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. 1210-0089

2017

OMB Nos. 1210-0110

This Form is Open to **Public Inspection**

Part I	Annual Report	ldentification Information										
For calenda	ar plan year 2017 or f	iscal plan year beginning 01/01/2017	,	and ending	2/31/2017							
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box is list of participating employer information in accordance with the form is												
D =0:	and the ment to	a one-participant plan	a foreign plan									
B This retu	ırn/report is		the final return/report									
C 01 11				n/report (less than 12 n	s than 12 months)							
C Check	oox if filing under:	X Form 5558 Special extension (enter description	automatic extension		DFVC progra	am						
Part II	Basic Blan Infe	ormation—enter all requested inform	<u> </u>									
1a Name	of plan	ON COMPANY 401(K) PLAN & TRUST			1b Three-dig	ber						
					(PN) ▶ 1c Effective							
0	. , ,				01 -	01/01/2003						
Mailing	address (include roo	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O. Bo		ruotiona)	2b Employer Identification Number (EIN) 20-3934272							
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) BERING PACIFIC CONSTRUCTION COMPANY						2c Sponsor's telephone number 206-910-5702						
						2d Business code (see instructions)						
8315 216 ST WOODINVIL	REET LE, WA 98072					236200						
3a Plan a	dministrator's name a	and address X Same as Plan Sponsor			3b Administr	rator's EIN						
					3c Administr	ator's telephone number						
		ne plan sponsor or the plan name has chonsor's name, EIN, the plan name and t			4b EIN							
•	or's name	moor o name, Env, the plan hame and t	ne plan number nom u	ne last return/report.	4d PN							
C Plan N	lame											
5a Total r	number of participants	s at the beginning of the plan year			. 5a	6						
b Total r	number of participants	s at the end of the plan year			. 5b	5						
		account balances as of the end of the			5c	3						
d(1) Tota	al number of active pa	articipants at the beginning of the plan y	ear		5d(1)	5						
d(2) Tota	al number of active pa	articipants at the end of the plan year			. 5d(2)	3						
than	100% vested	o terminated employment during the pla			5e	0						
		or incomplete filing of this return/rep										
SB or Sche		ther penalties set forth in the instruction and signed by an enrolled actuary, as was left.										
SIGN		d/valid electronic signature.	10/08/2018	DAN YOUNG								
HERE					dual signing as plan administrator							

10/08/2018

Date

DAN YOUNG

Filed with authorized/valid electronic signature.

Signature of employer/plan sponsor

SIGN

HERE

Enter name of individual signing as employer or plan sponsor

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6a b	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							X Yes No		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No									
	If "Yes" is checked, enter the My PAA confirmation number from the		- ·					Not determined . (See instructions.)		
Do	rt III Financial Information							- ' '		
			(a) D a min min m	- ()/			(I.) F	L - (V ::		
7	Plan Assets and Liabilities Total plan assets	70	(a) Beginning o	or Year 74376			(b) End	l of Year 1459853		
<u>а</u> b	Total plan assets Total plan liabilities	7a 7b	211	14370				1439033		
	Net plan assets (subtract line 7b from line 7a)	7c	27	74376				1459853		
8	Income, Expenses, and Transfers for this Plan Year	70	(a) Amoun				(b)	Total		
	Contributions received or receivable from:		(a) Amoun				(8)	lotai		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)	2	27692						
	(3) Others (including rollovers)	8a(3)		0						
<u>b</u>	Other income (loss)	8b	4′	16461						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						444153		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	175	58676						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	` '								
g	Other expenses	8g								
	otal expenses (add lines 8d, 8e, 8f, and 8g)							1758676		
	Net income (loss) (subtract line 8h from line 8c)							-1314523		
j	Transfers to (from) the plan (see instructions)									
Pa	rt IV Plan Characteristics	٠,								
9a	If the plan provides pension benefits, enter the applicable pension to 2E 2F 2J 2K 3D	feature co	des from the List of Pla	an Cha	racteris	stic Co	des in the ins	tructions:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan	n Chara	acterist	ic Cod	les in the inst	ructions:		
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 Vingram)	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	X			250000		
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?	fidelity bo	nd, that was caused	10d		X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)					X				
f	Has the plan failed to provide any benefit when due under the plan	า?		10f		Χ				
9	Did the plan have any participant loans? (If "Yes," enter amount as	s of year-e	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	11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)								
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 302 of ERISA? (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			of the lette Year _	r 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?		Ye	s X N	0				
	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	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

	rt Identification Information								
For calendar plan year 2017 or	fiscal plan year beginning	01/01/2017	and ending	12/31/20	17				
A This return/report is for:	The state of the s								
P. This return/report is:	a one-participant plan	a foreign plan							
B This return/report is:	the first return/report	the final return/report							
	an amended return/report	a short plan year retu	ırn/report (less than 12	months)					
C Check box if filing under:	x Form 5558 special extension (enter descrip	automatic extension		DFVC	program				
Dest III Designation									
Part II Basic Plan Inf 1a Name of plan	ormation enter all requested in	formation		1b Three-digi					
Bering Pacific Cor		plan numb (PN) ▶	001						
	e November 1980 and			1c Effective date of plan 01/01/2003					
Mailing Address (include ro	loyer, if for a single-employer plan) oom, apt., suite no. and street, or P.O. nce, country, and ZIP or foreign postal	Box) code (if foreign, see ins	ructions)	And the second s	Identification Number 0-3934272				
Bering Pacific Con		, , , , , , , , , , , , , , , , , , , ,	,		telephone number 910-5702				
8315 216 Street				2d Business code (see instructions) 236200					
US Woodinville WA 98072	2								
3a Plan administrator's name a	and address X Same as Plan Spon	sor		3b Administra	ator's EIN				
				3c Administra	ator's telephone number				
4 If the name and/or EIN of the this plan, enter the plan spo	ne plan sponsor or the plan name has onsor's name, EIN, the plan name and	changed since the last r	eturn/report filed for ne last return/report.	4b EIN					
a Sponsor's name			euro geocolocii ineeleurosso vaaring sieseleo ciina Si	4d PN					
C Plan Name									
5a Total number of participants	s at the beginning of the plan year		-	5a	6				
	s at the end of the plan year				5				
c Number of participants with	account balances as of the end of the	e plan year (only defined	contribution plans	50	3				
d(1) Total number of active pa	rticipants at the beginning of the plan	yeary	************************************	5d(1)	5				
d(2) Total number of active pa	rticipants at the end of the plan year	***************************************	***************************************	5d(2)	3				
e Number of participants who less than 100% vested	terminated employment during the pla			5e	0				
Caution: A negalty for the late	or incomplete filing of this return/r	report will be assessed	unless reasonable ca	use is established	d.				
oudion. A policity for the fate	NAME OF THE PARTY	ons, I declare that I have	examined this return/re	eport, including, if a	applicable, a Schedule				
Under penalties of perjury and o	and signed by an enrolled actuary, as	well as the electronic ve	rsion of this return/repo	rt, and to the best of	of my knowledge and				
Under penalties of perjury and of SB or Schedule MB completed abelief, it is true, correct, and complete the second secon	and signed by an enrolled actuary, as	well as the electronic ve	DAN YOUNG	rt, and to the best o	of my knowledge and				
Under penalties of perjury and o	and signed by an enrolled actuary, as nplete.	well as the electronic ve	DAN YOUNG						
Under penalties of perjury and of SB or Schedyle MB completed a belief, it is true, correct, and com	and signed by an enrolled actuary, as nplete.	Date 16 - 8-14	rsion of this return/repo	ual signing as plan a					

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6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions.)	••••••	•••••		•••••	•••••	XYes	□No	
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)							•••••	XYes	□No	
	If you answered "No" to either line 6a or line 6b, the plan canno							_	_		
С	If the plan is a defined benefit plan, is it covered under the PBGC ins		-			_			o Not d	etermined	
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pre	emium filing for this year						(See instru	ctions.)	
Pá	art III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	l of Year		
а	Total plan assets	7a	2,7'	74,3	76				1,459,	 853	
b	Total plan liabilities	7b									
С	Net plan assets (subtract line 7b from line 7a)	7с	2,7	74,3	76				1,459,	853	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total					
а	Contributions received or receivable from:										
	(1) Employers	8a(1)		27 6	0						
	(2) Participants	8a(2)	•	27,6							
<u>_</u>	(3) Others (including rollovers)	8a(3)	4.	16 1	0						
<u>b</u>	Other income (loss)	8b	4.	16,4	<u></u> 6Τ				444		
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c							444,	153	
	to provide benefits)	8d	1,758,676								
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	oviders (salaries, fees, commissions) 8f									
g	Other expenses	ner expenses									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1,758,676			
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i				(1,314,523)				;23)	
辶	Transfers to (from) the plan (see instructions)	8j									
Pá	art IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension fe	ature cod	es from the List of Plan Cl	haract	eristic	Code	s in the	e instruc	tions:		
	2E 2F 2J 2K 3D										
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture code	s from the List of Plan Cha	aracte	ristic (Codes	in the	instructi	ons:		
Pá	art V Compliance Questions										
10	During the plan year:				Yes	No	N/A		Amount		
а			· ·								
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fig	duciary Correction								
	Program)			10a		х					
t	 Were there any nonexempt transactions with any party-in-interest? reported on line 10a.) 			10b		x					
				10c	x				2	50,000	
	by fraud or dishonesty?	-		10d		х					
e	, ,										
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e		x					
f	,			10f		х					
				10g		x					
<u>s</u>			· · · · · · · · · · · · · · · · · · ·	1.09							
	2520.101-3.)			10h		х					
	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							

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)		nedule S	SB	□ Y	es 🗓	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 302 of ERISA? (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 i	nstructions, an	d enter	the date	of the le	tter rulin	ıg		
	granting the waiver	Month	_ Da	y	Year	·	_		
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						
С	Enter the amount contributed by the employer to the plan for the plan year								
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	e Will the minimum funding amount reported on line 12d be met by the funding deadline?					N/A	A		
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted in any plan year?	****************	Ę	Yes	х	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 2	₹ No			
С	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.)								
13	Sc(1) Name of plan(s):	13c(2) EI	N(s)		13c((3) PN(s	()		
		-							

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