| | rm 5500-SF | Short Form Annua | al Return/Report Benefit Plan | of Small Emplo | oyee | OMB Nos. 1210-0110 1210-0089 | | | |
|-----------------------|---|---|--|---------------------------|---|---|--|--|--|
| | ernal Revenue Service | This form is required to be filed | | | | 2017 | | | |
| | Department of Labor Benefits Security Administration | Income Security Act of 1974 (| ERISA), and sections 605 Revenue Code (the Code | | Internal | This Form is Open to | | | |
| Pension E | Benefit Guaranty Corporation | Complete all entries in a | ccordance with the instr | uctions to the Form 55 | 00-SF. | Public Inspection | | | |
| Part I | | dentification Information | | | | | | | |
| For calend | dar plan year 2017 or fiso | | | | 2/31/2017 | the state is a second of the state of | | | |
| A This re | eturn/report is for: | X a single-employer plan | list of participating em | | | king this box must attach a vith the form instructions.) | | | |
| B This ro | turn/report is | a one-participant plan | a foreign plan | | | | | | |
| DINSIE | | the first return/report | the final return/report | | | | | | |
| | | an amended return/report | a short plan year return | n/report (less than 12 mo | onths) | | | | |
| C Check | box if filing under: | Form 5558 | automatic extension | [| DFVC p | rogram | | | |
| | | special extension (enter descri | ption) | | | | | | |
| Part II | Basic Plan Infor | mation—enter all requested info | ormation | | | | | | |
| 1a Name | • | | | | 1b Thre | | | | |
| ALDERGR | OVE CONSTRUCTION I | NC. RETIREMENT SAVINGS PLA | AN . | | pian (PN) | number 011 | | | |
| | | | | - | · · · | tive date of plan | | | |
| 22 Dian | anongor'a nama (amalay | er, if for a single-employer plan) | | | 05/28/1997 | | | | |
| Mailir | ng address (include room | , apt., suite no. and street, or P.O. | | | 2b Employer Identification Number (EIN) 91-1703444 | | | | |
| | or town, state or province | , country, and ZIP or foreign posta NC. | l code (if foreign, see instr | uctions) | 2c Spor | nsor's telephone number 360-457-2067 | | | |
| | | | | - | 2d Busir | ness code (see instructions) | | | |
| 336 BENSC PORT ANG | N ROAD ELES, WA 98363 | | | | | 236200 | | | |
| | , | | | | | | | | |
| 3a Plana | administrator's name and | d address 🗙 Same as Plan Spon | sor. | | 3b Admi | nistrator's EIN | | | |
| | | | | | 3c Admi | nistrator's telephone number | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | plan sponsor or the plan name has sor's name, EIN, the plan name ar | | | 4b EIN | | | | |
| • | sor's name | sor s hame, Env, the plan hame a | | | 4d PN | | | | |
| C Plan | Name | | | | | | | | |
| 5a Total | number of participants a | at the beginning of the plan year | | | 5a | 13 | | | |
| b Total | number of participants a | at the end of the plan year | | | 5b | 14 | | | |
| | | ccount balances as of the end of th | | - | 5c | 10 | | | |
| d(1) ⊺o | tal number of active part | icipants at the beginning of the pla | n year | | 5d(1) | 3 | | | |
| • • | | ticipants at the end of the plan yea | | | 5d(2) | 4 | | | |
| | | erminated employment during the | | | 5e | 0 | | | |
| Caution: | A penalty for the late o | r incomplete filing of this return | /report will be assessed | unless reasonable cau | | | | | |
| SB or Sch | | er penalties set forth in the instruct d signed by an enrolled actuary, as lete | | | | | | | |
| SIGN | | alid electronic signature. | 07/16/2018 | WALT DALRYMPLE | E | | | | |
| HERE | Signature of plan ad | | Date | Enter name of individu | ual signina | as plan administrator | | | |
| SIGN | | | | | | | | | |
| HERE | Signature of employ | ver/plan sponsor | Date | Enter name of individu | ual signing | as employer or plan sponsor | | | |
| F a b b a b a | A REPORT OF A REAL PROPERTY. | and the Instructions for Form FEOD | 05 | | | Corm 5500 CE (2017) | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2017) v.170203 to provide benefits).....

Plan Characteristics

Compliance Questions

2G 2J

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i

9a

b

Part V

а

е

h

i

10

Part IV

2F

2F

During the plan year:

e Certain deemed and/or corrective distributions (see instructions)

f Administrative service providers (salaries, fees, commissions).....

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

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

Transfers to (from) the plan (see instructions)

3D

Was there a failure to transmit to the plan any participant contributions within the time period

b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions

d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

Were any fees or commissions paid to any brokers, agents, or other persons by an insurance

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.)

If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR

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.....

carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).....

by fraud or dishonesty?

C Was the plan covered by a fidelity bond?.....

reported on line 10a.)....

described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction

Program)

g Other expenses.....

2K 2T

| 6a b c | Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann If the plan is a defined benefit plan, is it covered under the PBGC in | an indepe and condit ot use Fo nsurance p | ndent qualified public accountant (tions.) r m 5500-SF and must instead us program (see ERISA section 4021) | IQPA) X Yes No Se Form 5500. ? Yes No Not determined | | | | | | |
|--------------|--|--|--|--|--|--|--|--|--|--|
| | If "Yes" is checked, enter the My PAA confirmation number from th | e PBGC p | premium filing for this plan year | (See instructions.) | | | | | | |
| Pa | Part III Financial Information | | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year | | | | | | |
| а | Total plan assets | 7a | 47464 | 51908 | | | | | | |
| b | | 7b | | | | | | | | |
| С | Net plan assets (subtract line 7b from line 7a) | 7c | 47464 | 51908 | | | | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total | | | | | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | | | | | | | | |
| | (2) Participants | 8a(2) | | | | | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | | | | |
| b | | 8b | 7152 | | | | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 7152 | | | | | | |
| b | Benefits paid (including direct rollovers and insurance premiums | | | | | | | | | |

8d

8e

8f

8g

8h

8i

8j

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

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

2708

Yes

Х

x

10a

10h

10c

10d

10e

10f

10g

10h

10i

No

Х

Х

Х

Х

Х

Х

2708

4444

Amount

50000

8

Page 3- 1

| Part | VIF | ension Funding Compliance | | | | | | |
|------|----------|--|--------|---------------|-----|-----------|------|--------|
| 11 | | a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete \$ 5500) and line 11a below) | Sche | dule S | SB | | Ye | s 🗌 No |
| 11a | Enter | the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | | |
| 12 | ERISA | a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sec ? | tion | 302 o | f | [| Ye | s X No |
| а | lf a wa | iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver. | and | enter _ Da | | of the le | | uling |
| If y | you co | npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | | | | | | |
| b | Enter th | e minimum required contribution for this plan year | | 12b | | | | |
| С | Enter th | e amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| d | | ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount) | | 12d | | | | |
| е | Will th | e minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | | N/A |
| Part | VII F | Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has a | resolution to terminate the plan been adopted in any plan year? | | | Yes | 6 X | No | |
| | lf "Yes | ," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | |
| b | | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC? | | | | Yes | X | No |
| С | | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan assets or liabilities were transferred. (See instructions.) | ו(s) י | to | | | | |
| 1 | 3c(1) ℕ | lame of plan(s): 13c | :(2) | EIN(s) | | 13 | c(3) | PN(s) |
| | | | | | | | | |

| Form 5500- | SF | Short Form Annu | ual Ret | urn/Report one fit Plan | of Small Empl | oyee | 0 | MB Nos. 1210-0110 1210-0089 |
|--|--|---|---|--|--|--|--|---------------------------------------|
| Department of the Treas Internal Revenue Servi | | This form is required to be filed under sections 104 and 4065 of the Employee Re | | | etirement | 2017 | | |
| Department of Labor Employee Benefits Security Adr | Income Security Act of 197 | 74 (ERISA), and sections 6057(b) and 6058(a) of the Int Revenue Code (the Code). | | | Internal | This Form is Open t Public Inspection | | |
| Pension Benefit Guaranty Co | | Complete all entries in | | nce with the instru | ctions to the Form 5 | 500-SF. | | |
| Part I Annual F | eport Id | entification Information | n 01/0 | 1/2017 | and ending | 12/ | 31/2017 | 7 |
| For calendar plan year 2 | _ | | | | n (not multiemployer) | | | |
| A This return/report is f | or: □ | a single-employer plan | list | of participating emp reign plan | oloyer information in a | ccordance wi | th the form | instructions.) |
| B This return/report is | | the first return/report | The f | inal return/report | | | | |
| | Ľ | an amended return/report | a sh | ort plan year return | /report (less than 12 m | nonths) | | |
| | L dor: [| _ | | omatic extension | | DFVC pr | ogram | |
| C Check box if filing ur | uer: | ☐ Form 5558 ☐ special extension (enter des | | | | | 0.9.0 | |
| | | | | | | | | |
| | an Inforr | mation—enter all requested | information | 1 | | 1b Three | e-digit | |
| 1a Nameofplan Aldergrove Con | atruct | ion Inc | | | | plan ı | number | |
| | | | | | | (PN) | | 011 |
| Retirement Sav | ings P. | Lall | | | | | tive date of 28/199 | |
| 2a Plan sponsor's nam | e (employe | er, if for a single-employer plan | 1) | | | | | fication Number |
| and the defense of the | lude room | , apt., suite no. and street, or F , country, and ZIP or foreign po | U BOX | (if foreign, see instr | (ctions) | | 91-1703 | |
| City or town, state of Aldergrove Con | r province, | ion Inc. | Ustar Couc | (in foreign, see mean | | | | hone number |
| Aldergrove con | J C I U O C. | 1011 2000 | | | | | 0)457- | see instructions) |
| | | | | | | Zu Busi | less coue (| see manuellons) |
| 336 Benson Roa | d | | | | | | | |
| Port Angeles | | | | WA | 98363 | 236 | 200 | |
| POIL Angeles | | l address 🛛 Same 🛛 as Plan Sp | ponsor. | | | 3b Admi | nistrator's I | EIN |
| 3a Plan administrator's | name and | | | | | | | |
| 3a Plan administrator's | name and | | | | | 3c Admi | inistrator's | telenhone number |
| 3a Plan administrator's | name and | | | | | 3c Admi | inistrator's | telephone number |
| 3a Plan administrator's | name and | | | | | 3c Admi | nistrator's | telephone number |
| 3a Plan administrator's | name and | | | | | 3c Admi | inistrator's | telephone number |
| | | | | ned since the last re | sturn/report filed for | 3c Admi | nistrator's f | telephone number |
| | | alon anoncor or the plan name | has chan | ged since the last re plan number from th | eturn/report filed for ne last return/report. | 4b EIN | inistrator's t | telephone number |
| 4 If the name and/or this plan, enter the | | | has chan | ged since the last re plan number from th | eturn/report filed for ne last return/report. | | inistrator's f | telephone number |
| | | alon anoncor or the plan name | has chan | ged since the last re plan number from th | aturn/report filed for the last return/report. | 4b EIN | inistrator's f | telephone number |
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| 4 If the name and/or this plan, enter the a Sponsor's name c Plan Name 5a Total number of page | EIN of the plan spon | plan sponsor or the plan name sor's name, EIN, the plan nam at the beginning of the plan yea | e has chang e and the p ar | | / | 4b EIN 4d PN | inistrator's t | 1 |
| 4 If the name and/or this plan, enter the a Sponsor's name c Plan Name 5a Total number of particular plan and particular plan and particular plan and particular plan and plan | EIN of the plan spon | plan sponsor or the plan name sor's name, EIN, the plan nam at the beginning of the plan year | e has chang e and the p ar | | / | 4b EIN 4d PN 5a 5b | inistrator's t | 1 |
| 4 If the name and/or this plan, enter the a Sponsor's name c Plan Name 5a Total number of participation of particip | EIN of the plan spon rticipants a rticipants a | plan sponsor or the plan name sor's name, EIN, the plan nam at the beginning of the plan yea at the end of the plan year | e has chang e and the p ar of the plar | n year (only defined | contribution plans | 4b EIN 4d PN | inistrator's f | 1 |
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| 4 If the name and/or this plan, enter the a Sponsor's name c Plan Name 5a Total number of particip complete this item d(1) Total number of particit than 100% vester Caution: A penalty for Under penalties of penalty for Schedule MB content | EIN of the plan spon rticipants a articipants a active part active part active part bants who f the late o by and oth moleted an | plan sponsor or the plan name sor's name, EIN, the plan nam at the beginning of the plan year at the end of the plan year incount balances as of the end ticipants at the beginning of the ticipants at the end of the plan terminated employment during or incomplete filing of this re- ed signer by an enrolled actuar | e has change e and the p ar of the plar e plan year year the plan y turn/repor | ear with accrued be t will be assessed declare that I have as the electronic ve | contribution plans enefits that were less unless reasonable of examined this return/ rsion of this return/rep | 4b EIN 4d PN 5a 5b 5c 5d(1) 5d(2) 5e report, incluc ort, and to the | blished. | 1 1 1 icable_a_Schedule |
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