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**

Part I		t Identification Information									
For calend	ar plan year 2017 or	fiscal plan year beginning 01/01/2	017		and ending 12	2/31/2017					
A This re	turn/report is for:	x a single-employer plan			in (not multiemployer) (ployer information in ac	-					
D Th:		a one-participant plan	a forei	gn plan							
D This ret	urn/report is	the first return/report	the first return/report the final return/report								
		an amended return/report	a short	plan year return	/report (less than 12 m	onths)					
C Check	box if filing under:	X Form 5558	ш	atic extension		DFVC program					
		special extension (enter descri	. ,								
Part II	Basic Plan Inf	ormation—enter all requested inf	ormation								
1a Name	•					1b Three-digit					
BELSHIRE (CONCRETE RESTO	RATION, LLC DAVIS-BACON PENS	SION PLAN	& TRUST		plan number	004				
						(PN)	001				
						1c Effective date	e of plan /10/2010				
		loyer, if for a single-employer plan)	. D\			2b Employer Ide					
		om, apt., suite no. and street, or P.O nce, country, and ZIP or foreign posta		oreian, see instru	uctions)	\ /	-1887055				
-	CONCRETE RESTOR			3 ,	,	2c Sponsor's telephone number 360-910-9209					
						2d Business cod	e (see instructions)				
27603 NE 10	OTH AVE D, WA 98642					238100					
KIDGEFIELL	J, WA 90042										
3a Plan a	dministrator's name a	and address X Same as Plan Spon	nsor.			3b Administrator	's EIN				
						2					
						3C Administrator	's telephone number				
		he plan sponsor or the plan name ha onsor's name, EIN, the plan name a				4b EIN					
	sor's name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				4d PN					
C Plan N	Name										
5a Total	number of participant	ts at the beginning of the plan year				5a	11				
		ts at the end of the plan year				5b	13				
C Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)					5c 12						
d(1) Total number of active participants at the beginning of the plan year					5d(1)						
d(2) Total number of active participants at the end of the plan year					5d(2)	9					
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested					5e 0						
Caution: A	A penalty for the late	e or incomplete filing of this return	n/report wil	ll be assessed u	unless reasonable cau						
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a molete.									
SIGN		d/valid electronic signature.	10/0	05/2018	STEVE SHIREY						
HERE	Signature of plan	administrator	Da	ite	Enter name of individ	ual signing as plan a	administrator				
SIGN	Filed with authorize	d/valid electronic signature.	10/0	05/2018	STEVE SHIREY						

Date

Enter name of individual signing as employer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							No No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							M les [] iv	10
С	If the plan is a defined benefit plan, is it covered under the PBGC in					_	_	Not determine	d
	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 Year			(b) End	of Year	_
a	Total plan assets	7a		53640			(3) = 114	65273	_
b	Total plan liabilities	7b							_
С	Net plan assets (subtract line 7b from line 7a)	7c		53640				65273	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) ⁷	Total .	
а	Contributions received or receivable from: (1) Employers	8a(1)		4420					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		7557					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						11977	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d							
e	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions) 8f				344				
g	Other expenses								
h	1 Total expenses (add lines 8d, 8e, 8f, and 8g)							344	
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)							11633	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j							
Pai	Part IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D	feature co	des from the List of Plant	an Cha	racteris	stic Co	des in the ins	tructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Pla	n Chara	acterist	ic Cod	es in the instr	uctions:	
Par	t V Compliance Questions								
10	During the plan year:				Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	include transactions	10b		X			
С	Was the plan covered by a fidelity bond?			10c	Χ			100000	
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?					Χ		100000	
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.)				X			344	
f	Has the plan failed to provide any benefit when due under the plan	n?	·····	10f		Χ			_
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-	end.)	10g		Χ			
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101			10i					

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Part	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche (Form 5500) and line 11a below)	edule S	В		Yes X No	
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			🛚	Yes No	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiver		he date	of the lette Year		
lf :	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			4420	
C Enter the amount contributed by the employer to the plan for this plan year				4420		
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 minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	X 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	1 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	13c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 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 Report	t Identification Information						
For caler	dar plan year 2017 or f	iscal plan year beginning	01/01/2017	and ending	12/31/201	7		
A This	return/report is for:	a single-employer plan		lan (not multiemployer employer information in				
B This	return/report is:	the first return/report	the final return/report					
		an amended return/report		rn/report (less than 12	months)			
C Chec	k box if filing under:	x Form 5558 special extension (enter descrip	automatic extension		DFVC p	rogram		
Part II		ormation enter all requested in	formation		1b Three-digit			
	ne of plan Ishire Concrete	Restoration, Llc Davis-B	acon Pension Plan	a & Trust	plan numb (PN) ▶			
					1C Effective d 08/10/2			
Mai	ling Address (include ro	loyer, if for a single-employer plan) nom, apt., suite no. and street, or P.O nce, country, and ZIP or foreign posta	. Box)	tructions)		dentification Number -1887055		
		Restoration, Llc	a code (ii loreign, oce me	addiono,	2c Sponsor's telephone number (360) 910-9209			
27	503 Ne 10Th Ave				2d Business of 238100	code (see instructions)		
	Ridgefield WA 98642							
3a Pla	n administrator's name	and address X Same as Plan Spor	nsor		3b Administra	tor's EIN		
					3c Administra	tor's telephone number		
4 If th	e name and/or EIN of t	he plan sponsor or the plan name has onsor's name, EIN, the plan name an	s changed since the last d the plan number from	return/report filed for he last return/report.	4b EIN			
	onsor's name n Name				4d PN			
59 Tot	al number of participant	ts at the beginning of the plan year			. 5a	11		
		ts at the end of the plan year			El-	13		
C Nu	mber of participants with	n account balances as of the end of the	ne plan year (only defined	contribution plans	5c	12		
		articipants at the beginning of the plan		***************************************	F-1/4\	5		
		articipants at the end of the plan year			. 5d(2)	9		
les	s than 100% vested	o terminated employment during the p		***************************************		0		
Under p	penalties of periury and	te or incomplete filing of this return other penalties set forth in the instruc- i and signed by an enrolled actuary, a emplete	tions, I declare that I have	e examined this return	/report, including, if	applicable, a Schedule		
SIGN	1/lun	///ww	10/5/19	STEVE SHIREY				
HERE	Signature of plan ad	iministrator	Date	Enter name of individ	lual signing as plan	administrator		
SIGN				STEVE SHIREY				
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	lual signing as emp	loyer or plan sponsor		

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POIII	SOUR	-3-	111	1/

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Part III Financial Information Financial Informa	Not det See instruct of Year 65,2	No etermined etions.)
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	Not det See instruct of Year 65,2	etermined etions.)
c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	See instruct of Year 65,2	etions.)
Part III Financial Information Financial Informa	See instruct of Year 65,2	etions.)
Part III Financial Information 7 Plan Assets and Liabilities	of Year 65,2	273
7 Plan Assets and Liabilities 7a 53,640 B Total plan liabilities 7b Total plan plan plan plan plan plan plan pl	65,2 65,2	
7 Plan Assets and Liabilities 7a 53,640 B Total plan liabilities 7b Total plan plan plan plan plan plan plan pl	65,2 65,2	
a Total plan assets	65,2 65,2	
b Total plan liabilities	65,2	
C Net plan assets (subtract line 7b from line 7a)		273
B Income, Expenses, and Transfers for this Plan Year (a) Amount (b) To a Contributions received or receivable from: (1) Employers Sa(1) 4,420		
(1) Employers		
(2) Participants		
(3) Others (including rollovers) Ba(3) Dother income (loss) Corotal income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Between the provide benefits and to provide seems and insurance premiums to provide benefits and including direct rollovers and insurance premiums to provide benefits and including direct rollovers and insurance premiums to provide benefits and including direct rollovers and insurance premiums and to provide benefits and including direct rollovers and insurance premiums and to provide seems and insurance premiums and provide seems and insurance provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction and provide seems and insurance provide seems and insurance provide seems and insurance provides welfare feature codes from the List of Plan Characteristic Codes in the instruction and provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction and provides welfare feature to provide seems and insurance provides welfare feature to provide seems and insurance provides welfare feature codes from the List of Plan Characteristic Codes in the instruction and provides welfare feature codes from the List of Plan Characteristic Codes in the instruction and provides welfare feature codes from the List of Plan Characteristic Codes in the instruction and provides w		
b Other income (loss)		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	11.0	077
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f 344 g Other expenses	11,9	911
f Administrative service providers (salaries, fees, commissions)		
Section Sect		
h Total expenses (add lines 8d, 8e, 8f, and 8g)		
I Net income (loss) (subtract line 8h from line 8c)		
Transfers to (from) the plan (see instructions) 8j		344
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 instruction 2C 2F 2G 2T 3D b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction will be codes in the instruction provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction will be codes in the instruction provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instruction of Plan Characteristic Codes in t	11,6	533
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instruction 2C 2F 2G 2T 3D		
During the plan year: 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) Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused		
Part V Compliance Questions	ions:	
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) 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? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused		
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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? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused		
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		
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	Amount	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		
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?		
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused		
	100	00,000
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.)		344
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.)		
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		
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		

	Form 5500-SF 2017 Page 3 -					
Par	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sc (Form 5500 and line 11a below)	chedule	SB	☐ Yes	x	No
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	on 302	of	X Yes		No
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver			of the lette	er rulin	g
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year	12b			4	1,420
С	Enter the amount contributed by the employer to the plan for the plan year	12c			4	1,420
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 X	N/A	
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	X No		
	If "Yes " enter the amount of any plan assets that reverted to the employer this year	120				

Yes X No

13c(3) PN(s)

13c(2) EIN(s)

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?

13c(1) Name of plan(s):

c If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)