Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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

Parti	Annuai Kepoi	t identification information				
For calenda	ar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 12	/31/2017	
A This ret	urn/report is for:	X a single-employer plan		an (not multiemployer) (F	_	
D This make	one los or entire	a one-participant plan	a foreign plan			
B This retu	ırn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 mo	onths)	
C Check	oox if filing under:	X Form 5558	automatic extension		DFVC program	m
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested in	formation			
1a Name EVERGREE	•	DEFINED BENEFIT PENSION PL	AN		1b Three-digit plan numb (PN) ▶	
					1c Effective d	
30 Diam					01	
Mailing	address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.0 nce, country, and ZIP or foreign pos				dentification Number 91-1852844
-	N ERECTORS, INC.	ice, country, and zir or loreign pos	tai code (ii foreign, see inst	ructions)		telephone number 5-697-2189
					2d Business c	ode (see instructions)
P.O. BOX 25 LYNNWOOD						236200
ZIMWOOD	, 1111 30000					
3a Plan a	dministrator's name	and address X Same as Plan Spo	nsor.		3b Administra	tor's EIN
					3c Administra	tor's telephone number
						•
4 If the r	name and/or EIN of t	he plan sponsor or the plan name h	as changed since the last r	eturn/report filed for	4b EIN	
•	an, enter the plan sp or's name	onsor's name, EIN, the plan name	and the plan number from t		4d PN	
C Plan N					TU FN	
5a Total r	number of participant	s at the beginning of the plan year.			5a	3
		s at the end of the plan year			5b	3
		n account balances as of the end of			5c	
d(1) Tota	al number of active p	articipants at the beginning of the p	lan year		5d(1)	3
` '	•	articipants at the end of the plan ye		 -	5d(2)	3
than	100% vested	o terminated employment during th			5e	0
Caution: A	penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cau		
SB or Sche		other penalties set forth in the instru and signed by an enrolled actuary, nplete.				
SIGN	Filed with authorize	d/valid electronic signature.	09/11/2018	LORI SULLIVAN		
HERE	Signature of plan	administrator	Date	Enter name of individu	al signing as pla	n administrator
SIGN						
HERE	Signature of emp	loyer/plan sponsor	Date	Enter name of individu	al signing as em	ployer or plan sponsor

Form 5500-SF 2017 Page **2**

If you answered "No" to either line 6 aor line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a derined benefit plan, is it covered under the PBGC premium filing for this plan year. (See instructions Part III		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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepei and condit	ndent qualified public a	account	ant (IQ	PA)		X Yes No	
Bart III Financial Information (See instructions (See inst	_						_	_		
Part III Financial Information 7 Plan Assets and Liabilities 7a 3749599 4284197 10 Total plan assets 7b 0 0 0 0 0 0 0 0 0	C									
7 Plan Assets and Liabilities		The results checked, enter the My PAA confirmation humber from the	е РБСС р	remium ming for this p	ian yea				. (See instructions.)	,
a Total plan assets	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 assets (subtract line 7b from line 7a)	a	Total plan assets	. 7a	37	49509				4284167	
8 income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. 8a(1) (2) Participants. (3) Others (including rollovers). 8a(3) 0 b Other income (loss). 8b 556046 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Expensive to provide benefits). 8d 0 C C Expensive to provide distributions (see instructions) 8d 0 C C Expensive to provide distributions (see instructions) 8d 0 C Expensive to provide distributions (see instructions) 8d 0 C Expensive to provide distributions (see instructions) 8d 0 C Expensive to provide distributions (see instructions) 8d 0 C Expensive to provide distributions (see instructions) 8d 0 C Expensive to provide distributions (see instructions) 8d 0 C Expensive to the expenses (add lines 8d, 8e, 8f, and 8g) 8d 0 C Expensive to (from) the plan (see instructions) 8g 0 C Expensive to (from) the plan (see instructions) 8g 0 C Expensive to (from) the plan (see instructions) 8g 0 C Expensive to (from) the plan (see instructions) 8g 0 C Expensive to (from) the plan (see instructions) 8g 0 C Expensive to the expenses of the control of	b	Total plan liabilities	. 7b		0				0	
a Contributions received or receivable from: (1) Employers (2) Participants. (3) Others (including rollovers). (3) Others (including rollovers). (4) Employers (5) Other income (loss). (6) Other income (loss). (7) Other income (loss). (8) Others (including rollovers). (8) Other income (loss). (8) Other loss (loss). (8) Other expenses. (9) Other expenses. (9) Other expenses. (10) Other expens	С	Net plan assets (subtract line 7b from line 7a)	. 7c	37	49509		4284167			
(1) Employers	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	nt			(b) 1	Total .	
(3) Others (including rollovers)	а		. 8a(1)							
b Other income (loss)		(2) Participants	8a(2)		0					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	3) Others (including rollovers)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	. 8b	5	56046					
e Certain deemed and/or corrective distributions (see instructions) 8e 0 f Administrative service providers (salaries, fees, commissions) 8f 21388 g Other expenses 8g 0 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 21388 i Net income (loss) (subtract line 8h from line 8c) 8i 534658 j Transfers to (from) the plan (see instructions) 8j 0 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 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: 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) 10a X 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 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? 10c 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? 10c 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 i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)						556046		
f Administrative service providers (salaries, fees, commissions)	d									
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	2	21388						
i Net income (loss) (subtract line 8h from line 8c)	g	g Other expenses								
Transfers to (from) the plan (see instructions)	<u>h</u>	h Total expenses (add lines 8d, 8e, 8f, and 8g)							21388	
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 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: 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)	i_	Net income (loss) (subtract line 8h from line 8c)								
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 3D 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	j	Transfers to (from) the plan (see instructions)	8j		0					
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)	Par	t IV Plan Characteristics								
Part V Compliance Questions 10 During the plan year: Yes No Amount 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) 10a X 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 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? 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? 10g 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	9a		feature co	des from the List of Pl	an Cha	racteris	stic Co	des in the inst	tructions:	
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?	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 the instr	uctions:	
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?	Par	t V Compliance Questions								
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)						Yes	No		Amount	_
Program)	а	Was there a failure to transmit to the plan any participant contribu								
reported on line 10a.)		Program)			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? • 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.) • Has the plan failed to provide any benefit when due under the plan? • 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 2520.101-3.) • If 10h was answered "Yes," check the box if you either provided the required notice or one of the	b				10b		X			
by fraud or dishonesty?	С	Was the plan covered by a fidelity bond?			10c		X			
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d			10d		X				
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 other persons by an insurance carrier, insurance service, or other organization that provides some or all of the 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			-				X			
	h 				10h		X			
	i				10i					

Form 5500-SF 2017 Page 3	-	1	1		
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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	X	es No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	. 11a			0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?			Y	es X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)				
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an granting the waiver	d enter t Day		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	s 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)

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

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

2017

This Form is Open to Public Inspection

For	calendar p	lan year 201	7 or fiscal plan	ear beginning	01/01/2017	7		and endin	g 12/3	31/201	7	
▶ F	Round off	amounts to	nearest dollar.									
) (Caution: A	penalty of \$	1,000 will be as	sessed for late filing	g of this repo	ort unless reasor	nable caus	se is establishe	d.			
	ame of pla							B Three-di	git			
E	VERGREE	EN ERECTOR	RS, INC. DEFIN	IED BENEFIT PEN	SION PLAN			plan num	nber (PN)	•	001
C P	lan sponso	or's name as	shown on line 2	a of Form 5500 or	5500-SF			D Employer	Identific	ation N	lumber (E	EIN)
	•	EN ERECTOR						, ,	91-18		`	,
						Ī						
E Ty	pe of plan	: X Single	Multiple-A	Multiple-B		F Prior year pla	an size: X	100 or fewer	101-	500	More th	an 500
Pa	art I I	Basic Info	rmation		•		<u> </u>	<u>'</u>) <u></u>	=	
1		valuation dat		Month 01	Day01_	Year 20)17					
2	Assets:											
	a Market	value							. 2a			3746370
	b Actuarial value								. 2b			3746370
3			ant count break				` '	lumber of	` '		unding	(3) Total Funding
	partic							ticipants		Target		Target
	A For retired participants and beneficiaries receiving payment							0			0	0
	b For terminated vested participants							0			0	0
								3	2948437		2948437	2964937
								3		2	2948437	2964937
4	If the plar	n is in at-risk	status, check th	e box and complete	e lines (a) ar	nd (b)						
	a Fundin	g target disre	garding prescri	bed at-risk assumpt	tions				4a			
				umptions, but disre					4b			
5				secutive years and		<u> </u>			5			5.85 %
6									6			19711
		Enrolled Act							0			19711
T	o the best of r	my knowledge, the	e information supplie									assumption was applied in
				y opinion, each other assi perience under the plan.	umption is reasc	onable (taking into acc	ount the exp	erience of the plan a	ind reasona	able expe	ectations) and	d such other assumptions, in
S	IGN											
	ERE									C	08/20/201	8
			Sign	ature of actuary							Date	
ST	EVEN CA	UDLE, MSPA	A, EA								17-07219)
			Type or p	orint name of actuar	у				Most	recent	enrollmer	nt number
ST	EVEN CA	UDLE & ASS	OCIATES, LLC	;						42	25-557-36	63
22	EDE OF 64	TUDIACE	CLUTE 204	Firm name				Te	elephone	numb	er (includ	ing area code)
		TH PLACE, S WA 98027	JUITE 294									
			Ad	dress of the firm				=				
If the	actuarv ha	s not fully ref	lected any requ	lation or ruling pron	nulgated un	der the statute in	completi	na this schedul	e. check	the bo	x and see	 e П
instru		- · · · · · · · · · · · · · · · · · · ·	,		3			5	,			Ц

Р	art II	Begir	nning of Year	Carryov	er and Prefunding E	Balances								
							(8	a) Ca	rryover balance	е	(b) I	Prefundi	ng bala	nce
7		•	0 , ,		able adjustments (line 13 fr	•			923	38			386	009
8	Portion e	lected fo	r use to offset pric	r year's fu	nding requirement (line 35	from prior								
	, ,									0				0
9		`	,						923	38			386	009
10	Interest of	on line 9	using prior year's	actual retu	rn of <u>6.52</u> %				60	02			25	168
11	•				to prefunding balance:									
				•	38a from prior year)								67	647
	Sch	nedule SI	B, using prior year	's effective	a over line 38b from prior you interest rate of 6.23	<u>3</u> %							4	214
				-	edule SB, using prior year's									0
					ar to add to prefunding balan								71	861
	d Portion	n of (c) to	be added to prefe	unding bala	ance									0
12	Other red	ductions i	in balances due to	elections	or deemed elections					0				0
13	Balance	at beginn	ning of current yea	r (line 9 +	line 10 + line 11d – line 12)				984	40			411	177
F	Part III	Fun	ding Percenta	ages										
14	Funding	target att	ainment percenta	ge								14	11	12.15%
	15 Adjusted funding target attainment percentage							15	11	12.15%				
16	16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement							24.57%						
17	17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage													
Р	art IV	Con	tributions an	d Liquid	ity Shortfalls								•	
18	Contribut	tions mad	de to the plan for t	he plan ye	ar by employer(s) and emp	loyees:								
1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		Date D-YYYY)		(b) Amount employe		(4	(c) Amount paid by employees		
			-											
40				_		Totals ▶	18(I				0 18(c)			0
19		•	•		uctions for small plan with				Т					
	a Contributions allocated toward unpaid minimum required contributions from prior years													
	b Contributions made to avoid restrictions adjusted to valuation date													
20	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date													
_0	,				e prior year?							П	Yes	X No
			_		installments for the current							□ · ∏	Yes	No
	C If line	20a is "Y	es," see instruction	ns and con	nplete the following table a	s applicable:	·			ĺ				
					Liquidity shortfall as of e		of this pl	an ye	ear					
		(1) 1s	t		(2) 2nd		(3	3)	rd			(4) 4th	1	

P	art V	Assumpti	ons Used to Determine	Funding Target and Targ	get Normal Cost			
21	Discount	rate:						
	a Segme	ent rates:	1st segment: 4.16%	2nd segment: 5.72 %	3rd segment: 6.48 %		N/A, full yield curve used	
	b Applica	able month (er	iter code)			21b	1	
22	Weighted	average retire	ement age			22	57	
23	Mortality	table(s) (see i	nstructions) X Pres	cribed - combined Pres	cribed - separate	Substitu	ite	
Pa	art VI	Miscellane	ous Items					
24		•	•	arial assumptions for the current p	•		· ·	
25	Has a me	thod change b	peen made for the current plar	n year? If "Yes," see instructions r	egarding required attach	ment	Yes X No	
26	Is the pla	n required to p	provide a Schedule of Active P	articipants? If "Yes," see instructi	ons regarding required a	ttachmen	tYes X No	
27				r applicable code and see instruct		27		
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years			
			•	ears		28	0	
29	Discounte	ed employer co	ontributions allocated toward u	unpaid minimum required contribu	ions from prior years	29	0	
30	, ,			ibutions (line 28 minus line 29)		30	0	
Pa	art VIII	Minimum	Required Contribution	For Current Year				
31			excess assets (see instruction					
	a Target r	normal cost (lii	ne 6)			31a	19711	
	b Excess	assets, if app	licable, but not greater than lir	ne 31a		31b	19711	
32	Amortizat	ion installmen	ts:		Outstanding Bala	nce	Installment	
	a Net sho	ortfall amortiza	tion installment		•	0	0	
	b Waiver	amortization i	nstallment			0	0	
33	If a waive (Month _	r has been ap	proved for this plan year, ente ay Year	r the date of the ruling letter grant) and the waived amount	ing the approval	33		
34	Total fund	ding requireme	ent before reflecting carryover	prefunding balances (lines 31a - 3	31b + 32a + 32b - 33)	34	0	
				Carryover balance	Prefunding balan	ice	Total balance	
35			e to offset funding	0		0	0	
36	-					36	0	
37	Contribut	ions allocated	toward minimum required cor	tribution for current year adjusted	to valuation date (line	37	0	
38			s contributions for current year					
				·		38a	0	
	a Total (excess, if any, of line 37 over line 36)							
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)							
40								
Pai	Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)							
41	41 If an election was made to use PRA 2010 funding relief for this plan:							
	a Schedu	le elected					2 plus 7 years 15 years	
	b Eligible	plan year(s) f	or which the election in line 41	a was made			' 	
42						42		
43	Excess in	stallment acce	eleration amount to be carried	over to future plan years		43		

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				
For calend	lar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/20)17
A This re	turn/report is for:	X a single-employer plan	a multiple-employer pl list of participating en	an (not multiemployer) nployer information in a		
		a one-participant plan	a foreign plan			
B This ret	urn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year retur	n/report (less than 12 n	nonths)	
C Check	box if filing under:	X Form 5558	automatic extension		DFVC program	
		special extension (enter descri				
Part II		ormation—enter all requested info	ormation		45	
1a Name EVERGRE		INC. DEFINED BENEFIT	PENSION PLAN		1b Three-digit plan numbe (PN)	r 001
				۰	1c Effective dat 01/01/19	
Mailing	g address (include ro	loyer, if for a single-employer plan) om, apt., suite no. and street, or P.O.			2b Employer Id (EIN) 91-1	entification Number 852844
	town, state or provi een Erectors	nce, country, and ZIP or foreign posta , Inc.	ructions)	2c Sponsor's te	•	
P.O. Box 2516 2d Business code (see instruction 236200						
Lynnwoo		WA 98036				
3a Plan a	dministrator's name	and address 🛛 Same as Plan Spon	sor.		3b Administrato	r's EIN
						r's telephone number
this pl	an, enter the plan sp	he plan sponsor or the plan name had consor's name, EIN, the plan name ar			4b EIN	<u> </u>
a Spons C Plan N	or's name				4d PN	
• Halli	idilic					
5a Total i	number of participan	s at the beginning of the plan year			5a	3
b Total i	number of participan	s at the end of the plan year			. 5b	3
		n account balances as of the end of the		contribution plans	5c	
d(1) Tota	al number of active p	articipants at the beginning of the pla	п уеаг		5d(1)	3
			5d(2)	3		
		o terminated employment during the			5e	0
Caution: A	penalty for the late	or incomplete filing of this return	report will be assessed	unless reasonable ca		
SB or Sche		other penalties set forth in the instruct and signed by an enrolled actuary, as nolete.				
SIGN	den	sullivan		Lori Sullivan		
HERE	Signature of plan	administrator	Date 9/11/18	Enter name of individ	lual signing as plan	administrator
SIGN HERE	0: 4			E	1.1.2.00	32. 32.
	Signature of emp	loyer/plan sponsor	Date	Enter name of individ	uai signing as empl	oyer or plan sponsor

Form 5500-SF 2017 Page **2**

	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 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	an indepe and condi	ndent qualified public a	accoun	tant (I	QPA)				
С	If the plan is a defined benefit plan, is it covered under the PBGC ir					_		Not determined		
_	If "Yes" is checked, enter the My PAA confirmation number from the					_] []	. (See instructions.)		
	·			,						
Pa	rt III Financial Information									
7_	Plan Assets and Liabilities		(a) Beginning	of Yea	r		(b) En	d of Year		
a	Total plan assets	7a	3,	749,	509			4,284,16		
b	Total plan liabilities	7b			0					
C	Net plan assets (subtract line 7b from line 7a)	7c	3,	749,	509			4,284,16		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b)	Total		
а —	Contributions received or receivable from: (1) Employers	8a(1)								
	(2) Participants	8a(2)			0					
	(3) Others (including rollovers)	8a(3)			0					
b	Other income (loss)	8b		556,	046					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					556,04			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d 0								
e	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f 21,388								
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						21,38		
ī	Net income (loss) (subtract line 8h from line 8c)	8i						534,65		
j	Transfers to (from) the plan (see instructions)	8i			0					
Par	t IV Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension 1A 3D	feature co	odes from the List of Pl	an Cha	racter	istic Co	des in the in	structions:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature coo	les from the List of Pla	n Char	acteris	tic Cod	les in the inst	tructions:		
Par	t V Compliance Questions									
10	During the plan year:				Yes	No		Amount		
a	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		х				
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х				
С	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				
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.)	e or all of	the benefits under	10e		х				
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	s of year-e	end.)	10g		х				
h	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 2520.10			10i						

Form	5500-SF	2017

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	s 🛮 No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a			0					
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?		section 302 of				Yes				
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)										
a	A If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year										
lf	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 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 negative amount)		12d								
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Y	'es	No		N/A			
Part '	Part VII Plan Terminations and Transfers of Assets										
13a	Has a resolution to terminate the plan been adopted in any plan year?			\Box	Yes	X	No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	L							
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or bro control of the PBGC?	•	ne Yes				X	X No			
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	ntify the plan(s)	to								
1	3c(1) Name of plan(s):	13c(2) EIN(s)			13c(3) PN(s)						
-					=						

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

This Form is Open to Public

Inspection

OMB No. 1210-0110

2017

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017		and ending	<u>g</u>	12/31/20	017		
Round off amounts to nearest dollar.							
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless	reasonable cau	ise is established	l.				
A Name of plan EVERGREEN ERECTORS, INC. DEFINED BENEFIT PENSIO	N PLAN	B Three-dig	-digit number (PN) ▶ 001				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identific	ation Number (E	EIN)		
Evergreen Erectors, Inc.		91-185284	4				
E Type of plan: X Single Multiple-A Multiple-B F Prior y	/ear plan size:	100 or fewer	101-	500 More th	an 500		
Part I Basic Information							
1 Enter the valuation date: Month 01 Day 01 Y	ear 2017	8					
2 Assets:							
a Market value			2a		3,746,370		
b Actuarial value			2b		3,746,370		
3 Funding target/participant count breakdown	, ,	Number of rticipants		sted Funding Target	(3) Total Funding Target		
a For retired participants and beneficiaries receiving payment		0		0	0		
b For terminated vested participants		0		0	0		
C For active participants		3		2,948,437	2,964,937		
d Total		3		2,948,437	2,964,937		
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	[
a Funding target disregarding prescribed at-risk assumptions			4a				
b Funding target reflecting at-risk assumptions, but disregarding transition rule status for fewer than five consecutive years and disregarding loading factor							
5 Effective interest rate			5		5.85%		
6 Target normal cost			6		19,711		
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, stater accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking combination, offer my best estimate of anticipated experience under the plan.	ments and attachmer into account the exp	nts, if any, is complete perience of the plan ar	and accur d reasona	ate. Each prescribed ble expectations) and	assumption was applied in function assumptions, in		
SIGN Teen Cared &				08/20/20	18		
Signature of actuary Steven Caudle, MSPA, EA				Date 1707219	1		
Type or print name of actuary Steven Caudle & Associates, LLC				ecent enrollmer			
Firm name				number (includi			

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see

22525 SE 64th Place, Suite 294

Issaquah

Р	art II	Begii	nning of Year	Carryo	ver and Prefunding E	Balances										
7 Delenes et besievins		ning of pring your	ar after applicable adjustments (line 13 from prior			-	(a) ((b) Prefunding balance							
year)										38 38				86,009		
8 Portion elected for use to offset pri year)				-	•							0				
9 Amount remaining (line 7 minus lin											8			3	86,009	
10	Interest	on line 9	using prior year's	actual retu	ım of <u>6 . 52</u> %					2				25,168		
11																
	a Present value of excess contributions (line 38a from prior year)											67,647				
					a over line 38b from prior ye e interest rate of6.23										4,214	
	• •		•	-	edule SB, using prior year's											
					ar to add to prefunding balan						-				0	
			•				-				+				71,861	
	a Portio	n ot (c) to	be added to pref	unding ba	ance		1								0	
					or deemed elections		1				0				0	
13	Balance	at beginn	ning of current year	ar (line 9 +	line 10 + line 11d line 12)					9,84	0	_		4:	11,177	
F	Part III	Fun	ding Percent	ages												
14	Funding	target at	ainment percenta	ge									14	112	2.15%	
15				<u>. </u>	e							\rightarrow	15	112	2.15%	
16	year's fu	nding red	uirement		of determining whether carr						16	124	1.57%			
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the	funding ta	rget,	enter su	ch percentage.				17		<u>%</u>	
_	art IV				lity Shortfalls											
18	18 Contributions made to the plan for the plan year by employer(s) and employees:															
(a) Date (b) Amount p (MM-DD-YYYY) employer			(b) Amount p employer		(c) Amount paid by employees	(a (MM-I) Da		(b) Amount employ		'	(C		ınt paid loyees	by	
											\perp					
						-										
ú						-					_					
-											+					
_					/	Totals		18(b)			0 18	R(c)			0	
								1			<u> </u>	-(0)				
19		•	-		ructions for small plan with a											
a Contributions allocated toward un							1.00									
				trictions adjusted to valuation date												
C Contributions allocated toward minimum required contribution for current year adjusted to valuation date									0							
20 Quarterly contributions and liquidity shortfalls: a Did the plan have a "funding shortfall" for the prior year?										V No						
			-		-								_		X No	
					installments for the current			timely m	anner?					Yes	∐ No	
	C If line	20a is "Y	es," see instruction	ns and cor	nplete the following table as Liquidity shortfall as of er			this nlan	vear .							
		(1) 1st			(2) 2nd	io oi quarte	a UI		year 3rd			((4) 4t	h		
		. , ,						.,								

F	Part V Assumptions Used to Determine Funding Target and Target Normal Cost													
21	21 Discount rate:													
	a Segment rates: 1st segment: 2nd segment: 3rd segme 4.16 % 5.72 % 6.48							N/A, full yield curve used						
	b Applica	able month (er	nter code)				21b					1		
22	22 Weighted average retirement age											57		
23	Mortality 1	table(s) (see	instructions) X Pres	scribed - combined	Presc	ribed - separate	Substit	tute						
Pa	art VI	Miscellane	ous Items											
24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment													
25	25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment											No		
26	Is the plan	n required to p	provide a Schedule of Active F	articipants? If "Yes," see	instructio	ns regarding required a	attachmer	nt		. 📗 Y	es X	No		
27			alternative funding rules, ente				27							
P	art VII	Reconcilia	ation of Unpaid Minim	um Required Contri	butions	s For Prior Years								
28	Unpaid m	inimum requir	red contributions for all prior ye	ears			28					0		
29			ontributions allocated toward u				29					0		
30	Remainin	g amount of u	npaid minimum required contr	ibutions (line 28 minus lin	e 29)		30					0		
Pa	art VIII	Minimum	Required Contribution	For Current Year										
31	Target no	ormal cost and	l excess assets (see instruction	ns):				50						
	a Target r	normal cost (lir	ne 6)				31a	19,71						
	b Excess assets, if applicable, but not greater than line 31a								19,71					
32	2 Amortization installments: Outstanding Bala								Inst	allmen	t			
	a Net sho	rtfall amortiza	tion installment				0					0		
	b Waiver	amortization i	nstallment				0					0		
33			proved for this plan year, ente ay Year				33							
34	Total fund	ling requireme	ent before reflecting carryover/	prefunding balances (lines	31a - 3°	lb + 32a + 32b - 33)	34					0		
				Carryover balance	:	Prefunding balar	ice	Total balance						
35			e to offset funding		0		0					0		
36	Additional	cash requirer	ment (line 34 minus line 35)				36					0		
37	Contributi	ons allocated	toward minimum required con	tribution for current year a	djusted t	o valuation date (line	37					0		
38			s contributions for current year											
							38a					0		
	a Total (excess, if any, of line 37 over line 36) b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances											0		
39	39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)											0		
40	 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)											0		
	tIX		Funding Relief Under F)							
41 If an election was made to use PRA 2010 funding relief for this plan:														
	a Schedu	le elected					[] 2 p	lus 7 years	1	5 yea	rs		
	b Eligible	plan year(s) fo	or which the election in line 41	a was made			20	800	2009	2010	201	11		
42	Amount of	acceleration	adjustment		42									
			eleration amount to be carried				43							