For	rm 5500-SF	Short Form Annu	oyee	OMB Nos. 1210-0110 1210-0089						
	rtment of the Treasury nal Revenue Service	This form is required to be file	Benefit Plan           This form is required to be filed under sections 104 and 4065 of the Employee R           Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the           Revenue Code (the Code).							
	epartment of Labor enefits Security Administration									
Pension Be	enefit Guaranty Corporation	5500-SF. Public Inspection								
Part I		Identification Information								
For calenda	ar plan year 2018 or fi	scal plan year beginning 01/01/2			2/31/2018					
A This ret	turn/report is for:	X a single-employer plan		plan (not multiemployer) ( employer information in ac		ing this box must attach a ith the form instructions.)				
<b>B</b> This retu	urn/report is	a one-participant plan								
		the first return/report	the final return/report							
_		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)					
C Check I	box if filing under:	Form 5558	automatic extension		DFVC p	rogram				
Part II		prmation—enter all requested in	formation		41					
	<b>1a</b> Name of plan BERING PACIFIC CONSTRUCTION COMPANY 401(K) PLAN & TRUST					e-digit number				
DERING PA						▶ 001				
			1c Effec	tive date of plan 01/01/2003						
Mailing	g address (include roo	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C		4	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					<b>2c</b> Sponsor's telephone number 206-910-5702				
					<b>2d</b> Business code (see instructions)					
8315 216 ST WOODINVIL	REET LE, WA 98072					236200				
3a Plan a	dministrator's name ar	nd address 🛛 Same as Plan Spo	nsor.		<b>3b</b> Admi	nistrator's EIN				
					<b>3c</b> Administrator's telephone number					
		e plan sponsor or the plan name h nsor's name, EIN, the plan name a			4b EIN					
•	or's name				<b>4d</b> PN					
5a Total r	number of participants	at the beginning of the plan year.			5a	5				
<b>b</b> Total r	number of participants	at the end of the plan year			5b	3				
		account balances as of the end of			5c	1				
<b>d(1)</b> Tota	al number of active pa	rticipants at the beginning of the p	lan year		5d(1)	5				
• •	d(2) Total number of active participants at the end of the plan year				5d(2)	3				
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested						0				
Caution: A	A penalty for the late	or incomplete filing of this retur	n/report will be assesse	d unless reasonable cau						
SB or Sche		her penalties set forth in the instru nd signed by an enrolled actuary, a plate								
SIGN		/valid electronic signature.	07/18/2019	MIKE BRAZIER						
HERE	Signature of plan a	Idministrator	Date	Enter name of individ	ual signing a	as plan administrator				
SIGN		/valid electronic signature.	07/18/2019	MIKE BRAZIER						
HERE	Signature of emplo	over/plan sponsor	Date	Enter name of individ	ual signing a	as employer or plan sponsor Form 5500-SF (2018)				

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6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)				X Yes No		
	• 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								
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	e PBGC p	premium filing for this pl	an yea	r		(See instructions.)		
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning c	of Year			(b) End of Year		
а	Total plan assets	7a		59853			1242004		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	145	59853			1242004		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total		
а	Contributions received or receivable from:								
	(1) Employers	8a(1)							
	(2) Participants	8a(2)							
	(3) Others (including rollovers)	8a(3)		20400					
	Other income (loss)	8b	/	76199					
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					76199		
a	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	d 294048						
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f							
q	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					294048		
i	Net income (loss) (subtract line 8h from line 8c)	8i							
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Pla	an Cha	racteris	stic Co	des in the instructions:		
	2E 2F 2J 2K 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature coo	des from the List of Plar	n Chara	acterist	ic Cod	es in the instructions:		
De	t V Compliance Questions								
Pa					N	N.	• · · ·		
10	During the plan year:	tiono with	in the time period		Yes	No	Amount		
c	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)	-	-	10a		X			
k	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		х			
				10c	Х		250000		

Х

Х

Х

Х

Х

10d

10e

10f

10g

10h

10i

**d** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused

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

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.<u>)</u>\_\_\_\_\_

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

by fraud or dishonesty?.....

the plan? (See instructions.).....

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Part	VI	Pension Funding Compliance								
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete rm 5500) and line 11a below)			SB			Y	es 🗙	No
11a	Ent	er 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 ERISA?								Y	es 🗙	No
		"Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, nting the waiver			r th ay			letter ear	rulinę	g 
lf	you o	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						
с	Ente	r 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)										
e	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/.	A
Part	VII	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?				X Yes		No	)	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a						0
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under trol of the PBGC?	the			[	Ye	es X	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	3c(1	) Name of plan(s): 13	c(2)	EIN(s	5)		1	3c(3)	PN(s	5)

Form 5500-SF	Short Form Annua	al Return/Report of Small Employ Benefit Plan	/ee	OMB Nos. 1210-0110 1210-0089					
Internal Revenue Service	This form is required to	be filed under sections 104 and 4065 of the Employe	e	2018					
Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	<ul> <li>Retirement Income Security Act of 1974 (ERISA), and section 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</li> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> </ul>								
Part I Annual Report lo	dentification Informatio		0-SF.						
For calendar plan year 2018 or fisca		01/01/2018 and ending	12/31/	/2018					
	x a single-employer plan	a multiple-employer plan (not multiemployer) (							
A This return/report is for:	a one-participant plan	a list of participating employer information in a	iccordance w	ith the form instructions.)					
B This return/report is:	the first return/report	the final return/report							
Ī	an amended return/report	a short plan year return/report (less than 12 m	ionths)						
C Check box if filing under:	Form 5558	automatic extension		VC program					
Ī	special extension (enter des	cription)							
Part II Basic Plan Infor	mation enter all requested	disformation							
1a Name of plan	incloti chici all'icquester		1b Three	-digit					
Bering Pacific Const	ruction Company 401(	k) Plan & Trust		umber					
				ve date of plan					
			01/0	1/2003					
2a Plan sponsor's name (employe Mailing Address (include room City or town, state or province,	, apt., suite no. and street, or P	.O. Box) stal code (if foreign, see instructions)	2b Employer Identification Number (EIN) 20-3934272						
Bering Pacific Const			2c Sponsor's telephone number (206) 910-5702						
			2d Business code (see instructions)						
8315 216 Street			236200						
US Woodinville WA 98072									
3a Plan administrator's name and	address X Same as Plan Sp	ponsor	3b Admin	istrator's EIN					
			3c Admin	istrator's telephone number					
4 If the name and/or FIN of the p	lan sponsor or the plan name h	as changed since the last return/report filed for	4b EIN						
this plan, enter the plan sponso	pr's name, EIN, the plan name a	and the plan number from the last return/report.	HU EIN						
a Sponsor's name			4d PN						
c Plan Name									
5a Total number of narticipants at	the beginning of the plan year		5a	5					
			5b	3					
C Number of participants with acc	count balances as of the end of	the plan year (only defined contribution plans	5c	1					
d(1) Total number of active partici		an year	5d(1)	5					
d(2) Total number of active partici		120							
E	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	e plan year with accrued benefits that were	5e	0					
		rn/report will be assessed unless reasonable cau	en je netahlij						
Under penalties of perjury and othe	r penalties set forth in the instrusion of the set for the set for the set of	uctions, I declare that I have examined this return/rep as well as the electronic version of this return/report,	ort, includina	, if applicable, a Schedule					
sion ////the 16	20000	7/18/19 M/C2 16	10.0 1						

SIGN	111mm	7/18/19	M. 100 19 10200
HERE	Signature of plan administrator	Date .	Enter name of individual signing as plan administrator
SIGN	Mich Man	7/18/19	Mika Rigien
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

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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 a	the second second				50 C		
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a							XYes No
	If you answered "No" to either line 6a or line 6b, the plan canno					-	1000 C 100	
С	If the plan is a defined benefit plan, is it covered under the PBGC ins					17-		
	If "Yes" is checked, enter the My PAA confirmation number from the	PBGC prem	nium filing for this year					(See instructions.)
Pa	art III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of	Year	•		(	b) End of Year
а	Total plan assets	7a	1,45	9,8	53			1,242,004
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	1,45	9,8	53			1,242,004
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount					(b) Total
а	Contributions received or receivable from:	0-(4)						
	(1) Employers	8a(1)						
-	(2) Participants	8a(2)						
b	(3) Others (including rollovers) Other income (loss)	8a(3) 8b	7	6,1	aa			a line of the second
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		0,1		-		76,199
d	Benefits paid (including direct rollovers and insurance premiums							70,199
	to provide benefits)	8d	29	4,0	48	1.84		
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g			_	-		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				-		294,048	
i	Net income (loss) (subtract line 8h from line 8c)	8i						(217,849)
j_	Transfers to (from) the plan (see instructions)	8j				_	Constanting of the	
Pa	art IV Plan Characteristics				-			
9a	If the plan provides pension benefits, enter the applicable pension fe	ature codes	from the List of Plan Ch	aract	eristic	Code	s in the i	instructions:
	2E 2F 2J 2K 2T 3D							
b	If the plan provides welfare benefits, enter the applicable welfare fea	iture codes f	from the List of Plan Cha	racte	ristic (	Codes	in the in	structions:
Pa	art V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а			0 00 K					
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vo	luntary Fidu	ciary Correction			100		
	Program)			10a		x		1/01, 22-110
b	Were there any nonexempt transactions with any party-in-interest? reported on line 10a.)	? (Do not inc	clude transactions	10b		x		
С				10c	х			250,000
d	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 oth carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of the	e benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		x		
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	J.)	10g		x		
h	If this is an individual account plan, was there a blackout period? ( 2520.101-3.)		Charles and a state of the stat	10h		x		

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 i. 10i Form 5500-SF 2018

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Par	t VI	Pension Funding Compliance									
11	Is this a (Form	e defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions an 5500 and line 11a below)	d complete Sc	hedule	SB		Yes 🛛	] No			
_11a	Enter th	ne 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?       Yes X No         (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)       Yes X No										
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 granting the waiver Month DayYear										
lf y	ou com	pleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin	e 13.								
b	Enter th	e minimum required contribution for this plan year.		12b							
С	C Enter the amount contributed by the employer to the plan for the plan year										
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) 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 r	esolution to terminate the plan been adopted in any plan year?		2	K Yes		No				
	If "Yes,	enter the amount of any plan assets that reverted to the employer this year		13a				0			
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the Control of the PBGC?										
c		g this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide ssets or liabilities were transferred. (See instructions.)	ntify the plan(s	s) to							
1;	13c(1) Name of plan(s): 13c(2) EIN					130	<b>(3)</b> PN(	s)			

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