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	Annual Repor	t Identification Information	l				
For calend	dar plan year 2017 or	fiscal plan year beginning 01/01/2	2017	and ending 1	2/31/2017		
A This re	eturn/report is for:	X a single-employer plan					
		a one-participant plan	a foreign plan				
B This ret	turn/report is	the first return/report	the final return/repor	t			
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)		
C Check	box if filing under:	X Form 5558	automatic extension	า	DFVC progra	m	
		special extension (enter desc	ription)				
Part II	Basic Plan Inf	ormation—enter all requested in	formation				
1a Name ERIKSEN D	•	INED BENEFIT PENSION PLAN					
					1c Effective of		
					2b Employer		
	`	· • ·	,	structions)	(EIN)	91-1637745	
•	IESEL REPAIR	,,,	(
					2d Business	code (see instructions)	
7724 222ND STREET SW 811310							
,							
3a Plan a	administrator's name	and address X Same as Plan Spo	nsor.		3b Administra	itor's EIN	
					3c Administra	itor's telephone number	
					30 Administra	itor s telephone number	
					4b EIN		
	sor's name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			4d PN		
C Plan N	Name						
5a Total	number of participan	ts at the beginning of the plan year.			5a	5	
					5b	4	
C Numb	per of participants with	h account balances as of the end of	the plan year (only define	ed contribution plans	5c		
	•				5d(1)	5	
d(2) To	tal number of active p	nyear 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017 a a single-employer plan a multiple-employer plan list of participating employer information in accordance with the form instructions.) a one-participant plan a foreign plan the first return/report the first return/report a short plan year return/report (less than 12 months) filling under: Form 5558 a series for participants extension (enter description) sic Plan Information—enter all requested information in L REPAIR DEFINED BENEFIT PENSION PLAN in L REPAIR DEFINED BENEFIT PENSION PLAN in C Effective date of plan of 10/10/2015 or's name (employer, if for a single-employer plan) reses (include room, apt., suite no. and street, or P.O. Box), state or province, country, and 2IP or foreign postal code (if foreign, see instructions) REPAIR EET SW 8026-7967 strator's name and address Same as Plan Sponsor. 3b Administrator's telephone number 425-778-8237 2d Business code (see instructions) and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for the riter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report and 2IP PN 4d PN er of participants at the beginning of the plan year					
					5e	1	
Caution:	A penalty for the late	e or incomplete filing of this retur	n/report will be assesse	ed unless reasonable ca	use is establish	ed.	
SB or Sch	edule MB completed	and signed by an enrolled actuary,					
SIGN	Filed with authorize	ed/valid electronic signature.	09/10/2018	MARGARET ERIKSE	N		
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator	
SIGN							
HERE	Signature of emp	lover/plan sponsor	Date	Enter name of individ	lual signing as en	nplover 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						X Yes No
~	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)				
	If you answered "No" to either line 6a or line 6b, the plan cann						
С	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	ie PBGC p	remium filing for this pla	an yea	r		(See instructions.)
Pai	rt III Financial Information						
7	Plan Assets and Liabilities		(a) Beginning o	f Year			(b) End of Year
а	Total plan assets	. 7a	47	1975			781442
b	Total plan liabilities	. 7b		0			0
С	Net plan assets (subtract line 7b from line 7a)	. 7c	47	1975			781442
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	t			(b) Total
а	Contributions received or receivable from: (1) Employers	. 8a(1)	25	0000			
	(2) Participants	8a(2)		0	_		
	(3) Others (including rollovers)	8a(3)		0	_		
b	Other income (loss)	. 8b	5	9467			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					309467
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0			
	Certain deemed and/or corrective distributions (see instructions)	8e		0			
	Administrative service providers (salaries, fees, commissions)	8f		0			
	Other expenses	. 8g		0			
	Total expenses (add lines 8d, 8e, 8f, and 8g)						0
	Net income (loss) (subtract line 8h from line 8c)	8i					309467
	Transfers to (from) the plan (see instructions)	- 8j		0			
Par	rt IV Plan Characteristics	9,					
9a	If the plan provides pension benefits, enter the applicable pension 1A 3B 3D	feature co	des from the List of Pla	an Cha	racteri	stic Cod	des in the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan	Chara	acterist	ic Code	es in the instructions:
Par	t V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а		itions withi	n the time period				
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-		100		X	
b	Program) Were there any nonexempt transactions with any party-in-interest			10a		^	
	reported on line 10a.)			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?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	the benefits under	40-		X		
f	the plan? (See instructions.) Has the plan failed to provide any benefit when due under the pla			10e 10f		X	
g				10g		X	
h	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 2520.10	he require	d notice or one of the	10ii			
	The state of the s						

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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.

2017

OMB No. 1210-0110

This Form is Open to Public Inspection

Fo	r calenda	r plan y	ear 2017	or fiscal plan y	/ear	r beginning 01	/01/201	7		and endin	ig 12/	31/20	17	
•	Round o	off amo	unts to i	nearest dollar.										
<u> </u>	Caution	: A pen	alty of \$1	,000 will be as	ses	sed for late filing of	this repo	ort unless reasonable	cause	is establishe	d.			
	Name of								E	3 Three-di	git			
	ERIKSEN	I DIESE	EL REPA	IR DEFINED B	EN	EFIT PENSION PLA	AN			plan nun	nber (PN	1)	•	001
С	Plan snor	nsor's n	ame as s	shown on line 2	a of	f Form 5500 or 5500)-SF) Employer	Identific	ration	Number (E	INI)
	ERIKSEN				.u 0	11 01111 0000 01 0000	, O.			Lilipioyei		37745		-1111)
											31-10	31140	,	
E	Type of pl	an: X	Single	Multiple-A	П	Multiple-B		F Prior year plan siz	ze: X	100 or fewer	☐ 101	-500	More th	an 500
					Ш				-0.			-		
	Part I			mation			04	V 2047						
1			ation date	e:	IOM	nth <u>01</u> Da	ay <u>01</u>	Year <u>2017</u>						
2	Assets										2-			400054
											. 2a			469851
								······			2b		- 1: 1	469851
3	Fundin	g targe	t/participa	ant count break	(dov	wn			` '	mber of cipants	(2) Ve	ested i Targe	Funding et	(3) Total Funding Target
	a For r	etired p	articipan	ts and benefici	arie	s receiving paymen	t			0		. 3	0	0
										2			1669	8970
										3			472286	472286
	_		•							5			473955	481256
4								nd (b)	П	3			47 3933	401230
_									ш		40			
											4a			
								sition rule for plans the			4b			
5						•					5			6.01%
6	Target	normal	cost								6			65301
Sta	tement b													
								edules, statements and attacenable (taking into account the						
				ate of anticipated ex			0111316830	Shable (taking into account in	пе ехреп	crice of the plant	ina reason	abic exp	ectations) and	a such other assumptions, in
	SIGN													
	HERE												08/21/201	8
		•		Sign	atu	re of actuary			,				Date	
S	STEVE CA	AUDLE,	MSPA	-		-							17-07219)
				Type or p	orint	name of actuary					Most	recen	t enrollmei	nt number
5	STEVEN (CAUDL	E & ASS	OCIATES, LLC	;	•						4	25-557-36	63
					Firr	n name				Te	elephone	e num	ber (includ	ing area code)
	2525 SE SSAQUA			SUITE 294							·		`	,
15	JUNGUN	ı, vv 🗥 🤅	JUU21											
				۸۸	dror	ss of the firm								
				Au	uies	55 OF UTE HITT								
	e actuary ructions	has not	fully refl	ected any regu	latio	on or ruling promulg	ated un	der the statute in com	npleting	g this schedul	e, check	the b	ox and see	e []
	~~!!													

P	art II	Begir	ning of Year	Carryov	er and Prefunding Ba	lances							_
	•	_			_		(a) C	arryover balance		(b) P	refundir	ig balance	_
7		Ū			able adjustments (line 13 fro			0				0	_
8			•	•	nding requirement (line 35 fr			0				0	
9	Amount	remaining	g (line 7 minus line	8)				0				0	
10	Interest	on line 9 ı	using prior year's	actual retu	rn of1.61_%			0				0	
11	Prior yea	ır's exces	s contributions to	be added	to prefunding balance:								
				`	38a from prior year)	-				1724			
					a over line 38b from prior yea e interest rate of6.20%							107	
	` ,		•	•	edule SB, using prior year's a							0	_
	C Total a	vailable a	t beginning of curre	ent plan yea	ar to add to prefunding balance	·						1831	_
	d Portion	n of (c) to	be added to pref	unding bala	ance							0	_
12	Other red	ductions i	n balances due to	elections	or deemed elections			0				0	_
13	13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)								0				
Part III Funding Percentages													
14 Funding target attainment percentage										14	97.63%		
					·						15	97.63%	
16					of determining whether carry				educe c	urrent	16	119.32%	
17	If the cur	rent valu	e of the assets of	the plan is	less than 70 percent of the f	unding targe	et, enter suc	ch percentage			17	%	
Р	art IV	Con	tributions an	d Liquid	lity Shortfalls								
18					ar by employer(s) and emplo					ı			
(1)	(a) Date MM-DD-Y		(b) Amount p employer		(c) Amount paid by employees		(a) Date (b) Amount paid by employer(s)			(c) Amount paid by employees			
C	8/17/2018	3		250000	0								
													_
													_
													_
						Totals ▶	18(b)		250000	18(c)			0
19	Discount	ed emplo	yer contributions	– see instr	uctions for small plan with a	valuation da	te after the	beginning of the ye	ar:				_
	a Contri	butions a	llocated toward ur	npaid minir	num required contributions f	rom prior yea	ars	1	9a			0	
	b Contri	butions m	nade to avoid restr	rictions adj	usted to valuation date			19	9b			0	
	C Contril	outions all	ocated toward min	imum requi	ired contribution for current year	ar adjusted to	valuation d	ate1	9с			227387	
20			tions and liquidity										
			-		e prior year?						∐	Yes X No	
	b If line	20a is "Y	es," were required	d quarterly	installments for the current y	ear made in	a timely ma	anner?				Yes No	
	C If line	20a is "Y	es," see instructio	ns and cor	mplete the following table as								
		(1) 1s	<u> </u>		Liquidity shortfall as of end (2) 2nd	d of quarter o	arter of this plan year (3) 3rd				(4) 4th		
		(1) 13	•		(<i>L) L</i> 110		(0)	0.0		(4) 401			
				L					1				_

P	art V	Assumpti	ons Used to Determ	nine Funding Target	and Targ	jet Normal Cost		
21	Discount	rate:						
	a Segmo	ent rates:	1st segment: 4.16%	2nd segmer 5.72		3rd segment: 6.48 %		N/A, full yield curve used
	b Applica	able month (er	nter code)				21b	1
22	Weighted	d average retire	ement age				22	65
23	Mortality	table(s) (see	instructions) X F	Prescribed - combined	Preso	ribed - separate	Substitu	ute
Pa	art VI	Miscellane	ous Items					
24		ŭ	· ·	ectuarial assumptions for th		•		, , , , , , , , , , , , , , , , , , ,
25	Has a me	ethod change l	been made for the current	plan year? If "Yes," see in	structions re	egarding required attach	ment	Yes X No
26	Is the pla	n required to p	provide a Schedule of Activ	ve Participants? If "Yes," s	see instruction	ons regarding required a	ittachmen	tYes X No
27		•		enter applicable code and s		o o	27	
Р	art VII	Reconcilia	ation of Unpaid Min	imum Required Con	tribution	s For Prior Years		
			•	or years			28	0
29				ard unpaid minimum requir			29	0
30	Remainir	ng amount of u	inpaid minimum required o	ontributions (line 28 minus	s line 29)		30	0
Pa	art VIII	Minimum	Required Contribut	ion For Current Yea	ır			
31	Target n	ormal cost and	d excess assets (see instru	ıctions):				
	a Target	normal cost (li	ne 6)				31a	65301
	b Excess	assets, if app	licable, but not greater tha	n line 31a			31b	0
32	Amortiza	tion installmen	nts:			Outstanding Bala	nce	Installment
	a Net sho	ortfall amortiza	ation installment				11405	1928
							0	0
33	If a waive (Month _			enter the date of the ruling) and the waived			33	
34	Total fund	ding requireme	ent before reflecting carryo	ver/prefunding balances (I	ines 31a - 3	1b + 32a + 32b - 33)	34	67229
				Carryover bala	ance	Prefunding balan	ice	Total balance
35			se to offset funding		0		0	0
36	Additiona	al cash require	ment (line 34 minus line 35	 5)			36	67229
37	Contribut	ions allocated	toward minimum required	contribution for current ye	ar adjusted	to valuation date (line	37	227387
38			s contributions for current					
	a Total (e	excess, if any,	of line 37 over line 36)				38a	160158
				of prefunding and funding s			38b	0
39				year (excess, if any, of line			39	0
40	Unpaid m	ninimum requir	red contributions for all yea	ars			40	0
Pa	rt IX	1	•	er Pension Relief Ac			5)	
41	If an elec	tion was made	to use PRA 2010 funding	relief for this plan:				
	a Schedu	ule elected						2 plus 7 years 15 years
	b Eligible	plan year(s) f	for which the election in lin	e 41a was made			20	08 2009 2010 2011
42	Amount o	f acceleration	adjustment				42	
43	Excess in	stallment acce	eleration amount to be carr	ried over to future plan vea	ırs		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

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

OMB Nos. 1210-0110 1210-0089

2017

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Part I	Annual Repor	t Identification Information				1.7
For calenda	r plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/20	
	urn/report is for:	🗓 a single-employer plan	a multiple-employer plane list of participating emp	n (not multiemployer) bloyer information in a	(Filers checking thi ccordance with the	s box must attach a form instructions.)
		a one-participant plan	a foreign plan			
B This retu	rn/report is	the first return/report	the final return/report			
		an amended return/report	a short plan year return	report (less than 12 n	nonths)	
C Check b	oox if filing under:	X Form 5558	automatic extension		DFVC program	1
		special extension (enter des				
Part II	Basic Plan In	formation—enter all requested i	nformation		1b Three-digit	
1a Name		ir Defined Benefit Pe	meion Plan		plan numb	The contraction of the contracti
Eriksen	Diesel Repa	ir Delined Benefic Fe	iision rian		(PN)	ata of plan
					1c Effective d	
2a Plan sp	oonsor's name (em	ployer, if for a single-employer plan	ii.			dentification Number
Mailing	address (include r	oom, apt., suite no. and street, or P ince, country, and ZIP or foreign po	.O. Box) stal code (if foreign, see instr	uctions)		1637745
	town, state of prov n Diesel Rep		star code (il roreign, coo mea		2c Sponsor's 425-778	telephone number
	*					ode (see instructions)
7724 22	2nd Street	SW			811310	oue (oco mon denomo)
Edmonds		WA 98026-79				
3a Plan a	dministrator's name	e and address X Same as Plan Sp	onsor.		3b Administra	tors EIN
4 If the i	name and/or EIN of	the plan sponsor or the plan name sponsor's name, EIN, the plan name	has changed since the last re	eturn/report filed for ne last return/report.	4b EIN	
	or's name	pondo e name, zm, me premi	77		4d PN	
c Plan N						
5a Total	number of particina	nts at the beginning of the plan yea	r		5a	
		ints at the end of the plan year				
c Numb	er of participants w	ith account balances as of the end	of the plan year (only defined	contribution plans	5c	
		participants at the beginning of the			5d(1)	
		e participants at the end of the plan			= 1/A)	
e Num	ber of participants v	who terminated employment during	the plan year with accrued be	enefits that were less	5e	
than	100% vested					ad
Under pen SB or Sch	alties of perjury and edule MB complete	ate or incomplete filing of this ret d other penalties set forth in the insi d and signed by an enrolled actuar	ructions. I declare that I have	examined this return	report, including, if	applicable, a Schedule
sign	true, correct, and c	somplete.) 9-1n-K	Margaret Eri	ksen	
HERE	Signature of pla	an administrator	Date	Enter name of indi		an administrator
OLON	Signature/or pia	an administrator	2010	- Indi		
SIGN	Signature of en	nplover/plan sponsor	Date	Enter name of indi	vidual signing as e	mployer or plan sponsor

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.

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

Fo	calendar plan year 2017 or fiscal plan year beginning 01/01/2017		and ending	3	12	/31/20	17
	Round off amounts to nearest dollar.						
_	Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reason	nable cau	se is established	i			
Αı	Name of plan		B Three-dig	git			
	Eriksen Diesel Repair Defined Benefit Pension Plan		plan num	ber (PN	1)	<u> </u>	001
<u> </u>	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identific	ation N	umber (F	(IN)
C I	Plan sponsor's name as shown on line 2a of Form 5500 of 5500-50		Linployer	identino	ation	GITIDÇI (L	
	Eriksen Diesel Repair		91-163774	5			
E	Type of plan: X Single Multiple-A Multiple-B F Prior year p	an size: [2	100 or fewer	101-	500	More th	an 500
Р	art I Basic Information						
1	Enter the valuation date: Month 01 Day 01 Year	2017					
2	Assets:						
	a Market value			2a			469,851
	b Actuarial value			2b			469,851
3	Funding target/participant count breakdown	, ,	Number of rticipants	(2) Ve	sted Fu Target		(3) Total Funding Target
	a For retired participants and beneficiaries receiving payment		0			0	0
	b For terminated vested participants		2			1,669	8,970
	C For active participants		3		47	2,286	472,286
	d Total		5		47	3,955	481,256
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)		7				
	a Funding target disregarding prescribed at-risk assumptions	-		4a			7
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for pl status for fewer than five consecutive years and disregarding loading factor	ans that h	ave been in at-ri	sl 4h			
5	Effective interest rate						6.01%
6	Target normal cost			_	1		65,301
_	tement by Enrolled Actuary						
	To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements a accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into accombination, offer my best estimate of anticipated experience under the plan.	nd attachmer count the exp	nts, if any, is complete perience of the plan a	e and accu nd reason	rate. Eac able expe	h prescribed ctations) and	assumption was applied in I such other assumptions, in
	7 1						
	SIGN HERE Thue Caudle				08/	21/20	18
	Signature of actuary					Date	
Ste	ve Caudle, MSPA		_		1	707219)
	Type or print name of actuary			Most			nt number
Ste	even Caudle & ASsociates, LLC		-		425-	557-3	663
	Firm name		Te	elephone	numb	er (includ	ing area code)
225	25 SE 64th Place, Suite 294						
Iss	aquah WA 98027						
	Address of the firm						
If the	actuary has not fully reflected any regulation or ruling promulgated under the statute	n complet	ing this schedul	e, check	the bo	x and se	

Part II		orm 5500) 2017		Page :	21		_			
raitii	Begin	ning of Year Carryo	ver and Prefunding Ba	alances						
7 Delem	t bosins	ing of prioryoor ofter appli	cable adjustments (line 13 fro	om prior	(a) Ca	rryover balance		(b) P	refundir	ng balance
			cable adjustments (line 15 no				0			
			unding requirement (line 35 fo							
							0			
			urn of1.61%				0			
		s contributions to be added								
,			: 38a from prior year)							1,72
			8a over line 38b from prior yea							
			ve interest rate of6.20							10
			nedule SB, using prior year's a							
			ear to add to prefunding balanc							1,83
d Port	tion of (c) to	be added to prefunding ba	alance							
2 Other	reductions i	n balances due to election	s or deemed elections				0			
			line 10 + line 11d – line 12).				0			
Part III		ding Percentages	,							
									14	97.63%
			je						15	97.63%
6 Prior y	ear's fundin	g percentage for purposes	of determining whether carry	over/prefunding	balance	s may be used to	reduce	current	16	119.32%
			s less than 70 percent of the						17	119.327
				randing target, t	oritor duoi	, poroontago:				
Part IV		tributions and Liqui		ovoce;						
(a) D		(b) Amount paid by	ear by employer(s) and employer(s) Amount paid by	(a) Date		(b) Amount p	aid by	(c)	Amou	nt paid by
(MM-DD-	·YYYY)	employer(s)	employees	(MM-DD-Y)	YY)	employer	(s)	1	emplo	oyees
08/17/	2018	250,00	0 0		-					
								_		
					40(h)		F.O. 000	0.40(2)		
				Totals ▶	18(b)	2	50,00	0 18(c)		
9 Discou	unted emplo	yer contributions – see ins	tructions for small plan with a			peginning of the	year:	0 18(c)		
a Con	tributions al	located toward unpaid mir	imum required contributions t	valuation date	after the I	peginning of the	year: 19a	0 18(c)		
a Con b Con	tributions al tributions m	located toward unpaid mir ade to avoid restrictions a	imum required contributions fi	valuation date from prior years	after the I	peginning of the	year: 19a 19b	O 18(c)		
a Con b Con c Con	tributions al tributions m tributions all	located toward unpaid mir ade to avoid restrictions a ocated toward minimum req	imum required contributions for distance of the contribution dateuired contribution for current ye	valuation date from prior years	after the I	peginning of the	year: 19a	0 18(c)		227,38
a Con b Con c Con Quarte	tributions al tributions m tributions allo erly contribu	located toward unpaid mir ade to avoid restrictions a ocated toward minimum req tions and liquidity shortfalls	nimum required contributions of djusted to valuation date uired contribution for current ye s:	valuation date a from prior years	after the l	peginning of the	year: 19a 19b 19c			
a Con b Con c Con Quarte a Did	tributions all tributions m tributions all erly contribu the plan ha	located toward unpaid mir ade to avoid restrictions a ocated toward minimum req tions and liquidity shortfalls we a "funding shortfall" for	imum required contributions for dijusted to valuation dateuired contribution for current yes: the prior year?	valuation date from prior years ear adjusted to va	after the I	peginning of the	year: 19a 19b 19c		_	Yes X No
a Con b Con c Con Quarte a Did b If lin	tributions all tributions mutributions all tributions all tributions all tributions all tributions all tributions all tributions are all tribution	located toward unpaid mir ade to avoid restrictions a ocated toward minimum req tions and liquidity shortfall we a "funding shortfall" for es," were required quarterl	nimum required contributions of dijusted to valuation dateuired contribution for current yes: the prior year?	valuation date a from prior years ear adjusted to va	after the I	peginning of the	year: 19a 19b 19c		_	227,38 Yes X No Yes No
a Con b Con c Con Quarte a Did b If lin	tributions all tributions mutributions all tributions all tributions all tributions all tributions all tributions all tributions are all tribution	located toward unpaid mir ade to avoid restrictions a ocated toward minimum req tions and liquidity shortfall we a "funding shortfall" for es," were required quarterl	imum required contributions for dijusted to valuation dateuired contribution for current yes: the prior year?	year made in a fapplicable:	after the land	nner?	year: 19a 19b 19c		_	227,38 Yes 🛛 No

P	art V	Assumpti	ons Used to Determine	e Funding Target and Targ	et Normal Cost						
21	Discount	rate:									
	a Segm	ent rates:	1st segment: 4 . 16 %	2nd segment: 5.72 %	3rd segment: 6.48%		[N/A, ful	yield o	curve	used
	b Applica	able month (er	nter code)			21b					
22	Weighted	d average retir	ement age			22					6.
23	Mortality	table(s) (see	instructions) X Pres	cribed - combined Presc	ribed - separate	Substit	ute				
Pa	ırt VI	Miscellane	ous Items								
				arial assumptions for the current pl	an vear? If "Yes." see ii	nstruction	ns rec	ardina re	guired		
										Yes	X No
				n year? If "Yes," see instructions re						_	_
26				Participants? If "Yes," see instruction		ıttachmer	ıt			Yes	X No
27				r applicable code and see instruction		27					
Pa	art VII	Reconcilia	ation of Unpaid Minim	um Required Contribution	s For Prior Years						
28	Unpaid m	ninimum requir	ed contributions for all prior ye	ears		28					(
29	Discount	ed employer c	ontributions allocated toward t	unpaid minimum required contributi	ons from prior years	29					(
30	Remainir	ng amount of u	npaid minimum required conti	ributions (line 28 minus line 29)		30					(
Pa	rt VIII	Minimum	Required Contribution	For Current Year							
31	Target n	ormal cost and	excess assets (see instruction	ns):							
	a Target	normal cost (li	ne 6)			31a				6	5,301
b Excess assets, if applicable, but not greater than line 31a											(
32	2 Amortization installments: Outstanding Balance								stallme	ent	
	a Net sho	ortfall amortiza	tion installment		1	L1,405	L				1,928
						0	╙				
33		er has been ap	proved for this plan year, ente ay Year	er the date of the ruling letter granti) and the waived amount	ng the approval	33					
34	Total fund	ding requireme	ent before reflecting carryover	/prefunding balances (lines 31a - 3	1b + 32a + 32b - 33)	34				6	57,22
				Carryover balance	Prefunding balar	ıce		Tot	al bala	nce	
35	Ralances	elected for us	e to offset funding								
-				0		0					- 1
36	Additiona	l cash require	ment (line 34 minus line 35)			36				6	57,22
37				tribution for current year adjusted		37				22	27,38
38	Present v	alue of excess	s contributions for current year	r (see instructions)							
	a Total (e	excess, if any,	of line 37 over line 36)			38a				16	50,15
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances 3										
39	Unpaid m	ninimum requir	ed contribution for current yea	ar (excess, if any, of line 36 over lin	ne 37)	39	_				
40	Unpaid m					40					
Pai	t IX	Pension	Funding Relief Under I	Pension Relief Act of 2010	(See Instructions	s)					
41			to use PRA 2010 funding reli								
	a Schedu	ile elected				[2 p	lus 7 yea	s	15 y	ears
	b Eligible	plan year(s) f	or which the election in line 4°	la was made		2	800	2009	2010] :	2011
42	Amount o	f acceleration	adjustment			42					
				over to future plan years		43					

Eriksen Diesel Repair Defined Benefit Pension Plan

Schedule of Amortization Bases As of December 31, 2017

1/1/2017 Shortfall = 11,405.00 \$1,9	928.00
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	Balance	Payment	Interest	Total
1/1/2017:	11,405	(1,928)	571	10,048
1/1/2018:	10,048	(1,928)	488	8,608
1/1/2019:	8,608	(1,928)	401	7,081
1/1/2020:	7,081	(1,928)	310	5,463
1/1/2021:	5,463	(1,928)	212	3,747
1/1/2022:	3,747	(1,928)	109	1,928
1/1/2023:	1,928	(1,928)	_	-