| _ | rm 5500-SF | of Small Emplo | | | | | | |
|--------------------------|---|--|---------------------------------|---------------------------|---|---|--|--|
| | ernal Revenue Service | This form is required to be filed | | | | | | |
| Employee E | Department of Labor Benefits Security Administration | Income Security Act of 1974 (E | 7(b) and 6058(a) of the I). | Internal | This Form is Open to Public Inspection | | | |
| Pension B | Senefit Guaranty Corporation | Complete all entries in act | cordance with the instr | uctions to the Form 55 | 00-SF. | | | |
| Part I | | Identification Information | 47 | | | | | |
| For calence | dar plan year 2017 or fi | scal plan year beginning 01/01/20 | | | /31/2017 | | | |
| A This re | eturn/report is for: | X a single-employer plan | list of participating em | | | king this box must attach a vith the form instructions.) | | |
| B This ret | turn/report is | a one-participant plan | a foreign plan | | | | | |
| | | the first return/report | the final return/report | | | | | |
| _ | | an amended return/report | a short plan year return | n/report (less than 12 mc | onths) | | | |
| C Check | box if filing under: | X Form 5558 | automatic extension | [| DFVC p | rogram | | |
| | | special extension (enter descrip | tion) | | | | | |
| Part II | Basic Plan Info | rmation—enter all requested info | rmation | | | | | |
| 1a Name | • | | | | 1b Thre | 5 | | |
| ENVIRONM | IENTAL WORKS 403(E | B) RETIREMENT PLAN | | | plan (PN) | number 001 | | |
| | | | | - | . , | tive date of plan | | |
| 20.01 | | | | | 0 | 01/01/1997 | | |
| Mailin | g address (include rooi | yer, if for a single-employer plan) m, apt., suite no. and street, or P.O. | | | 2b Employer Identification Number (EIN) 23-7139744 | | | |
| - | r town, state or provinc IENTAL WORKS | e, country, and ZIP or foreign postal | code (if foreign, see instr | uctions) | 2c Sponsor's telephone number | | | |
| | | | | - | 2d Busir | ness code (see instructions) | | |
| 402 15TH A SEATTLE, V | | | | | | 541400 | | |
| SEATTLE, V | WA 30112 | | | | | | | |
| 3a Plan a | administrator's name ar | nd address 🛛 Same as Plan Spons | or. | | 3b Admi | nistrator's EIN | | |
| | | | | Ī | 3c Admi | nistrator's telephone number | | |
| | | | | | | | | |
| 4 If the | name and/or FIN of the | e plan sponsor or the plan name has | changed since the last re | eturn/report filed for | 4b EIN | | | |
| this p | lan, enter the plan spo | nsor's name, EIN, the plan name and | | | | | | |
| a Spons c Plan N | sor's name | | | | 4d PN | | | |
| | Name | | | | | | | |
| 5a Total | number of participants | at the beginning of the plan year | | | 5a | 13 | | |
| | | at the end of the plan year | | | 5b | 17 | | |
| C Numb | per of participants with | account balances as of the end of th | e plan year (only defined | contribution plans | 5c | 6 | | |
| | , | rticipants at the beginning of the plar | | F | 5d(1) | 13 | | |
| d(2) To | tal number of active pa | rticipants at the end of the plan year | | [| 5d(2) | 17 | | |
| | | terminated employment during the p | | | 5e | 0 | | |
| Caution: | A penalty for the late | or incomplete filing of this return/ | report will be assessed | unless reasonable cau | se is estal | blished. | | |
| SB or Sch | | her penalties set forth in the instructi nd signed by an enrolled actuary, as | | | | | | |
| SIGN | | /valid electronic signature. | 10/12/2018 | ROGER TUCKER | | | | |
| HERE | Signature of plan a | | Date | Enter name of individu | al signing | as plan administrator | | |
| SIGN | | | | | 2 0 | | | |
| HERE | Signature of emplo | yer/plan sponsor | Date | Enter name of individu | al signing | as employer or plan sponsor | | |
| | | a see the Instructions for Form FEOO f | - | | | Готт 5500 SE (2017) | | |

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

Form 5500-SF (2017) v.170203 e Certain deemed and/or corrective distributions (see instructions)

f Administrative service providers (salaries, fees, commissions)

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)

g Other expenses.....

Part IV Plan Characteristics

2M 2F 2G 2K 2J

j

9a

0

72

72

164745

| | b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) inder 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | | | | | | |
|----|--|-------|-----------------------|-----------------|--|--|--|
| Pa | rt III Financial Information | | | 1 | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning of Year | (b) End of Year | | | |
| a | Total plan assets | 7a | 572566 | 737311 | | | |
| b | Total plan liabilities | 7b | | | | | |
| c | Net plan assets (subtract line 7b from line 7a) | 7c | 572566 | 737311 | | | |
| 8 | Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total | | | |
| а | Contributions received or receivable from: (1) Employers | 8a(1) | 13064 | | | | |
| | (2) Participants | 8a(2) | 39378 | | | | |
| | (3) Others (including rollovers) | 8a(3) | | | | | |
| b | Other income (loss) | 8b | 112375 | | | | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 164817 | | | |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 0 | | | | |

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

8e

8f

8g

8h

8i

8j

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

| 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | | Х | |
| b | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | | Х | |
| С | Was the plan covered by a fidelity bond? | 10c | x | | 50000 |
| 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 | | × | |
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | | X | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) | 10g | | X | |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | X | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 10i | | | |

Page 3- 1

| Part | VIP | ension Funding Compliance | | | | | | |
|------|----------|---|-------|---------------|--------|-----------|------|--------|
| 11 | | a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete 5500) and line 11a below) | Sche | edule S | SB | [| Ye | s 🗌 No |
| 11a | Enter | the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | 11a | | | | |
| 12 | ERISA | a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se ? | ctior | n 302 c | of | [| Ye | s X No |
| а | lf a wa | iver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ig the waiver | and | enter _ Da | | of the le | | uling |
| If y | you coi | npleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. | - | | | | | |
| b | Enter th | e minimum required contribution for this plan year | | 12b | | | | |
| С | Enter th | e amount contributed by the employer to the plan for this plan year | | 12c | | | | |
| d | | ct the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ve amount) | | 12d | | | | |
| е | Will th | e minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes | No | | N/A |
| Part | VII F | Plan Terminations and Transfers of Assets | | | | | | |
| 13a | Has a | resolution to terminate the plan been adopted in any plan year? | | | Ye | 6 X | No | |
| | If "Yes | ," enter the amount of any plan assets that reverted to the employer this year | | 13a | | | | |
| b | | all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under I of the PBGC? | | | | Yes | X | No |
| С | | ng this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla assets or liabilities were transferred. (See instructions.) | n(s) | to | | | | |
| 1 | 3c(1) N | lame of plan(s): 13 | c(2) | EIN(s) |) | 13 | c(3) | PN(s) |
| | | | | | | | | |

| | | | | | | 0100 Mar 4040 044 |
|---|---|--|---|--|---|--|
| Form 5 | | Short Form Annu | al Return/Repo Benefit Plan | | oyee | OMB Nos 1210-011 1210-008 |
| Department of t Internal Reven | mal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee F | | | | etirement | 2017 |
| Department Employee Benefits Sec | | Income Security Act of 1974 | 4 (ERISA), and sections 6 Revenue Code (the Co | 057(b) and 6058(a) of the | Internal | This Form is Open to |
| Pension Benefit Gua | | ► Complete all entries in | | | 00 8E | Public Inspection |
| Part Ann | ual Report I | dentification Information | | STREEDING TO THE FOILT DO | 00-3r. j | |
| | | cal plan year beginning | 01/01/2017 | and ending | 1273 | 1/2017 |
| A This return/rep | ort is for: | X a single-employer plan | | plan (not multiemployer) (f employer information in ac | | |
| | | a one-participant plan | 🔲 a foreign plan | | | |
| B This return/repo | ort is | the first return/report | the final return/repor | t | | |
| | | an amended return/report | a short plan year ret | um/report (less than 12 mo | onths) | |
| C Check box if fili | ing under: | X Form 5558 | automatic extension | l í | DFVC pi | manno |
| | | special extension (enter desc | | Ľ | | - <u>-</u> |
| Part II Basi | ic Plan Infor | mation-enter all requested in | • • | | | |
| 1a Name of plan | | | | 1 | 1b Three | -digit |
| • | L WORKS 4 | 03(B) RETIREMENT PL | AN | | plan i | number 001 |
| | | • • • • • • • • • • | | | (PN) | ▶ live date of plan |
| | | | | | | 1/1997 |
| | | er, if for a single-employer plan) | | | | oyer Identification Number |
| | | , apt., suite no. and street, or P.C country, and ZIP or foreign post | | structions) | | 23-7139744 |
| ENVIRONMENT | AL WORKS | | | | | sor's telephone number 329-8300 |
| 402 15TH AV | | | | ŕ | | ess code (see instructions) |
| 402 ISTH AV | C LADI | | | | 54140 | |
| SEATTLE | | WA 98112 | | | | |
| 3a Plan administr | ator's name and | address X Same as Plan Spo | nsor. | | 3b Admir | istrator's EIN |
| | | | | - | | |
| | | | | | oo haan | istrator's telephone numbe |
| | | plan sponsor or the plan name ha | | | 4b EIN | |
| this plan, ente a Sponsor's nam c Plan Name | | or's name, EIN, the plan name a | ind the plan number from | | 4d PN | |
| | | | | | | |
| | | the beginning of the plan year | | | 5a | |
| | ticipants with ac | the end of the plan year count balances as of the end of t | the plan year (only define | d contribution plans | 5b 5c | |
| | | | | | | |
| complete this i | | | | | 54(4) | |
| complete this i d(1) Total numbe | er of active partic | cipants at the beginning of the pla | an year | | 5d(1) | |
| complete this i d(1) Total numbe d(2) Total numbe | er of active partic er of active partic | cipants at the beginning of the pla cipants at the end of the plan yea | an year | | 5d(2) | |
| complete this i d(1) Total numbe d(2) Total numbe e Number of par than 100% ve | er of active partic er of active partic rticipants who te sted | cipants at the beginning of the pla cipants at the end of the plan yea rminated employment during the | an year ar 9 plan year with accrued b | enafits that were less | 5d(2) 5e | |
| complete this i d(1) Total number d(2) Total number of Number of part than 100% ver Caution: A penalty Under penalties of p SB or Schedule MB | er of active partie er of active partie rticipants who te sted for the late or perjury and othe completed and | cipants at the beginning of the pla cipants at the end of the plan year minated employment during the incomplete filing of this return r penalties set forth in the instruc- signed by an enciled actuary, a | an year ar plan year with accrued b Vreport will be assessed tions, I declare that I have | enafils that were less | 5d(2) 5e se is establ | Ished. |
| complete this i d(1) Total number d(2) Total number e Number of part than 100% ver Caution: A penalty Under penalties of p SB or Schedule MB belief, it is true corr | er of active partie er of active partie rticipants who te sted for the late or perjury and othe completed and | cipants at the beginning of the pla cipants at the end of the plan yea minated employment during the <u>Incomplete filing of this return</u> r penalties set forth in the instruc- signed by an enrolled actuary, a | an year ar ar b plan year with accrued b <u>vreport will be assessed</u> tions, I declare that I have is well as the electronic ve | enafits that were less tunless reasonable caus a examined this return/repor- arsion of this return/report, | 5d(2) 5e se is establ | Ished. |
| complete this i d(1) Total number d(2) Total number e Number of part than 100% ver Caution: A penalty Under penalties of p SB or Schedule MB belief, it is true, corr SIGN | er of active partie ar of active partie rticipants who te sted | cipants at the beginning of the pla cipants at the end of the plan year minated employment during the <u>Incomplete filing of this return</u> or penalties set forth in the instruc- signed by an enrolled actuary, a | an year ar plan year with accrued b <u>Vreport will be assessed</u> tions, I declare that I have is well as the electronic ve I Q/12/2018 | enafits that were less i unless reasonable caus a examined this return/report, project Tucker | 5d(2) 5e se is estable ort, includin and to the l | Ished. g. if applicable, a Schedule pest of my knowledge and |
| complete this i d(1) Total number d(2) Total number e Number of part than 100% ver Caution: A penalty Under penalties of p SB or Schedule MB belief, it is true, corr SIGN HERE Signat | er of active partie er of active partie rticipants who te sted for the late or perjury and othe completed and | cipants at the beginning of the pla cipants at the end of the plan year minated employment during the <u>Incomplete filing of this return</u> or penalties set forth in the instruc- signed by an enrolled actuary, a | an year ar ar b plan year with accrued b <u>vreport will be assessed</u> tions, I declare that I have is well as the electronic ve | enafits that were less tunless reasonable caus a examined this return/repor- arsion of this return/report, | 5d(2) 5e se is estable ort, includin and to the l | Ished. g. if applicable, a Schedule pest of my knowledge and |
| complete this i d(1) Total number d(2) Total number e Number of part than 100% ver Caution: A penalty Under penalties of p SB or Schedule MB belief, it is true, corr SIGN HERE SIGN HERE | er of active partie ar of active partie rticipants who te sted | cipants at the beginning of the plan cipants at the end of the plan year iminated employment during the incomplete filling of this return or penalties set forth in the instruc- signed by an enrolled actuary, a te | an year ar plan year with accrued b <u>Vreport will be assessed</u> tions, I declare that I have is well as the electronic ve I Q/12/2018 | enefits that were less turless reasonable caus examined this return/reportsion of this return/report, Roger Tucker Enter name of individue | 5d(2) 5e se is establish ort, includin- and to the is all signing as | g, if applicable, a Schedule sest of my knowledge and |

| . 41 | | ч | ы | • | | J, |
|------|---|---|---|---|---|----|
| ¥ | 1 | 7 | 0 | 2 | 0 | 3 |

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| Ρ | 8 | g | 6 | 2 |
|---|---|---|---|---|
| | | | | |

| | Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of | | | | | | | XY | es 🗌 No |
|------------|--|---------------|----------------------|---------|---------|--------------|-----------------|----------|-------------|
| , D | under 29 CFR 2520,104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan can | and conditio | ns.) | | | | | XY | 'es 🗌 No |
| С | If the plan is a defined benefit plan, is it covered under the PBGC in | nsurance pro | gram (see ERISA s | Section | 4021) | 2 | Yes No | Not d | elemined |
| | If "Yes" is checked, enter the My PAA confirmation number from th | ne PBGC pre | mium filing for this | plan ye | ar | CONTRACTOR | | (See ins | tructions) |
| P/ | rt III Financial Information | | | | | | | | |
| 7 | Plan Assets and Liabilities | | (a) Beginning | | | | (b) End | of Year | |
| <u>-</u> a | | 7a | (a) Definiting | 572, | | | (b) End | | 737,31. |
| b | | 78 7b | | | | | | | 101,01. |
| | Net plan assets (subtract line 7b from line 7a) | 70 7c | | 572 | 566 | | | | 737,31 |
| 8 | Income, Expenses, and Transfers for this Plan Year | 70 | (a) Amain | | | | 11.5.7 | | 101101 |
| | | | (a) Amou | m | | | (b) T | otal | |
| | (1) Employers | 8a(1) | | 13, | 064 | - 24 | | | |
| | (2) Participants | 8a(2) | | 39, | 378 | 1 1 1 | | | |
| _ | (3) Others (including rollovers) | 8a(3) | | | | 1000 | | | |
| b | Other income (loss) | 8b | | 112, | 375 | | | 1.1 | |
| С | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | | | | | | 164,817 |
| d | Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | | | 0 | | | | |
| е | Certain deemed and/or corrective distributions (see instructions) | 8e | | | 0 | | | | |
| f | Administrative service providers (salaries, fees, commissions) | 81 | | | | CB. 60 | | | |
| g | Other expenses | 8g | · | | 72 | 1.1 | | | |
| h | Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | a de la competition | | | | - Ci. | | 72 |
| ī | Net income (loss) (subtract line 8h from line 8c) | 81 | | | | | | | 164,745 |
| J | Transfers to (from) the plan (see instructions) | 8j | | | | | | | |
| Pa | t IV Plan Characteristics | | · · · | | | | <u> </u> | | |
| _ | If the plan provides pension benefits, enter the applicable pension $2M$ $2F$ $2G$ $2K$ $2J$ | feature code | s from the List of P | lan Cha | racteri | stic Code | es in the instr | uctions; | |
| b | If the plan provides welfare benefits, enter the applicable welfare for | ature codes | from the List of Pla | n Char | actens | tic Codes | in the instru | ctions | |
| Par | t V Compliance Questions | | | | | | | | |
| 10 | During the plan year: | | | | Yes | No | Α | mount | |
| a | Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-1027 (See instructions and DOL's V Program) | oluntary Fidu | ciary Correction | 10a | | x | | ų. | |
| b | Were there any nonexempt transactions with any party-in-interest reported on line 10a.) | ? (Do not inc | lude transactions | 10b | | x | | | |
| c | | | , | 10c | X | | | | 50,000 |
| d | | fidelity bond | that was caused | 10d | | x | | | , |
| 8 | Were any fees or commissions paid to any brokers, egents, or oth | er persons b | y an insurance | | | | | | |

| | carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.). | 10e | x | |
|---|--|-----|---|--------------------------------------|
| f | Has the plan failed to provide any benefit when due under the plan? | 10f | X | |
| g | Did the plan have any participant loans? (If "Yes," enter amount as of year-end) | 10g | x | ···· ··· ··· ··· ··· ··· ··· ··· ··· |
| h | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | x | |
| i | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CER 2520 101-3 | 101 | | |

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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 (Form 5500) and line 11a below) | complete Sci | hedule St | 3 | Yes N |
| 11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | | | | |
| 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the C ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) | Code or section | on 302 of | | Yes X N |
| a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see ingranting the waiver. | Month | d enter ti Day | | ə letter ruling Year |
| If 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 | | |
| C 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 | | |
| Will the minimum funding amount reported on line 12d be met by the funding deadline? | | | Yes I | 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? | a da alcana | [| Yes | No |
| If "Yes," enter the amount of any plan assets that reverted to the employer this year | | 138 | | |
| b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug control of the PBGC? | ght under the | aa | [] Y | es 🕅 No |
| C If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident which assets or liabilities were transferred. (See instructions.) | ify the plan(s |) to | | |
| 13c(1) Name of plan(s): | 13c(2) | EIN(s) | | 13c(3) PN(s) |
| | | | | |
| | | | | |
| | | - | | |
| | | | | |
| | | | | |