-16	ation Number (E 37745	IN)
Е	Type of plan: X Single Multiple-A Multiple-B	r year plan size:	X 100 or fewer	101	-500 More th	an 500
	Part I Basic Information					
1		Year <u>2016</u>				
2	Assets:					
	a Market value			2a		382937
	<b>b</b> Actuarial value			2b		382937
3	Funding target/participant count breakdown	( )	Number of articipants	. ,	sted Funding Target	(3) Total Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment		0		0	0
	<b>b</b> For terminated vested participants		0		0	0
	C For active participants		5		320910	320910
	<b>d</b> Total		5		320910	320910
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		П			
	a Funding target disregarding prescribed at-risk assumptions		<del>_</del>	4a		
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rul status for fewer than five consecutive years and disregarding loading factor					
5	Effective interest rate			5		6.20 %
6	Target normal cost			6		119508
Sta	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, sta accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taki combination, offer my best estimate of anticipated experience under the plan.					
	SIGN HERE		_		07/26/201	7
	Signature of actuary				Date	
	STEVE CAUDLE, MSPA		<u> </u>		17-07219	)
	Type or print name of actuary			Most	recent enrollmer	nt number
	STEVEN CAUDLE & ASSOCIATES, LLC		_		425-557-36	63
	Firm name 22525 SE 64TH PLACE, SUITE 294 ISSAQUAH, WA 98027		Те	lephone	e number (includ	ing area code)
	Address of the firm					
	ne actuary has not fully reflected any regulation or ruling promulgated under the structions	tatute in comple	ting this schedule	e, check	the box and see	• [

aa	е	2	-	1	

Pá	art II	Begin	ning of Year	Carryov	er and Prefun	ding Ba	lances							
									(a) C	Carryover balance	)	(b) F	refundir	ng balance
7		Ū	0 , ,		able adjustments (I		•				0			0
8			•	-	nding requirement	•					0			0
9	Amount	remaining	g (line 7 minus line	∋ 8)							0			0
10	Interest	on line 9 ເ	using prior year's	actual retu	rn of%						0			0
11	Prior yea	ar's exces	s contributions to	be added	to prefunding balar	nce:								
	<b>a</b> Prese	nt value o	f excess contribut	ions (line 3	38a from prior year	)								38278
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.41%													2454
	<b>b(2)</b> Int	erest on I	ine 38b from prior	year Sche	edule SB, using pri	or year's a	ctual							2404
return													0	
C Total available at beginning of current plan year to add to prefunding balance													40732	
	<b>d</b> Portio	n of (c) to	be added to prefe	unding bala	ance									0
12	Other re	ductions i	n balances due to	elections	or deemed election	าร					0			0
13	Balance	at beginn	ning of current yea	ır (line 9 +	line 10 + line 11d -	- line 12)					0			0
Р	art III	Fun	ding Percenta	ages		· · · · · · · · · · · · · · · · · · ·					ı			
				_									14	119.32%
<ul> <li>14 Funding target attainment percentage.</li> <li>15 Adjusted funding target attainment percentage.</li> </ul>											15	119.32%		
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current											100.00%			
17	•				less than 70 perce								17	%
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls									
18					ar by employer(s)									
<b>/N</b>	(a) Dat //M-DD-Y		(b) Amount p employer		(c) Amount pa employees	-	<b>(a)</b> (MM-D)	Date		( <b>b)</b> Amount p employe	-	(0	Amouı) emplo	nt paid by
	7/21/2017		Chiployen	65000	стрюусс	0	(IVIIVI D		111)	стрюус	(3)		CITIPIC	уссэ
	.,,_			00000										
-														
							Totals >	•	18(b)		65000	18(c)		0
19	Discount	ted emplo	yer contributions	– see instr	uctions for small pl	an with a	valuation c	late	after the	beginning of the	year:	•	•	
	<b>a</b> Contri	butions a	llocated toward ur	npaid minir	num required conti	ributions fr	om prior y	ears			19a			0
	<b>b</b> Contri	butions m	nade to avoid restr	rictions adj	usted to valuation	date					19b			0
	<b>C</b> Contril	butions all	ocated toward min	imum requi	red contribution for	current yea	ar adjusted	to va	luation d	ate	19c			59205
20	Quarterly	y contribu	itions and liquidity	shortfalls:										
	a Did th	e plan ha	ve a "funding sho	rtfall" for th	e prior year?									Yes X No
	<b>b</b> If line	20a is "Y	es," were required	d quarterly	installments for the	current y	ear made i	n a t	imely m	anner?				Yes No
			•		nplete the following	•			•					
					Liquidity shortfall				nis plan	year				
		(1) 1st	t		(2) 2nd				(3)	3rd			(4) 4th	

P	art V	Assumpti	ons Used to Determin	e Funding Target and Tar	get Normal Cost		
21	Discount	rate:					
	<b>a</b> Segme	ent rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81 %		N/A, full yield curve used
	<b>b</b> Applica	able month (er	nter code)			21b	1
22	Weighted	d average retir	ement age			22	70
23	Mortality	table(s) (see	instructions) X Pres	scribed - combined Pres	cribed - separate	Substitu	ite
Pa	art VI	Miscellane	ous Items				
24		•	·	arial assumptions for the current p	•		· · · — —
25	Has a me	ethod change	been made for the current pla	n year? If "Yes," see instructions	regarding required attach	nment	Yes X No
26	Is the pla	n required to p	provide a Schedule of Active F	Participants? If "Yes," see instructi	ons regarding required a	attachmen	tX Yes No
27		•		r applicable code and see instruct	ions regarding	27	
Pa	art VII	Reconcili	ation of Unpaid Minim	um Required Contribution	ns For Prior Years		
28	Unpaid m	ninimum requi	red contributions for all prior y	ears		28	0
29				unpaid minimum required contribu		29	0
30	Remainir	ng amount of ι	unpaid minimum required cont	ributions (line 28 minus line 29)		30	0
Pa	art VIII	Minimum	Required Contribution	For Current Year			
31	Target no	ormal cost and	d excess assets (see instruction	ons):			
	<b>a</b> Target	normal cost (li	ne 6)			31a	119508
	<b>b</b> Excess	assets, if app	olicable, but not greater than li	ne 31a		31b	62027
32	Amortiza	tion installmer	nts:		Outstanding Bala	ince	Installment
	a Net sho	ortfall amortiza	ation installment			0	0
	<b>b</b> Waiver	amortization	installment			0	0
33				er the date of the ruling letter grant) and the waived amount		33	
34	Total fund	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	57481
				Carryover balance	Prefunding balar	nce	Total balance
35			se to offset funding	0		0	0
36	Additiona	l cash require	ment (line 34 minus line 35)			36	57481
37	Contribut	ions allocated	toward minimum required cor	ntribution for current year adjusted	to valuation date (line	37	59205
38			s contributions for current yea			1	
-						38a	1724
	,		· · · · · · · · · · · · · · · · · · ·	refunding and funding standard ca		38b	0
39	Unpaid m	ninimum requi	red contribution for current year	ar (excess, if any, of line 36 over li	ne 37)	39	0
40	Unpaid m	ninimum requii	red contributions for all years.			40	0
Pai	rt IX	Pension	Funding Relief Under	Pension Relief Act of 2010	) (See Instructions	5)	
41	If an elect	tion was made	e to use PRA 2010 funding reli	ef for this plan:			
							2 plus 7 years 15 years
				1a was made			
42						42	
			•	over to future plan years		43	

## Eriksen Diesel Repair Defined Benefit Pension Plan

## Schedule SB, Line 26 - Schedule of Active Participant Data

									YEA	ARS OF CI	REDI	TED SER	VICE							
	U:	nder 1	1	to 4	5	to 9	10	) to 14	15	5 to 19	20	) to 24	25	5 to 29	30	) to 34	35	5 to 39	40	) & up
Attained		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.
Age	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.	No.	Comp.
Under 25																				
25 to 29																				
30 to 34			2																	
35 to 39			1																	
40 to 44																				
45 to 49																				
50 to 54																				
55 to 59																				
60 to 64																				
65 to 69											2									
70 & up																				
Total = 5	0		3		0		0		0		2		0		0		0		0	

#### 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.

2016

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection** 

	t Identification Information	١.			
For calendar plan year 2016 or	fiscal plan year beginning	01/01/2016	and ending	12/31/2	2016
A This return/report is for:	a single-employer plan	a multiple-employer p	olan (not multiemployer) mployer information in a		
This retailineport is for.	a one-participant plan	a foreign plan	npioyer information in a	accordance war tr	o ionii manasiono.,
B This return/report is	the first return/report	the final return/report			
	an amended return/report	a short plan year retu	rn/report (less than 12 n	nonths)	
C Check box if filing under:	X Form 5558	automatic extension		DFVC progra	m
	special extension (enter desc	• /			
Part II Basic Plan Info	ormation—enter all requested in	formation	and the second s	_	
1a Name of plan Eriksen Diesel Repai	r Defined Benefit Per	nsion Plan		1b Three-digi	
				(PN) ▶ 1c Effective of	late of plan
				01/01/2	015
Mailing address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post		transiona)		Identification Number 1637745
Eriksen Diesel Repa		ai code (ii loreign, see insi	ruciions)	2c Sponsor's 425-778	telephone number - 8237
7724 222nd Street St	N				code (see instructions)
Edmonds	WA 98026-796	7			
3a Plan administrator's name a	nd address 🗓 Same as Plan Spor	nsor.		3b Administra	tor's EIN
				3c Administra	tor's telephone number
	e plan sponsor has changed since mber from the last return/report.	the last return/report filed f	or this plan, enter the	4b EIN	1. AS 10. T. STORY
a Sponsor's name	•			4c PN	
5a Total number of participants	at the beginning of the plan year			. 5a	
	at the end of the plan year			5b	<u> </u>
	account balances as of the end of			5c	
d(1) Total number of active pa	rticipants at the beginning of the pla	an year		5d(1)	2
d(2) Total number of active pa	rticipants at the end of the plan yea	ar		5d(2)	į
than 100% vested	terminated employment during the		***************************************	5e	(
Caution: A penalty for the late	or incomplete filing of this return	/report will be assessed	unless reasonable ca		
	her penalties set forth in the instruc nd signed by an enrolled actuary, a plete.				
sign Margary	L Eriksen	19-25-17	Margaret Eriks	sen	
Signature of plan a	dministrator	Date	Enter name of individ	ual signing as pla	n administrator
SIGN		·			
HERE Signature of emplo	yer/plan sponsor	Date	Enter name of individ	ual signing as em	ployer or plan sponsor
Preparer's name (including firm n	ame, if applicable) and address (in	clude room or suite numbe	ж)	Preparer's telep	hone number
					and comments in the
	•				hrailiaida akveett ta fil

ao	e	2

b	Were all of the plan's assets during the plan year invested in eligil 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 can If the plan is a defined benefit plan, is it covered under the PBGC i	an indeper and condi not use Fo	ndent qualified public tions.) orm 5500-SF and mus	accoun	tant (IC ad use	QPA)  Forn	n <b>550</b> 0	X Yes ∏ No				
Pa	rt III Financial Information											
_7_	Plan Assets and Liabilities		(a) Beginning	of Yea	r			(b) End of Year				
a	Total plan assets	. 7a		400,	000			471,975				
<u>b</u>	Total plan liabilities	. 7b			0			0				
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	. 7c		400,	000			471,975				
_8_	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			************	(b) Total				
а	Contributions received or receivable from: (1) Employers	. 8a(1)		65,	000							
	(2) Participants	. 8a(2)			0							
	(3) Others (including rollovers)	. 8a(3)			0							
b	Other income (loss)	. 8b		7,	183							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					72,183				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)		0									
e	Certain deemed and/or corrective distributions (see instructions)	. 8e			0			A Constitution of the Cons				
f	Administrative service providers (salaries, fees, commissions)											
<u>g</u>	Other expenses	er expenses 8g 0										
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				208						
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					71,975					
_ <u>j</u>	Transfers to (from) the plan (see instructions)	8j			0							
Par	t IV Plan Characteristics											
9a 	If the plan provides pension benefits, enter the applicable pension 1A 3B 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes ir	the instructions:				
b	If the plan provides welfare benefits, enter the applicable welfare f	eature cod	les from the List of Pla	n Chara	acterisi	tic Cod	des in	the instructions:				
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 contributions described in 29 CFR 2510.3-102? (See instructions and DOL's Nerogram)	/oluntary F	iduciary Correction	10a		х						
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
C	Was the plan covered by a fidelity bond?			10c		Х						
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		Х	10 10 10 10 10 10 10 10 10 10 10 10 10 1					
e	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		Х						
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х						
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g		Х						
h	2520.101-3.)	` ••••••		10h		Х	1. Vag 38; 1 V 1 11 1. V 2 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1 V 1					
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			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

Form 5500-SF 2016		Page 3-
•	 	

Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and (Form 5500) and line 11a below)				X Yes	∏ No
	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40				0	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the CERISA?			. Yes	X No	
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.		d enter t		of the letter rul Year	ing
[f	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line					
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				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a	12d			
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	,		Yes	□ No □ I	V/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	
	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 plan, or broucontrol of the PBGC?	·····	••••	[	Yes 🗓 No	0
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.)	tify the plan(s)	) to			<u>.</u>
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		13c(3) PN	l(s)
W100 W 100 W	VIII Trust Information					
14a i	Name of trust		14b ⊺	rust's E	IN	
14c	Name of trustee or custodian	14d Trustee's or custodian's telephone number				
Part	IX IRS Compliance Questions	'				
15a	s the plan a 401(k) plan? If "No," skip b	Yes			No	
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section to 101(k)(3) for the plan year? Check all that apply:	☐ safe h	ent year'		"Prior year" / test	ADP
	What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	Ratio perce test	entage		erage nefit test	N/A
1	Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) or the plan year by combining this plan with any other plan under the permissive aggregation rules?				No ·	
	f the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS the letter and the serial number					
1	If the plan is an individually-designed plan that received a favorable determination letter from the IRS, e letter	nter the date of	of the m	ost recei	nt determinatio	n 
1	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 sep- service?		Yes		No	
19 \	Nas any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?		Yes		No	

### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

## Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). 2016

OMB No. 1210-0110

This Form is Open to Public

Pension Benefit Guaranty Corporation	Pension Benefit Guaranty Corporation  File as an attachment to Form 5500 or 5500-SF.					mspection			
For calendar plan year 2016 or fiscal plan		12/31/2016							
Round off amounts to nearest dollar	<del>- 1</del>		and endin	<del>3</del>	10,01,0				
	assessed for late filing of this report unless reason	nable cause is	established	i.		•			
A Name of plan Eriksen Diesel Repair	В	Three-dig	•	J) <b>&gt;</b>	001				
C Plan sponsor's name as shown on line	2a of Form 5500 or 5500-SF	D	Employer	Identific	ation Number (E	earchige recessors and the second sec			
Eriksen Diesel Repair		91	-163774	5					
E Type of plan: X Single Multiple-A	Multiple-B F Prior year pla	an size: 🗓 10	0 or fewer	101	-500 More th	nan 500			
Part I Basic Information									
1 Enter the valuation date:	Month 01 Day 01 Year	2016							
2 Assets:									
a Market value				2a		382,937			
<b>b</b> Actuarial value				2b		382,937			
3 Funding target/participant count brea	akdown	(1) Numl particip		(2) Ve	sted Funding Target	(3) Total Funding Target			
a For retired participants and benefit	ciaries receiving payment		0		0	0			
<b>b</b> For terminated vested participants	S		0		0	·			
C For active participants	······································		5		320,910	320,910			
d Total			5		320,910	320,910			
4 If the plan is in at-risk status, check t	the box and complete lines (a) and (b)				The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
a Funding target disregarding presci	ribed at-risk assumptions			4a					
<b>b</b> Funding target reflecting at-risk as status for fewer than five consecut	sumptions, but disregarding transition rule for pla tive years and disregarding loading factor	ns that have b	een in at-ri	4b					
5 Effective interest rate				5		6.20%			
6 Target normal cost				6		119,508			
	ied in this schedule and accompanying schedules, statements an my opinion, each other assumption is reasonable (taking into acc experience under the plan.								
SIGN HERE	Carolla	****			07/26/20	17			
	nature of actuary				Date	3			
Steve Caudle, MSPA	print name of actuary			14	1707219				
Type or Steven Caudle & ASsociates		Most recent enrollment number 425-557-3663							
steven tadure & Associates					·				
22525 SE 64th Place, Suite	Firm name e 294		1 61	ehnone	number (includi	my area code)			
Issaquah WA 980	)27								
	ddress of the firm								
f the actuary has not fully reflected any regi	ulation or ruling promulgated under the statute in	completing th	is schedule	, check	the box and see	· []			

Schedule S	SB (Form 5500) 2016	`\		Page <b>2</b> -					
Part II Begir	nning of Year Carryov	er and Prefunding E	Balances						
				(a) (	Carryover balance	(b)	Prefund	ing balance	
	ning of prior year after applica					0		. (	
	r use to offset prior year's fun								
year)							. (		
	using prior year's actual return					0			
	s contributions to be added to				AND NAME OF A SHOP OF THE STATE	0			
-	f excess contributions (line 3)	•						38,278	
b(1) Interest on t	he excess, if any, of line 38a 3, using prior year's effective	over line 38b from prior ye	ear						
b(2) Interest on li	ine 38b from prior year Scheo	dule SB, using prior year's	actual					2,454	
and the second s	beginning of current plan year							40 733	
	be added to prefunding balar							40,732	
								0	
	n balances due to elections o					0		. 0	
1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	ing of current year (line 9 + lin	ne 10 + line 11d – line 12)				0		C	
	ding Percentages								
	sinment percentage						14	119.32%	
16 Prior year's funding	arget attainment percentage. g percentage for purposes of	determining whether carry	yover/prefun	ding balance	es may be used to red	uce current	15 16	119.32%	
	uirement of the assets of the plan is le						17	%	
Nicolaide de la maria de la			Turioning turi	ot, ornor out	. por corrager			1	
	tributions and Liquidit e to the plan for the plan year		010001						
(a) Date	(b) Amount paid by	(c) Amount paid by	· · · · · · · · · · · · · · · · · · ·	Date	(b) Amount paid b	v (c	) Amou	nt paid by	
(MM-DD-YYYY)	employer(s)	employees	<del>  `                                   </del>	D-YYYY)	employer(s)		empl	oyees	
07/21/2017	65,000	0							
		•		· .				•	
								·	
								79.07	
			Totals >	18(b)	65,	000 <b>18(c)</b>	<u> </u>	0	
19 Discounted employ	er contributions – see instruc	tions for small plan with a	valuation da	ate after the l	peginning of the year:		•		
	ocated toward unpaid minimu	•						0	
	de to avoid restrictions adjus	•			-			0	
	cated toward minimum required				<del></del>			59,205	
	ons and liquidity shortfalls:								
•	e a "funding shortfall" for the	prior year?		************		1		Yes 🗓 No	
<u>.</u>	s," were required quarterly ins						=	Yes No	
	s," see instructions and comp	•						Ц .,,	
		Liquidity shortfall as of end		of this plan y	ear	1		and progressive to capture the first out that the	
(1) 1et		(2) 2nd	1	(3) 3	) rd		//) //th		

	Part V	Assumpt	ions Used to Dete	ermin	e Funding Target and Tar	get Normal Cost		:
21	Discount	rate:						
	<b>a</b> Segmo	1st segment:         2nd segment:         3rd segmen           4.72 %         6.11 %         6.81						N/A, full yield curve used
	<b>b</b> Applica	able month (e	nter code)				21b	1
22	Weighted	average retir	ement age				22	, 70
		table(s) (see			=	cribed - separate	Substit	ute
	· · · · · · · · · · · · · · · · · · ·	Viscellane		<u> </u>	<u> </u>	,	<u>l</u>	
24					arial assumptions for the current p			
25	Has a me	thod change	been made for the curr	ent pla	n year? If "Yes," see instructions r	egarding required attac	hment	
26	Is the pla	n required to p	provide a Schedule of A	Active F	Participants? If "Yes," see instructi	ons regarding required	attachmei	ntX Yes No
27					r applicable code and see instructi		27	
Р	art VII	Reconcilia	ation of Unpaid M	/linim	um Required Contribution	s For Prior Years		
28	Unpaid m		<u> </u>		ears	••••	28	0
29	Discounte	d employer c	ontributions allocated to	oward (	unpaid minimum required contribut	ions from prior years	29	0
30	<del>`</del>				ributions (line 28 minus line 29)		30	0
		<del></del>			For Current Year		1	<u></u>
			excess assets (see in					
			· · · · · · · · · · · · · · · · · · ·				31a	110 500
			-		ne 31a		31b	119,508
		on installmen		ti tati iii	IC 01a	Outstanding Bala		62,027 Installment
JŁ							0	
	_							
22								0
33	(Month	_			r the date of the ruling letter granti ) and the waived amount		33	
34	Total fund	ing requireme	ent before reflecting car	rryover/	prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34	57,481
					Carryover balance	Prefunding balar	nce	Total balance
35			e to offset funding					0
20	·			!	0		3 <b>6</b>	<u>~</u>
							36	57,481
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)						37	59,205
38.	Present va	lue of excess	contributions for curre	nt year	(see instructions)			<u> </u>
	a Total (excess, if any, of line 37 over line 36)						38a	1,724
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances					38b	0	
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)					39	0	
40	40 Unpaid minimum required contributions for all years					40	. 0	
Par	tix T	Pension F	unding Relief Un	ider F	ension Relief Act of 2010	(See Instructions	)	
41	If an election	on was made	to use PRA 2010 fundi	ing relie	of for this plan:			
·	<b>a</b> Schedule	e elected					<u></u>	2 plus 7 years 15 years
	<b>b</b> Eligible p	olan year(s) fo	or which the election in	line 41	a was made		20	08 2009 2010 2011
42	Amount of	acceleration a	adjustment				42	
12					· · · · · · · · · · · · · · · · · · ·		42	