For	m 5500-SF	Short Form Annu	yee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee R				2017		
	epartment of Labor enefits Security Administration	Income Security Act of 1974		57(b) and 6058(a) of the Ir		This Form is Open to		
Pension Be	enefit Guaranty Corporation	Complete all entries in a	accordance with the inst	ructions to the Form 550	00-SF.	Public Inspection		
Part I		dentification Information						
For calenda	ar plan year 2017 or fiso				31/2017	ing this have several attach a		
A This ret	urn/report is for:	X a single-employer plan		nan (not multiemployer) (Fi		ing this box must attach a ith the form instructions.)		
B This retu	urn/report is							
		the first return/report	the final return/report					
-		an amended return/report	a short plan year retu	rn/report (less than 12 mor	nths)			
C Check I	box if filing under:		DFVC p	rogram				
		special extension (enter descr	iption)					
Part II		mation—enter all requested inf	ormation					
1a Name	of plan CONTRACTORS INC. 4				1b Three plan	e-digit number		
	CONTRACTORS INC. 2				(PN)			
			1c Effec	tive date of plan 01/01/2014				
Mailing	ponsor's name (employ g address (include room		2b Employer Identification Number (EIN) 91-1720797					
	City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) ITCHELL CONTRACTORS, INC.					sor's telephone number 206-463-5838		
					2d Business code (see instructions)			
PO BOX 167 VASHON, W					236110			
3a Plan a	dministrator's name and	d address X Same as Plan Spor	nsor.		3b Administrator's EIN			
					3c Admi	nistrator's telephone number		
		plan sponsor or the plan name ha			4b EIN			
•	or's name	sor's name, EIN, the plan name a	nd the plan number from		4d PN			
C Harry	lame							
5a Total r	number of participants a	at the beginning of the plan year			5a	7		
		at the end of the plan year			5b	6		
		ccount balances as of the end of		·····	5c	5		
d(1) Tota	al number of active part	icipants at the beginning of the pl	an year		5d(1)	7		
• •		ticipants at the end of the plan year			5d(2)	5		
	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					1		
Caution: A Under pena SB or Sche	alties of perjury and othe	r incomplete filing of this return er penalties set forth in the instruct d signed by an enrolled actuary, a	n/report will be assessed ctions, I declare that I have	I unless reasonable cause e examined this return/repo	ort, includi	ng, if applicable, a Schedule		
SIGN		alid electronic signature.	07/17/2018	RON MITCHELL				
HERE	Signature of plan ad	5	Date	Enter name of individua	al signing :	as plan administrator		
SIGN		alid electronic signature.	07/17/2018	RON MITCHELL	- 39			
HERE	Signature of employ	5	Date		al signing :	as employer or plan sponsor		
For Paperw		e, see the Instructions for Form 5500				Form 5500-SF (2017)		

lotice, see Pape

v.170203

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

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

2E 2F 2G 2J 2K 2T 3D

Part IV Plan Characteristics

Transfers to (from) the plan (see instructions)

j

9a

b

2A

75000

-14809

6a									
b	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 cann	se Form 5500.							
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?								
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year								
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year					
а	Total plan assets	7a	228956	214147					
b	Total plan liabilities	7b							
C	Net plan assets (subtract line 7b from line 7a)	7c	228956	214147					
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total					
8 a	Contributions received or receivable from:	8a(1)	(a) Amount	(b) Total					
		8a(1) 8a(2)		(b) Total					
	Contributions received or receivable from: (1) Employers	, í	10677	(b) Total					
a	Contributions received or receivable from: (1) Employers	8a(2)	10677	(b) Total					
a	Contributions received or receivable from: (1) Employers	8a(2) 8a(3)	10677 13536	(b) Total					
a	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b	10677 13536						
a b c	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c	10677 13536 35978						
a b c d	Contributions received or receivable from: (1) Employers	8a(2) 8a(3) 8b 8c 8d	10677 13536 35978						

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:

Par	V Compliance Questions				
10	During the plan year:	Yes	No	Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	. 10a		Х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	. 10b		x	
C	Was the plan covered by a fidelity bond?	10c	Х		10000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	. 10d		x	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).	10e		x	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	. 10h		x	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Page **3-** 1

Part	VI	Pension Funding Compliance					
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch rm 5500) and line 11a below)	nedule	SB		Yes	s 🗙 No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or sectic SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of		Yes	s 🗙 No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an nting the waiver		r the date	e of the le Yea		uling
lf y	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Ente	r the minimum required contribution for this plan year	12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year	12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative 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?		Ye	es X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the trol of the PBGC?	•		Yes	×I	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s ch assets or liabilities were transferred. (See instructions.)) to				
1	3c(1) Name of plan(s): 13c(2) EIN(s	5)	130	: (3) F	'N(s)

Form 5500-SF	Form 5500-SF Short Form Annual Return/Report of Small Employ Benefit Plan				OMB Nos. 1210-0110 1210-0089		
Internal Revenue Service		be filed under sections 104 a			2017		
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation		Internal Revenue Code (the	e Code).	This	This Form is Open to Public Inspection		
	Complete all entries in a Identification Information	the later is a second to be a second	ictions to the Form 5500-	SF.			
For calendar plan year 2017 or fis	the second se	01/01/2017	and ending	12/31/2	017		
 A This return/report is for: B This return/report is: C Check box if filing under: 	 a single-employer plan a one-participant plan the first return/report an amended return/report Form 5558 	a list of participating e a foreign plan the final return/report	olan (not multiemployer) (F employer information in ac um/report (less than 12 mo	cordance with nths)	this box must attach the form instructions.)		
Check box if filling under.	special extension (enter desc				program		
Dant II Deale Dian Infe							
Part II Basic Plan Info 1a Name of plan Mitchell Contractor	rmation enter all requested	Linformation		1b Three-di plan nun (PN) ►	nber 001		
4				1C Effective	e date of plan /2014		
Mailing Address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P. e, country, and ZIP or foreign pos	.O. Box) stal code (if foreign, see inst	tructions)	2b Employe	er Identification Number 91–1720797		
Mitchell Contractor		na coue (n foreign, see inst			's telephone number 463–5838		
PO Box 167				2d Busines: 236110	s code (see instructions) D		
US Vashon WA 98070 3a Plan administrator's name ar	nd address 🔀 Same as Plan Sp	oonsor		3b Administ	trator's EIN		
			-	3c Administ	trator's telephone number		
	e plan sponsor or the plan name h isor's name, EIN, the plan name a			4b EIN			
a Sponsor's namec Plan Name				4d PN			
53 Total number of participants	at the beginning of the star			50			
	at the beginning of the plan year at the end of the plan year			5a 5b	7 6		
c Number of participants with a	account balances as of the end of	the plan year (only defined	contribution plans	50 5c	5		
	icipants at the beginning of the pl			5d(1)	7		
d(2) Total number of active part	icipants at the end of the plan yea	ar		5d(2)	5		
E	erminated employment during the			5e	1		
Caution: A penalty for the late	or incomplete filing of this retu	rn/report will be assessed	d unless reasonable caus	e is establish	ned.		
Under penalties of perjury and ot SB or Schedule MB completed a belief, it is true, correct, and com	ber penalties set forth in the instru- nd signed by an enrolled actuary, plete.	uctions, I declare that I have as well as the electronic ve	e examined this return/report, ersion of this return/report,	ort, including, i and to the bes	f applicable, a Schedule st of my knowledge and		
SIGN	14	01/1/10					
HERE Signature of plan adm	inistrator	Date	Enter name of individual	signing as pla	in administrator		
11/1	1	57/17/18					
SIGN SIGN	Inistrator	57/17/19	Enter name of Individual	signing as pla	n administrator		

HERE Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	XYes No
b	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.)	XYes No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this year	(See instructions.)
P	art III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	228,956	214,147
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	228,956	214,147
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	10,677	
	(2) Participants	8a(2)	13,536	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	35,978	
С		8c		60,191
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	74,850	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	150	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		75,000
i	Net income (loss) (subtract line 8h from line 8c)	8i		(14,809)
j	Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2A 2E 2F 2G 2J 2K 2T 3D

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

Part V Compliance Questions

10	During the plan year:		Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction					
	Program)	10a		х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x		
С	Was the plan covered by a fidelity bond?	10c	x			10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		x		
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.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		x		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		x		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

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Part	: VI	Pension Funding Compliance						
11		a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500 and line 11a below)		nedule S	8B	Tes	s 🗴 No	
11a	Enter t	ne unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	*******	11a				
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?							
а								
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	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 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	Will the	e 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 i	resolution to terminate the plan been adopted in any plan year?			Yes	X N	0	
	If "Yes,	" enter the amount of any plan assets that reverted to the employer this year	••••••	13a				
b		II the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou of the PBGC?	0		י 🗌	res 🗴	No	
С	· · · · · ·							
1:	13c(1) Name of plan(s): 13c(2) E					13c(3)	PN(s)	