	rm 5500-SF	Short Form Annual Return/Report of Small Employee OMB N Benefit Plan						
	artment of the Treasury rnal Revenue Service	This form is required to be file	n is required to be filed under sections 104 and 4065 of the Employee Retirement					
	epartment of Labor Benefits Security Administration		Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).					
Pension B	enefit Guaranty Corporation	Complete all entries in	accordance with the ins	structions to the Form 55	500-SF.	Public Inspection		
Part I		Identification Information						
For calend	lar plan year 2018 or fis	scal plan year beginning 01/01/2			2/31/2018			
A This re	turn/report is for:	X a single-employer plan	list of participating e	plan (not multiemployer) (employer information in ac		ing this box must attach a ith the form instructions.)		
R This rot	urn/report is	a one-participant plan	a foreign plan					
		the first return/report	the final return/repor					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension	1	DFVC p	rogram		
		special extension (enter desc						
Part II		rmation—enter all requested in	formation					
1a Name	e of plan B AND TURF LLC DAV		1b Three plan	e-digit number				
			(PN)	• 001				
					1c Effect	tive date of plan 03/01/2002		
Mailin	ponsor's name (emplo g address (include roor		2b Employer Identification Number (EIN) 91-2146981					
•	r town, state or province B & TURF, LLC	structions)	2c Sponsor's telephone number 509-758-1543					
					2d Business code (see instructions)			
PO BOX 417 1280 FAIR S ASOTIN, WA	STREET					238900		
3a Plan a	administrator's name ar	nd address 🛛 Same as Plan Spo	nsor.		3b Admi	nistrator's EIN		
					3c Administrator's telephone number			
4 If the	name and/or EIN of the	e plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN			
•	lan, enter the plan spor	nsor's name, EIN, the plan name a	and the plan number from	the last return/report.	4d PN			
C Plan N								
5a Total	number of participants	at the beginning of the plan year.			5a	32		
		at the end of the plan year			5b	37		
		account balances as of the end of			5c	36		
d(1) Tot	tal number of active par	rticipants at the beginning of the pl	an year		5d(1)	11		
• •	d(2) Total number of active participants at the end of the plan year				5d(2)	9		
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0		
Caution: A Under pen SB or Sche	A penalty for the late on alties of perjury and othe edule MB completed ar	or incomplete filing of this return her penalties set forth in the instru- nd signed by an enrolled actuary, a	n/report will be assesse ctions, I declare that I hav	d unless reasonable cau e examined this return/re	port, includi	ng, if applicable, a Schedule		
	true, correct, and comp	blete. /valid electronic signature.	03/19/2019	MOLLY LARSON				
SIGN HERE	Signature of plan a	Ŭ	Date	Enter name of individu	ual signing	as nlan administrator		
SIGN	· · ·	valid electronic signature.	03/19/2019	MOLLY LARSON	aar signing i	ao pian aominiotrator		
HERE	Signature of emplo	5	Date		ual signina :	as employer or plan sponsor		
For Paperw		e, see the Instructions for Form 5500		-		Form 5500-SF (2018)		

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 6a Were all of the plan's assets during the plan year invested in eligib b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either line 6a or line 6b, the plan cannot under 29 CFR 2520.104-46? 	an independ and conditic	lent qualified public accour	tant (IC	QPA)	X Yes No
 C If the plan is a defined benefit plan, is it covered under the PBGC ir If "Yes" is checked, enter the My PAA confirmation number from the Part III Financial Information 					
7 Plan Assets and Liabilities		(a) Beginning of Yea	r		(b) End of Year
a Total plan assets	7a	189484			186259
b Total plan liabilities	7b				
C Net plan assets (subtract line 7b from line 7a)	7c	189484			186259
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
 a Contributions received or receivable from: (1) Employers 	8a(1)	20564			
(2) Participants	8a(2)	0			
(3) Others (including rollovers)	8a(3)				
b Other income (loss)	8b	-13261			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				7303
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8391			
e Certain deemed and/or corrective distributions (see instructions)	8e				
f Administrative service providers (salaries, fees, commissions)	8f	2137			
g Other expenses	8g	0			
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				10528
Net income (loss) (subtract line 8h from line 8c)	8i				-3225
j Transfers to (from) the plan (see instructions)	8j				
Part IV Plan Characteristics					
9a If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D	feature cod	es from the List of Plan Ch	aracteri	stic Co	odes in the instructions:
b If the plan provides welfare benefits, enter the applicable welfare f	eature code	s from the List of Plan Cha	acteris	tic Cod	les in the instructions:
Part V Compliance Questions					
10 During the plan year:			Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's N Program)	oluntary Fic	luciary Correction		x	

	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	Х		25000
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	
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.).	10e	X		2137
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
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			

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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 \$ (Form 5500) and line 11a below)					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 sec ERISA?		302 oʻ	f 	X	Yes	No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver				of the le		ling	
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				20564	
с	Enter the amount contributed by the employer to the plan for this plan year		12c				20564	
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				0	
e	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	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?				Yes	X N	lo	
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See instructions.))					
1	3c(1) Name of plan(s): 13c(2)				EIN(s) 13c(3) PN(s)			

Form 5500-SF	Short Form Annual		OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service	This form is required to be	Benefit Plan e filed under sections 104 a	nd 4065 of the Employee	2	018			
Department of Labor Employee Benefits Security Administration	Retirement Income Security A	Act of 1974 (ERISA), and se Iternal Revenue Code (the o		1	s Open to Public			
Pension Benefit Guaranty Corporation	 Complete all entries in ac 		tions to the Form 5500-SF.					
	Identification Information			0/01/0010				
For calendar plan year 2018 or fise		01/01/2018		2/31/2018				
A This return/report is for:B This return/report is:	x a single-employer plan a one-participant plan the first return/report	a multiple-employer pl a list of participating e a foreign plan the final return/report	an (not multiemployer) (Filers nployer information in accorda	checking this box ance with the forn	must attach n instructions.)			
	an amended return/report		n/report (less than 12 months))				
C Check box if filing under:	Form 5558	automatic extension		DFVC program	n			
	special extension (enter description)							
Part II Basic Plan Info	rmation enter all requested	information						
1a Name of plan			1b	Three-digit				
Apex Curb And Turf	Llc Davis-Bacon Pensio	n Plan And Trust		plan number (PN) ►	001			
			1c	Effective date of 03/01/2002	plan			
2a Plan sponsor's name (employ Mailing Address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C e, country, and ZIP or foreign post	D. Box)		2b Employer Identification Number (EIN) 91-2146981				
Apex Curb & Turf, L	-			2c Sponsor's telephone number (509) 758-1543				
Po Box 417 1280 Fair Street			2d	Business code (238900	see instructions)			
US Asotin WA 99042 3a Plan administrator's name and the second sec	nd address 🔀 Same as Plan Spo	onsor	3b	Administrator's	EIN			
			3c	Administrator's t	elephone number			
	plan sponsor or the plan name ha			EIN				
this plan, enter the plan spon a Sponsor's name c Plan Name	nsor's name, EIN, the plan name a	nd the plan number from th		PN				
5a Total number of participants	at the beginning of the plan year			a	32			
	at the end of the plan year				37			
c Number of participants with a	account balances as of the end of t	the plan year (only defined	contribution plans 5		36			
d(1) Total number of active part	ticipants at the beginning of the pla	an year	5d	(1)	11			
d(2) Total number of active part	ticipants at the end of the plan yea	۰	5d	(2)	9			
	terminated employment during the			ie 🛛	0			
Caution: A penalty for the late	or incomplete filing of this retur	n/report will be assessed	unless reasonable cause is	established.				
	ther penalties set forth in the instru nd signed by an enrolled actuary, a plete.							
SIGN Melly	$\frac{1}{1}$		MOLLY LARSON		· · · · · · · · · · · · · · · · · · ·			
HERE Signature of plan adm	inistrator	Date 3/19/19	Enter name of individual sign	ing as plan admir	nistrator			
DORRALI	WON		MOLLY LARSON					
SIGN - CARA		- 24040			-			

SIGN VILLA I GVV OF		MOLLY LARSON
	Date 3/19/19	Enter name of individual signing as employer or plan sponsor
For Paperwork Reduction Act Notice, see the instructions for Form \$	500-SF.	Form 5500-SF (2

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)

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X Yes No

b	Are you claiming a waiver of the annual examination and report of ar under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar If you answered "No" to either line 6a or line 6b, the plan cannot	nd conditio	ns.)			•••••	500.	•••••	XYes [No
С	If the plan is a defined benefit plan, is it covered under the PBGC ins If "Yes" is checked, enter the My PAA confirmation number from the	surance pro	ogram (see ERISA section	n 402 ⁻	1)?	[Yes		Not de See instruct	
Pa	art III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of	Year	r			(b) End	of Year	
а	Total plan assets	7a	18	9,4	84			,	186,2	259
b	Total plan liabilities	7b								
C	Net plan assets (subtract line 7b from line 7a)	7c	18	9,4	84			186,2	259	
8	Income, Expenses, and Transfers for this Plan Year	1949- A.S.	(a) Amount					(b) T	otal	
а	Contributions received or receivable from:	0-(4)	2	20,5	64					
	(1) Employers	8a(1)		.0,5	0		<u>ana ar a</u> 1957 - Palais			
	(2) Participants	8a(2)				sagas. Ngga		an di secono Angli di secono		
	(3) Others (including rollovers)	8a(3)	(13	3,26	1)		VARC. VENSKI			
<u>b</u>	Other income (loss)	8b	(13	, 20	⊥) 8028160	<u>888</u>		1992 Sectors	<u></u>	<u>Received</u>
C C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				5 1993-0	benevier		/,. Szene (186	303
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		8,3	91					
e	Certain deemed and/or corrective distributions (see instructions)	8e				10000 1000				
f	Administrative service providers (salaries, fees, commissions)	8f		2,1	37					
g	Other expenses	8g			0					
<u>9</u> h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					10,5			
		81	and a second second second	State 2			(3,			25)
	Net income (loss) (subtract line 8h from line 8c)				29.04.200.00					
	Transfers to (from) the plan (see instructions)		<u> </u>			2014.0494	an the state of the	and a first second second second		Protection and a second second
1. · · · · ·	art IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	naract	eristic	: Code	es in th	e instructi	ons:	
	2C 2F 2G 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Cha	aracte	ristic	Codes	s in the	instructio	ns:	
P	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A		Amount	
2		ions withir	the time period							
-	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo									
	Program)			10a		x				
- k	Were there any nonexempt transactions with any party-in-interest?	? (Do not i	nclude transactions							
<u> </u>	reported on line 10a.)			10b		X	- 186623 - 196623			
				10c	x					5,000
(Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?		••••••	10d		x		· · · · · · · · · · · · · · · · · · ·		
	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some the plan? (See instructions.)	e or all of	the benefits under	10e	<u>x</u>					2,137
1	Has the plan failed to provide any benefit when due under the plan	וייייייייייייייייייייייייייייייייייייי	••••••••••••••••	10f		x				
	g Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	nd.)	10g	ļ	x		to an an a statement	an gall an bhailte an ta	
	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 th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	I notice or one of the	10i						

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i.

Part	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)				′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 secti ERISA?	on 302 (of 	X	/es 🗌] 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 Month			of the le		ing	
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	1 —					
b	Enter the minimum required contribution for this plan year.	12b				20,564	
С	Enter the amount contributed by the employer to the plan for the plan year	12c	20,56			20,564	
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	0				
е	e Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes No X N/A			
Par	t 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	13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under th 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(which assets or liabilities were transferred. (See instructions.)	s) to					
1	3c(1) Name of plan(s): 13c(2) E	IN(s)		130	(3) PN	(s)	