Form 5500-SF

Department of the Treasury

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan** Internal Revenue Service

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

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information						
For calend	ar plan year 2018 or f	iscal plan year beginning 01/01/20	018	and ending 12	2/31/2018			
A This ret	turn/report is for:	a single-employer plan	a multiple-employer p	lan (not multiemployer) (mployer information in ac				
D This nat		a one-participant plan	a foreign plan					
D Inis reti	urn/report is	the first return/report	the final return/report					
_		an amended return/report	a short plan year retur	rn/report (less than 12 m	onths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC program			
		special extension (enter descri						
Part II	Basic Plan Info	ormation—enter all requested info	ormation		Γ	T		
1a Name	•				1b Three-digit			
CARMAN'S	CONSTRUCTION, LL	.C DAVIS-BACON PENSION PLAN	AND TRUST		plan number (PN) ▶	001		
					1c Effective date of	<u> </u>		
				13/2015				
2a Plan s	nonsor's name (emplo	oyer, if for a single-employer plan)			2b Employer Ident			
Mailing	g address (include roo	m, apt., suite no. and street, or P.O		er retione)		2675436		
•	CONSTRUCTION LLC	ce, country, and ZIP or foreign posta	arcode (ii foreign, see inst	iuctions)	2c Sponsor's telep			
					2d Business code	(see instructions)		
20 W TROXI	ELL RD				238			
OAK HARBO	OR, WA 98277							
3a Plan a	dministrator's name a	nd address X Same as Plan Spon	cor		3b Administrator's	FIN		
Ja i lali a	diffillistrator s flame a	nd address M Same as Flam Spon	501.		Administrator 3	LIIV		
					3c Administrator's	telephone number		
		e plan sponsor or the plan name ha			4b EIN			
	lan, enter the plan spo or's name	onsor's name, EIN, the plan name a	nd the plan number from t	the last return/report.	4d PN			
C Plan N					144			
_		s at the beginning of the plan year			5a 5b	13		
		at the end of the plan yearaccount balances as of the end of t				21		
comp	lete this item)				5c	21		
d(1) Tot	al number of active pa	articipants at the beginning of the pla	an year		5d(1)	10		
		articipants at the end of the plan yea			5d(2)	5		
		terminated employment during the			5e	0		
Caution: A	A penalty for the late	or incomplete filing of this return	/report will be assessed	l unless reasonable car		2		
SB or Sche		ther penalties set forth in the instruc and signed by an enrolled actuary, a plate						
SIGN		l/valid electronic signature.	04/23/2019	KEVIN CARMAN				
HERE	Signature of plan a	administrator	Date	Enter name of individ	ual signing as plan ad	ministrator		
SIGN	Filed with authorized	I/valid electronic signature.	04/23/2019	KEVIN CARMAN				

Date

Enter name of individual signing as employer or plan sponsor

Form 5500-SF (2018) Page **2**

_	 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) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) 							
	If you answered "No" to either line 6a or line 6b, the plan cann 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	ot use Fo	orm 5500-SF and mus program (see ERISA se	t instea ection 4	ad use 021)?	Form	n 5500.] Yes □ No	_
Pa	rt III Financial Information	ı	T					
_7	Plan Assets and Liabilities		(a) Beginning (_		(b) En	d of Year
	Total plan assets	7a	•	48748				90738
	Total plan liabilities	7b						
	Net plan assets (subtract line 7b from line 7a)	7c		48748				90738
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	it			(b)	Total
а	Contributions received or receivable from: (1) Employers	8a(1)		45646				
	(2) Participants	8a(2)		0				
	(3) Others (including rollovers)	8a(3)		3610				
b	Other income (loss)	8b		-4978				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						44278
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		708				
<u>e</u>	Certain deemed and/or corrective distributions (see instructions) \dots	8e						
f	Administrative service providers (salaries, fees, commissions)	8f		1580				
g	Other expenses	8g		0				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						2288
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						41990
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						
Pai	rt IV Plan Characteristics							
9a 	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No		Amount
a	Was there a failure to transmit to the plan any participant contribu 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	X			10000
d		fidelity bo	nd, that was caused	10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	ne or all of	the benefits under	10e	X			1580
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 a	s of year-	end.)	10g		X		
h	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 2520.10			10i				

Page 3- 1	
	Page 3- 1

Part	VI Pension Funding Compliance							
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								
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, and enter the date of the letter ruling granting the waiver. Month Day Year							
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			45646			
С	Enter the amount contributed by the employer to the plan for this plan year	12c	45646					
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)				(
e 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	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)			

Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Part I

SIGN

Department of Labor

Annual Report Identification Information

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

2018

This Form is Open to Public Inspection

		or fiscal plan year beginning	-	01/01/2018	and ending	12/31/201	8			
-01	valendar plan year 2016	x a single-employer plan	Па		an (not multiemployer)					
Α	This return/report is for:	x a single-employer plan	□a	list of participating e	mployer information in	accordance with th	e form instructions.)			
		a one-participant plan		foreign plan						
В	This return/report is:	the first return/report	- th	e final return/report						
		an amended return/report	а	short plan year retur	n/report (less than 12 i	months)				
•		☐ Form 5558	Па	utomatic extension		☐ DFVC pi	rogram			
C	Check box if filing under:	님	ш	domatic extension			, ogram			
		special extension (enter des					· · · · · · · · · · · · · · · · · · ·			
		Information enter all requeste	d informa	ation		1b Three-digit				
1a	Name of plan			Dian And Mass		plan numb	er			
	Carman's Constru	uction, Llc Davis-Bacon P	ensior	1 Plan And Tru	St	(PN) ▶	001			
							ate of plan 015			
22	Plan enoneor's name (e	employer, if for a single-employer plan	1)	A = 1 ³	- ·		dentification Number			
Lu	Mailing Address (includ	le room, ant., suite no, and street, or f	P.O. Box) o (if foreign, see inst	ructions)		-2675436			
	City or town, state or pr	rovince, country, and ZIP or foreign po	ostai cod	e (ii loreign, see inst	ructions)	2c Sponsor's	telephone number			
	Carman's Constit	decion life				(360) 6				
						2d Business of 238900	code (see instructions)			
	20 W Troxell Rd					238900				
	US Oak Harbor WA 982					2b Administra	torio EIN			
3a	Plan administrator's na	me and address X Same as Plan S	Sponsor			3b Administrator's EIN				
						3c Administrator's telephone number				
						3C Administra	tor's telephone number			
				*			13			
4	If the name and/or EIN	of the plan sponsor or the plan name	has cha	nged since the last r	eturn/report filed for	4b EIN	8			
	this plan, enter the plan	sponsor's name, EIN, the plan name	e and the	plan number from the	ne last return/report.	4d DV				
	Sponsor's name					4d PN				
С	Plan Name									
52	Total number of particin	pants at the beginning of the plan yea	r			5a	13			
b		pants at the end of the plan year					21			
C	Number of participants	with account balances as of the end of	of the pla	n year (only defined	contribution plans	5c	21			
	Constitution of the Consti				•••••					
d	(1) Total number of activ	e participants at the beginning of the	plan yea	r	•••••	5d(1)	10			
d		e participants at the end of the plan y				5d(2)	5			
е		who terminated employment during the				5e	2 0			
_	less than 100% vested						ed.			
C	aution: A penalty for the	e late or incomplete filing of this ret and other penalties set forth in the ins	tructions	I declare that I have	e examined this return	report, including if	applicable, a Schedule			
SI	naer penaities of perjury a 3 or Schedule MB comple	and other penalties set forth in the instance and signed by an enrolled actuar	y, as wel	I as the electronic ve	ersion of this return/rep	ort, and to the best	of my knowledge and			
be	elief, it is true, correct, and	d complete.				,				
	SIGN Ken C	m		4-23-19	Kevin (armar)			
	IERE Signature of plan	n administrator		Date	Enter name of individ	71				
	17	1		11-22-19	Kerlin	armar				

HERE | Signature of employer/plan sponsor

Enter name of individual signing as employer or plan sponsor

-	_		_	
-:	7	n	e	4

6a	Were all of the plan's assets during the plan year invested in eligible	assets? (See instructions)						X Yes [∏No
	Are you claiming a waiver of the annual examination and report of a									
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility at							[X Yes	No
	If you answered "No" to either line 6a or line 6b, the plan canno								<u>Ş</u>	
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section	on 402	21)?	[Yes	No	Not det	termined
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC pr	emium filing for this year					(Se	e instruct	ions.)
P	art III Financial Information								1.12	
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r	T		(b) End of	Year	
a	Total plan assets	7a		48,7	48				90,7	738
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		48,7	48				90,7	738
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Tota		
а	Contributions received or receivable from:			4 E . C	16					
	(1) Employers	8a(1)		45,6						
	(2) Participants	8a(2)		2 6	0					
	(3) Others (including rollovers)	8a(3)		3,6						
b	Other income (loss)	8b	. (4	4,97	8)					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							44,2	1/8
<u>u</u>	to provide benefits)	8d	7 7	7	80					
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		1,5	80					
g	Other expenses	8g			0					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							2,2	
i	Net income (loss) (subtract line 8h from line 8c)	8i							41,9	90
j	Transfers to (from) the plan (see instructions)	8j								
P	art IV Plan Characteristics		-							- 4
9a	If the plan provides pension benefits, enter the applicable pension fe	eature cod	es from the List of Plan C	harac	teristi	ic Coc	des in th	ne instruction	ns:	
	2C 2F 2G 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	aracte	eristic	Code	s in the	instructions	3:	
P	art V Compliance Questions									
10	During the plan year:				Yes	No	N/A	Ar	nount	
8										
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo			10a		x				
k				104						
•	reported on line 10a.)			10b		х				- >
. (Was the plan covered by a fidelity bond?			10c	x				1	0,000
C	, , ,					.,				
	by fraud or dishonesty?			10d		Х			,	
e	 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.)			10e	х					1,580
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		х				
Ç	Did the plan have any participant loans? (If "Yes," enter amount as	s of year e	end.)	10g		х				
`										
	2520.101-3.)			10h		х				
i		e required	d notice or one of the	40.						
	exceptions to providing the notice applied under 29 CFR 2520.101	-3		10i						

Form	5500	SE	201	2

Page 3 -		

Part	:VI	Pension Funding Compliance						
11		defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete S 500 and line 11a below)				Yes 2	K No	
11a	Enter th	e unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12	ERISA?(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	granting	ver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, a the waiver	ind ente Da		of the Yea		uling ————	
If y	ou com	pleted 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				45,646	
С	Enter th	e amount contributed by the employer to the plan for the plan year	12c			(i)	45,646	
d	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	I/A	
Part	: VII	Plan Terminations and Transfers of Assets				3		
13a	Has a r	esolution 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			, i		
b		I the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the PBGC?	ne		es	X N	0	
С		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan ssets or liabilities were transferred. (See instructions.)	(s) to					
1:	3c(1) Na	me of plan(s): 13c(2) E	IN(s)		130	(3) PN	(s)	