## 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. 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 STEVENSON ROOFING 401(K) PLAN plan number 001 (PN) • 1c Effective date of plan 01/01/2016 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) 91-1545013 (EIN) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) Sponsor's telephone number STEVENSON ROOFING, INC. 425-235-7663 2d Business code (see instructions) 451 PARK AVE N. 238100 **RENTON, WA 98057 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. 4c PN a Sponsor's name 5a 5a Total number of participants at the beginning of the plan year ...... 5b 0 **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 0 5c complete this item)..... 5d(1) d(1) Total number of active participants at the beginning of the plan year..... 5d(2) 0 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

<u>belief, it is t</u>	rue, correct, and complete.						
01014	Filed with authorized/valid electronic signature.	12/13/2017	SERENA CHALMERS				
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 individ	ual signing as employer or plan sponsor			
Preparer's i	name (including firm name, if applicable) and address (include i	oom or suite numbe	r )	Preparer's telephone number			

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<ul> <li>Were all of the plan's assets during the plan year invested in elig</li> <li>Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)</li> </ul>	f an indeper y and condit	ndent qualified public a	account	ant (IC	(PA)			X Yes	No No
If you answered "No" to either line 6a or line 6b, the plan car  C If the plan is a defined benefit plan, is it covered under the PBGC						_		☐ Not dete	rmined
Part III   Financial Information	modranice p	Togram (See Errio/1 Se	500011 4	021).	····· L	100	Пио		
7 Plan Assets and Liabilities		(a) Beginning	of Year				(b) End	of Year	
a Total plan assets	7a	(4) = 0 9	26201				(,	0	
<b>b</b> Total plan liabilities								0	
C Net plan assets (subtract line 7b from line 7a)			26201					0	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt				(b) To	otal	
a Contributions received or receivable from:		, ,					` '		
(1) Employers	8a(1)		0700						
(2) Participants	- ` · <i>'</i> ·		6760						
(3) Others (including rollovers)	1 '		3556						
<b>b</b> Other income (loss)			4081	_				4.4007	
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							14397	
Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		39950						
Certain deemed and/or corrective distributions (see instructions).									
f Administrative service providers (salaries, fees, commissions)			648						
Q Other expenses									
h Total expenses (add lines 8d, 8e, 8f, and 8g)								40598	
i Net income (loss) (subtract line 8h from line 8c)					-26201				
i Transfers to (from) the plan (see instructions)									
Part IV Plan Characteristics	oj.								
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	n feature co	des from the List of Pl	an Cha	racteri	stic Co	odes in	the instr	uctions:	
<b>b</b> If the plan provides welfare benefits, enter the applicable welfare	feature cod	es from the List of Pla	n Chara	acteris	tic Cod	des in t	he instru	ctions:	
Part V Compliance Questions									
10 During the plan year:				Yes	No	N/A		Amount	
Was there a failure to transmit to the plan any participant contrib described in 29 CFR 2510.3-102? (See instructions and DOL's Program)	Voluntary F	iduciary Correction	10a		X				
<b>b</b> Were there any nonexempt transactions with any party-in-interereported on line 10a.)	st? (Do not	include transactions	10b		X				
C Was the plan covered by a fidelity bond?			10c	X					10000
d Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?	's fidelity bo	nd, that was caused	10d		X				
Were any fees or commissions paid to any brokers, agents, or carrier, insurance service, or other organization that provides so the plan? (See instructions.)	ther person me or all of	s by an insurance the benefits under	10e		X				
<b>f</b> Has the plan failed to provide any benefit when due under the p	lan?		10f		X				
g Did the plan have any participant loans? (If "Yes," enter amount	as of year-	end.)	10g		Χ				
h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		X				
i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1			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 on 5500) and line 11a below)						Yes X No	
		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.  A?						Yes X No	
	(lf "\	es," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
	grant	raiver of the minimum funding standard for a prior year is being amortized in this plan year, see ins ing the waiver.	/lonth _	s, and	d enter t Day		of the lett Year	er ruling 	
If	you co	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.	1		1			
<u>b</u>	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	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)								
		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?				X Yes	S [] I	No	
	If "Y€	es," enter the amount of any plan assets that reverted to the employer this year			13a			0	
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougol of the PBGC?		er the			X Yes	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.)	ify the p	lan(s)	to				
	13c(1)	Name of plan(s):	1	3c(2)	EIN(s)		13c(	<b>3)</b> PN(s)	
Part	VIII	Trust Information							
14a	Name	of trust			14b <sup>-</sup>	Trust's E	EIN		
14c	Name	of trustee or custodian			<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions		<u> </u>					
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:	- ILI ,		ign-based "Prior year" ADP harbor test				
				"Curre	rrent year" N/A P test				
16a 	16a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: Ratio percetest					entage Average N/A			
	<b>16b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?						No		
	the le								
	letter	plan is an individually-designed plan that received a favorable determination letter from the IRS, e	nter the	date	of the m	nost rece	ent determ	nination	
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?		rom	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

Part I

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 section 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.

Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2016

This Form is Open to Public Inspection

For	calendar plan year 2016 or	fiscal plan year beginning	01/01/2017	and ending	10/23/2017				
Α	This return/report is for:	x a single-employer plan	a multiple-employer	plan (not multiemployer) employer information in	(Filers checking this b	oox must attach			
		a one-participant plan	a foreign plan		The state of the s	om mod dodono.)			
В	This return/report is:	the first return/report	the final return/repor	t					
		an amended return/report	=	urn/report (less than 12 r	months)				
С	Check box if filing under:	Form 5558	automatic extension		DFVC prog	ram			
		special extension (enter desc							
	art II Basic Plan In	formation enter all requested	Information						
Ta	Name of plan				1b Three-digit				
	Stevenson Roofing	401(k) Plan			plan number	001			
					(PN) ▶ 001  1c Effective date of plan				
_					01/01/201				
2a	Mailing Address (include r	ployer, if for a single-employer plan) com, apt., suite no. and street, or P. ince, country, and ZIP or foreign pos	O. Box)	rustions)	2b Employer Iden (EIN) 91-15				
	Stevenson Roofing	. Inc.	tai code (il loreign, see ins	ructions)	2c Sponsor's tele				
					(425) 235-				
	451 Park Ave N.				2d Business code 238100	(see instructions)			
	US Renton WA 98057								
3a	Plan administrator's name	and address X Same as Plan Sp	onsor		3b Administrator's	EIN			
		r			Administrator s	LIIV			
	3c Administrator's telephone number								
4	If the name and/or EIN of t	the plan sponsor has changed since	the last return/report filed f	or this plan, antor the	4b EIN				
	name, EIN, and the plan no	umber from the last return/report.	and reaction in open mout	or this plan, enter the	TO CIN				
a	Sponsor's name				4c PN				
5a	Total number of participant	ts at the beginning of the plan year	***************************************	•••••	5a	4			
b	Total number of participant	ts at the end of the plan year	***************************************	200000000000000000000000000000000000000	5b	0			
С	Number of participants with	n account balances as of the end of t	the plan year (only defined	contribution plans					
d(1	<ol> <li>Total number of active page</li> </ol>	articipants at the beginning of the pla	n year	***************************************	5d(1)	4			
		articipants at the end of the plan year				*			
				······································	5d(2)	0			
	less than 100% vested .	t terminated employment during the p	***************************************	***************************************	5e	0			
Cau	ition: A penalty for the late	e or incomplete filing of this return	n/report will be assessed	unless reasonable cau	ıse is established.				
OD.	der penalties of perjury and or or Schedule MB completed ef, it is true, correct, and cor	other penalties set forth in the instruc and signed by an enrolled actuary, a mplete.	ctions, I declare that I have as well as the electronic ve	examined this return/report	oort, including, if applic , and to the best of my	cable, a Schedule knowledge and			
SIC	SN BOLON	Seminos	12/3/17	SERENA	CHALMER	25			
HE	RE Signature of plan add	ministrator	Date	Enter name of individua					
016	Dorcood	C-0-1		nistrator					
SIC			191311	STRENA (	CHALME				
	orginatare or employe		Date	Enter name of individua					
Ski	eparer's name (including firm name, if applicable) and address (include room or suite number)  Rip this question  Preparer's telephone number  Skip this question								

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (	See instructions.)	•••••		•••••	•••••	•••••	X Yes	□No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd condition	ons.)	•••••		••••••		•••••	<u>x</u> Yes	 □No
_	If you answered "No" to either line 6a or line 6b, the plan canno									
C	If the plan is a defined benefit plan, is it covered under the PBGC ins	surance pr	ogram (see ERISA section	n 402	1)?	••••••	Yes	∐ No	Not de	etermined
Pá	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	f Yea	r			(b) End	of Year	
а	Total plan assets	7a	]	26,2	01					0
b	Total plan liabilities	7b								0
С	Net plan assets (subtract line 7b from line 7a)	7c	2	26,2	01					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) <sup>-</sup>	Total	
а	Contributions received or receivable from:									
	(1) Employers	8a(1)								
	(2) Participants	8a(2)		6,7						
_	(3) Others (including rollovers)	8a(3)		3,5						
b	Other income (loss)	8b		4,0	81					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_			14,	397
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3	39,9	50					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		6	48					
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							40,	598
÷	Net income (loss) (subtract line 8h from line 8c)	8i							(26,2	
÷	Transfers to (from) the plan (see instructions)	8j							(=0,7=	,
۰۵	rrt IV Plan Characteristics	, o,								
$\overline{}$		atura aad	on from the List of Dian Ch	acrost	oriotic	Code	o in the	inatruot	iono:	
<i>-</i>	If the plan provides pension benefits, enter the applicable pension fe 2E 2F 2G 2J 2K 2T 3D	ature cou	es nom the List of Flam Cr	iaraci	ensuc	Code	:5 111 1111	e instruct	.10115.	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Cha	aracte	ristic	Codes	in the	instructio	ons:	
Pá	rrt V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
а		ions withir	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fid	duciary Correction							
	Program)	•••••		10a		х				
k	Were there any nonexempt transactions with any party-in-interest' reported on line 10a.)			10b		x				
C	Was the plan covered by a fidelity bond?	••••••	••••••	10c	x					10,000
С	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	,	•	10d		х				
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.)	e or all of	the benefits under	10e		х				
f	Has the plan failed to provide any benefit when due under the plan	າ?	•••••••••••	10f		х				
<u> </u>	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g		х				
	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 the exceptions to providing the notice applied under 29 CFR 2520.101			10i						

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Par	t VI	Pension Funding Compliance				_				
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500 and line 11a below)			SB		Yes 2	No		
11a	-	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a						
12		a defined contribution plan subject to the minimum funding requirements of section 412 of the					Yes 2	No		
	(If "Ye	s," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		ver of the minimum funding standard for a prior year is being amortized in this plan year, see	-		er the date Day	of the Ye		ing ——		
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	e 13.		,					
b	Enter t	ne minimum required contribution for this plan year	•••••	12b						
С	Enter t	ne amount contributed by the employer to the plan for the plan year	•••••	12c						
d	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)									
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?									
Par	t VII	Plan Terminations and Transfers of Assets		_						
_13a	Has a	esolution to terminate the plan been adopted in any plan year?	••••••	,	X Yes		No			
	If "Yes	enter the amount of any plan assets that reverted to the employer this year	••••••	. 13a				0		
b		Il the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro	•		x	Yes	☐ No	)		
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ideassets or liabilities were transferred. (See instructions.)	entify the pla	n(s) to						
1	3c(1) Na	me of plan(s):	13c(2)	EIN(s)		13	c(3) PN	(s)		
Dar	t VIII	Trust Information - Skip These Questions								
		-		141	3 T	INI				
140	Name	or trust		141	<b>)</b> Trust's E	IIN				
140	Name	of trustee or custodian		140	Trustee of telephone					
Par	t IX	IRS Compliance Questions - Skip These Questions								
15a	Is the p	lan a 401(k) plan? If "No," skip b		Yes			No			
15k		d the plan satisfy the nondiscrimination requirements for employee deferrals under section  3) for the plan year? Check all that apply:		Design- safe ha	rbor		"Prior y test	ear" ADP		
				"Curren			N/A			
16a		esting method was used to satisfy the coverage requirements under section 410(b) for the plan Check all that apply:		Ratio percent test	age 🔲	Avera	age fit test	□ N/A		
16k		plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(plan year by combining this plan with any other plan under the permissive aggregation rules?	' II I	Yes			No			
17a	If the p	an is a master and prototype plan (M&P) or volume submitter plan that received a favorable lier/	RS opinion I	etter or a	dvisory let	ter, en	ter the d	ate of		
17k		an is an individually-designed plan that received a favorable determination letter from the IRS	, enter the d	ate of th	e most rec	ent de	terminati	on		
18	Define Were a	I Benefit Plan or Money Purchase Pension Plan Only: ny distributions made during the plan year to an employee who attained age 62 and had not s?			☐ Yes		No			
19		y plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			☐ Yes		No			