For	m 5500-SF	Short Form Annua	oyee	OMB Nos. 1210-0110 1210-0089						
	rtment of the Treasury nal Revenue Service	This form is required to be file	atirament	2018						
	epartment of Labor enefits Security Administration	Income Security Act of 1974		This Form is Open to						
	Employee Benefits Security Administration Revenue Code (the Code). Inis Form is Open to Public Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF. Public Inspection									
Part I	Annual Report	Identification Information								
For calend	ar plan year 2018 or fis	cal plan year beginning 01/01/2		0	2/31/2018					
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach list of participating employer information in accordance with the form instructions.) a one-participant plan										
B This retu	urn/report is	the first return/report	the final return/report							
		ırn/report (less than 12 m	onths)							
C Check	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
		special extension (enter descr	iption)							
Part II	Basic Plan Info	mation—enter all requested inf	ormation							
1a Name					1b Thre					
BUCHANAN	GENERAL CONTRAC	CTING COMPANY DAVIS-BACON	PENSION PLAN AND T	RUST	plan (PN)	number 002				
					. , ,	tive date of plan				
						08/02/2010				
Mailing	address (include roon	ver, if for a single-employer plan) n, apt., suite no. and street, or P.O			2b Employer Identification Number (EIN) 91-1279654					
	GENERAL CONTRAC	e, country, and ZIP or foreign posta CTING COMPANY	al code (if foreign, see ins	structions)	2c Sponsor's telephone number 425-462-1326					
					2d Business code (see instructions)					
11408 NE 2N BELLEVUE,					236110					
3a Plan a	dministrator's name an	d address 🛛 Same as Plan Spor	nsor.		3b Administrator's EIN					
					3c Administrator's telephone number					
A 10.0					4b EIN					
		plan sponsor or the plan name has changed since the last return/report filed for or's name, EIN, the plan name and the plan number from the last return/report.								
a Spons C Plan N	or's name lame		4d PN							
5a Total	number of participants	at the beginning of the plan year			5a	25				
		at the end of the plan year			5b	23				
C Numb	er of participants with a	account balances as of the end of t	the plan year (only define	d contribution plans	5c	10				
•	,	ticipants at the beginning of the pla			5d(1)	17				
d(2) Total number of active participants at the end of the plan year						15				
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0				
Caution: A	penalty for the late of	or incomplete filing of this return	n/report will be assessed	d unless reasonable cau	use is estal	blished.				
Under pena SB or Sche	alties of perjury and oth	ner penalties set forth in the instruc nd signed by an enrolled actuary, a	ctions, I declare that I hav	e examined this return/rep	port, includi	ng, if applicable, a Schedule				
SIGN		valid electronic signature.	07/12/2019	DENNIS BUCHANAN						
HERE	Signature of plan a	dministrator	Date	Enter name of individ	ual signing	as plan administrator				
SIGN		valid electronic signature.	07/12/2019	DENNIS BUCHANAN						
HERE	Signature of employ		Date	Enter name of individe	ual signing	as employer or plan sponsor				
For Paperw	ork Reduction Act Notice	e, see the Instructions for Form 5500	I-SF.			Form 5500-SF (2018)				

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			3							
	a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
b										
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.									
с	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 PBGC premium filing for this plan year (See instructions.)									
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning (of Year			(b) End of Year			
а	Total plan assets	7a		83737			77666			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c		83737			77666			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total			
а	Contributions received or receivable from:									
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		-4763						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					-4763			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
	Certain deemed and/or corrective distributions (see instructions)									
 f	Administrative service providers (salaries, fees, commissions)	8e		1308						
		8f		0						
<u> </u>	Other expenses	8g		0			1308			
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i		-6071						
	Transfers to (from) the plan (see instructions)	8j								
	rt 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 Pla	an Chai	racteris	stic Co	des in the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Pla	n Chara	acterist	ic Cod	es 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 contribu	tions withi	n the time period							
	described in 29 CFR 2510.3-102? (See instructions and DOL's V	-	-	10-		~				
h	Program)			10a		Х				
	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					Х				
C	Was the plan covered by a fidelity bond?			10c	X		100000			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?					Х				
е	Were any fees or commissions paid to any brokers, agents, or oth	ner person	s by an insurance							
	carrier, insurance service, or other organization that provides som the plan? (See instructions.)			10e	x		1308			

10f

10g

10h

10i

Х

Х

Х

f Has the plan failed to provide any benefit when due under the plan?

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

i

2520.101-3.) 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

Page **3-** 1

Part	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete i rm 5500) and line 11a below)			SB		[Yes	X No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a					
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or se SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)	ctio	n 302	of			X Yes	No
a		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, nting the waiver	and	l enter _ Da		e date		etter ru	uling
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Ente	r the minimum required contribution for this plan year		12b					0
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c					0
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a ative amount)		12d					0
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	×	No	
	lf "Y	\prime es," enter the amount of any plan assets that reverted to the employer this year		13a					
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the				Ye	1 🗙 a	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla ch assets or liabilities were transferred. (See instructions.)	n(s)	to					
1	13c(1	3c(1) Name of plan(s): 13c(2) E					1:	3 c(3) P	N(s)

_													
	Form 5500-SF	oyee	OMB Nos. 1210-0110 1210-0089										
	Internal Revenue Service	This form is required to be file				2018							
-	Department of Labor nployee Benefits Security Administration	ployee Benefits Security Administration the Internal Revenue Code (the Code).											
_		Complete all entries in accordance with the instructions to the Form 5500-SF.											
			01/01/0010	and andina	10/	21/0010							
FUI	r calendar plan year 2018 or fisca		01/01/2018	and ending		31/2018							
	This return/report is for:	a one-participant plan	a list of participating a foreign plan	employer information in	er) (Filers checking this box must attach in accordance with the form instructions.)								
В	This return/report is:	the first return/report an amended return/report	the final return/report a short plan year retu	im/report (less than 12	: months)								
С	Check box if filing under:	Form 5558	automatic extension		DFVC program								
	Basic Plan Inform	nation enter all requested info	rmation										
1a	Name of plan Buchanan General Cont	tracting Company Davis-		lan And	pla	ree-digit an number N) ▶ 002							
_	Trust					fective date of plan							
2a	Plan sponsor's name (employe Mailing Address (include room, City or town, state or province,	r, if for a single-employer plan) apt., suite no. and street, or P.O. B country, and ZIP or foreign postal c	ox) ode (if foreign, see inst	ructions)	1	Employer Identification Number (EIN) 91-1279654							
	Buchanan General Cont	2c Sponsor's telephone number (425) 462-1326											
	11408 NE 2nd PL	2d Business code (see instructions) 236110											
3a	US Bellevue WA 98004 Plan administrator's name and a	address X Same as Plan Sponso			3b Ad	3b Administrator's EIN							
					3c Ad	Administrator's telephone number							
4		lan sponsor or the plan name has cl r's name, ElN, the plan name and ti			4b EIN	EIN							
a	Sponsor's name	ro namo, ent, alo plar namo una a			4d PN	1							
C	Plan Name												
5a	Total number of participants at 1	the beginning of the plan year		8011 PT 110406 F 100400 F 10060 F 1 50070 F 10066	. 5a	25							
b		the end of the plan year			. 5b	23							
C		count balances as of the end of the p		•	. <u>5</u> c	10							
d(1) Total number of active particip	pants at the beginning of the plan ye	ar	*****	. 5d(1)	17							
d()	2) Total number of active particip	pants at the end of the plan year	9 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		. 5d(2)	15							
е		ninated employment during the plar	-		. 5e	0							
Ca	ution: A penalty for the late or	incomplete filing of this return/re	port will be assessed	unless reasonable ca	ause is esta	ablished.							
SB	der penalties of perjury and other or Schedule MB completed and lief, it is true, correct, and completed	r penalties set forth in the instructior signed by an enrolled actuary, as w te.	is, I declare that I have ell as the electronic ve	examined this return/r rsion of this return/repo	eport, incluc ort, and to th	ling, if applicable, a Schedule e best of my knowledge and							
S	GN Sen 51	alum		DENNIS BUCHANA	N								
5	and the second se												

SIGN Jun D Juli		DENNIS BUCHANAN
HERE Signature of plan administrator	Date 7/12/019	Enter name of individual signing as plan administrator
SIGN Dung 5 Dehm		DENNIS BUCHANAN
HERE Signature of employer/plan sponsor	Date 7/12/20	Enter name of individual signing as employer or plan sponsor
For Panonwork Poduction Act Notico, see the instructions for Form 5	Earm 5500 SE (2049)	

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

6a	Were all of the plan's assets during the plan year invested in eligible	assets? ((See instructions.)		*****				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								XYes No			
С	If the plan is a defined benefit plan, is it covered under the PBGC ins								Not determined			
	If "Yes" is checked, enter the My PAA confirmation number from the								e instructions.)			
57	Financial Information											
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r	Т	-	(b) End of Y	íear			
а	Total plan assets	7a		83,7	37				77,666			
b	Total plan liabilities	7b										
С	Net plan assets (subtract line 7b from line 7a)	7c	1	83,7	37				77,666			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	:		_		(b) Tota	1			
а	Contributions received or receivable from: (1) Employers	8a(1)			0							
	(2) Participants	8a(2)			0				an Distance of the			
	(3) Others (including rollovers)	8a(3)										
b	Other income (loss)	8b	(4	4,76	3)							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							(4,763)			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d										
е	Certain deemed and/or corrective distributions (see instructions)	8e				17-		-				
f	Administrative service providers (salaries, fees, commissions)	8f		1,3	08		-					
g	Other expenses	8g					0					
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					-	-	1,308			
i	Net income (loss) (subtract line 8h from line 8c)	8i			-		(6,071)					
i	Transfers to (from) the plan (see instructions)							4-11				
F.Y	Plan Characteristics		· · · · ·									
	If the plan provides pension benefits, enter the applicable pension fea	ature code	es from the List of Plan Ch	narad	eristic	: Code	es in the	instructions				
	2C 2F 2G 2T 3D											
b	If the plan provides welfare benefits, enter the applicable welfare feat	ture codes	s from the List of Plan Cha	aracte	ristic	Codes	s in the i	instructions:	· · · ·			
7 -7	Compliance Questions											
10	During the plan year:				Yes	No	N/A	Am	ount			
a		ons within	the time period									
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volu	untary Fid	luciary Correction									
	Program)			10a		x						
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)			10b		x						
c	Was the plan covered by a fidelity bond?			10c	x		-		100,000			
d							-		100,000			
_	by fraud or dishonesty?	-		10d		x						
е	Were any fees or commissions paid to any brokers, agents, or othe											
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)			10e	x				1,308			
f						x						
g	Did the plan have any participant loans? (If "Yes," enter amount as	of year er	nd.)	10g		x						
h	If this is an individual account plan, was there a blackout period? (S	ee instruc	ctions and 29 CFR						12 4 2 1			
,	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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Form 5500-SF 2018

Page 3 -

1	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) 									
11 a	11a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40									
12	12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
а	a 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									
lf v	granting the waiver Month you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	D	ay	Ye	ar					
b	Enter the minimum required contribution for this plan year.	12b				0				
С	Enter the amount contributed by the employer to the plan for the plan year	12c				0				
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	Will the minimum funding amount reported on line 12d be met by the funding deadline?	Yes No 🕱 N/A								
177	Plan Terminations and Transfers of Assets									
1 3a	13a Has a resolution to terminate the plan been adopted in any plan year?									
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a								
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
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.)									
1;	3c(1) Name of plan(8): 13c(2) E	IN(s)		13c(3) PN(s)						
			[