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

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

Revenue Code (the Code).

2017

OMB Nos. 1210-0110

1210-0089

This Form is Open to **Public Inspection**

Part I			ation Informatio							
For calend	ar plan year 2017 or	fiscal plan ye	ar beginning 01/01	1/2017		and ending 1	2/31/2017			
A This re	turn/report is for:	X a single	e-employer plan			an (not multiemployer) (aployer information in ac				
R This rat	urn/report is	a one-p	participant plan	∐ a f	foreign plan					
2 11113 101		H	t return/report	=	final return/report	- /				
•			ended return/report			n/report (less than 12 m	_			
C Check	box if filing under:	Form 5	558 extension (enter des	ш	tomatic extension		DFVC program	n		
Dort II	Pagis Blan Inf		enter all requested							
Part II 1a Name		ormation-	enter all requested	informatio	on		1b Three-digit	.		
	OI PIAN ON CONSTRUCTION	RETIREMEN	JT PI AN				plan number			
TIMEVOROC	in concincin	TAL TITALINIET	VI I 27 (IV				(PN) •	001		
							1c Effective da	ate of plan 01/01/2015		
Mailin	ponsor's name (emp g address (include ro	om, apt., suite	e no. and street, or P	O. Box)				dentification Number 38-3741411		
-	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ALVORSON CONSTRUCTION GROUP, LLC							telephone number 5-658-1500		
							2d Business code (see instructions)			
12515 WILLOWS RD. N.E., SUITE 220 KIRKLAND, WA 98034							236200			
3a Plan a	dministrator's name	and address	X Same as Plan Sp	onsor.			3b Administrat	tor's EIN		
							3c Administrat	tor's telephone number		
	name and/or EIN of to lan, enter the plan sp						4b EIN			
	or's name	onsor s name	e, Liiv, tile plan name	and the	pian number nom u	ie iast return/report.	4d PN			
C Plan N	lame									
5a Total	number of participant	ts at the begin	nning of the plan yea	r			. 5a	80		
b Total	number of participant	ts at the end	of the plan year				. 5b	71		
	er of participants with lete this item)					contribution plans	. 5c	30		
d(1) Tot	al number of active p	articipants at	the beginning of the	plan year	·		5d(1)	57		
							5d(2)	65		
than	per of participants wha						. 5e	3		
						unless reasonable ca				
SB or Scho		and signed by				examined this return/re sion of this return/repor				
SIGN	Filed with authorize		onic signature.		04/20/2018	KATHLEEN M. MULL	INS			
HERE	Signature of plan	administrato	or		Date	Enter name of individ	lual signing as pla	n administrator		
SIGN										

Date

HERE

Enter name of individual signing as employer or plan sponsor

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 Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 								
C I	If you answered "No" to either line 6a or line 6b, the plan cann f the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	ot use Fo	rm 5500-SF and must	t instea ection 4	od use	Form	5500. Yes No	Not determined . (See instructions.)
Par	t III Financial Information							
7 I	Plan Assets and Liabilities		(a) Beginning o	of Year			(b) End	d of Year
a ·	Total plan assets	7a	50	08218				820799
b_	Total plan liabilities	7b						
C	Net plan assets (subtract line 7b from line 7a)	7с	50	08218				820799
8	ncome, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b)	Total
	Contributions received or receivable from: (1) Employers	8a(1)	Į.	57625				
(2) Participants	8a(2)	21	12964				
(3) Others (including rollovers)	8a(3)		3974				
<u>b</u>	Other income (loss)	8b	10	03315				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						377878
	Benefits paid (including direct rollovers and insurance premiums o provide benefits)	8d	(65297				
е (Certain deemed and/or corrective distributions (see instructions)	8e						
f_/	Administrative service providers (salaries, fees, commissions)	8f			_			
<u>g</u> (Other expenses	8g						
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						65297
	Net income (loss) (subtract line 8h from line 8c)	8i						312581
	Transfers to (from) the plan (see instructions)	8j						
Part								
	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare for .	eature cod	les from the List of Pla	n Chara	cterist	ic Cod	es in the inst	ructions:
Part	V Compliance Questions							
10	During the plan year:				Yes	No		Amount
а	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		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X		
С	Was the plan covered by a fidelity bond?			10c		Χ		
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		
е	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		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	-	•	10g		X		
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 the exceptions to providing the notice applied under 29 CFR 2520.10			10i				

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Part	VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)		В	. Y	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a			
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?	n 302 of			es X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter t		of the letter Year	ruling
lf y	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			
С	Enter the amount contributed by the employer to the plan for this plan year	12c			
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	N/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			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control 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 plan(s) which assets or liabilities were transferred. (See instructions.)) to			
1	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3)	PN(s)

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2017

This Form is Open to Public Inspection

Part I		rt Identification Information					NAME OF THE OWNER OWNER OF THE OWNER OWNE
For calend	ar plan year 2017 or	fiscal plan year beginning	01/01/2		and ending	12/31/20	
A This ret	turn/report is for:	X a single-employer plan			in (not multiemployer) (ployer information in ac		
		a one-participant plan	a foreig	n plan			
B This retu	urn/report is	the first return/report	the final	return/report			
		an amended return/report	a short	olan year returr	/report (less than 12 m	onths)	
C Check	box if filing under:	Form 5558	automa	tic extension		DFVC program	
		special extension (enter de	scription)				
Part II	Basic Plan In	formation—enter all requested	Information				
1a Name		ION RETIREMENT PLAN				1b Three-digit plan number (PN) ▶	001
						1c Effective dat 01/01/20	•
Mailine	a address (include r	ployer, if for a single-employer plan	P.O. Box)				entification Number
City or	r town, state or provi	nce, country, and ZIP or foreign por TION GROUP, LLC	ostal code (if fo	reign, see instr	uctions)	2c Sponsor's te	elephone number
12515 W	WILLOWS RD.	N.E., SUITE 220				2d Business co 236200	de (see instructions)
KIRKLAN	ND	WA 98034	l .				
3a Plan a	idministrator's name	and address X Same as Plan S	Sponsor.			3b Administrate	or's EIN
A If also	name and/or SIN of	the plan sponsor or the plan name	o has changed	eince the last r	eturn/report filed for	4b EIN	
4 If the this p	lan, enter the plan s	ponsor's name, EIN, the plan nam	ne and the plan	number from the	ne last return/report.		
•	sor's name					4d PN	
C Plan I	Name						
5a Total	number of participa	nts at the beginning of the plan ye	ar	ogenskopen skilberhansava		5a	80
		nts at the end of the plan year				5b	7:
C Numb	per of participants wi	th account balances as of the end	d of the plan yea	ar (only defined	contribution plans	5c	3
	, , , , , , , , , , , , , , , , , , , ,	participants at the beginning of the				5d(1)	5
		participants at the end of the plan	-			5d(2)	6
e Num	ber of participants w	rho terminated employment during	g the plan year	with accrued be	enefits that were less	5e	
Caution:	A penalty for the la	te or incomplete filing of this re	turn/report wi	I be assessed	unless reasonable ca	use is established	d.
SB or Sch	nalties of perjury and ledule MB completed true, correct, and co	other penalties set forth in the ins d and signed by an enrolled actuar complete.	structions, I dec ry, as well as th	lare that I have e electronic ve	examined this return/re rsion of this return/repo	port, including, if a rt, and to the best o	pplicable, a Schedule of my knowledge and
SIGN	Karllees	(0 5 1 1 1 2 0)	4	1-20-18	Kathleen	M. Mull	NS
HERE	Signature of pla	AND THE RESERVE TO A STATE OF THE RESERVE TO	Da	te	Enter name of individ	lual signing as plar	administrator
SIGN		t					
HERE	Signature of em	ployer/plan sponsor	Da	te	Enter name of individ	dual signing as emp	oloyer or plan sponsor

			9
ฯล	a	е	4

	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-467 (See instructions on walver eligibility a lift you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan's assets during the plan year invested in eligible and the plan's assets during the plan year invested in eligible and the plan yea	an independent	dent qualified public acons.)	ccount	ant (IQ	PA)			
C	If the plan is a defined benefit plan, is it covered under the PBGC in If "Yes" is checked, enter the My PAA confirmation number from the	surance pr	ogram (see ERISA se	ction 4	021)?		Yes No		ermined uctions.)
Pai	t III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) En	d of Year	
а	Total plan assets	7a		508,	218			8	20,799
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		508,	218			8	20,799
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t	1		(b)	Total	
а	Contributions received or receivable from: (1) Employers	8a(1)		57,	625				
	(2) Participants	8a(2)		212,	964			1	
	(3) Others (including rollovers)	8a(3)		3,	974	13.5			
b	Other income (loss)	8b		103,	315				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						3	377,878
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		65,	297				
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							65,297
i	Net income (loss) (subtract line 8h from line 8c)	8i						3	312,581
j	Transfers to (from) the plan (see instructions)	8j							
Pa	t IV Plan Characteristics	A							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature co	des from the List of Pla	an Cha	racteri	stic Cod	des in the ir	structions:	
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan	n Chara	acteris	tic Code	es in the ins	structions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's \ Program)	√oluntary F	iduciary Correction	10a		х			
b	Were there any nonexempt transactions with any party-in-interes reported on line 10a.)	t? (Do not i	include transactions	10b		×			
- 0	Was the plan covered by a fidelity bond?			10c		Х			
C	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х			
€	Were any fees or commissions paid to any brokers, agents, or of carrier, insurance service, or other organization that provides son the plan? (See instructions.)	her person: ne or all of	s by an insurance the benefits under	10e		х			
f	Has the plan failed to provide any benefit when due under the pla	an?		10f		Х			
	Did the plan have any participant loans? (If "Yes," enter amount a	as of year-e	end.)	10g		Х			
	If this is an individual account plan, was there a blackout period? 2520.101-3.)	(See instru	uctions and 29 CFR	10h		х			
i	2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	the required	d notice or one of the	101					

Form	5500-SF	2017
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Part \	/I Pension Funding Compliance			
11	is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)			Yes No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a		
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectio ERISA?	n 302 o	f	Yes X No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver	d enter Da		the letter ruling Year
lf y	ou 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		
C E	nter the amount contributed by the employer to the plan for this plan year	12c		
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		1004
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part \	/II Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	⊠ No
	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 under the control of the PBGC?			Yes 🛛 No
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to		
1	3c(1) Name of plan(s): 13c(2) EIN(s)		13c(3) PN(s)