## **Form 5500-SF**

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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 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	t Identification Information				
For calenda	ar plan year 2018 or	fiscal plan year beginning 01/01/2	019	and ending 0	6/24/2019	
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ac	_	
_		a one-participant plan	a foreign plan			
<b>B</b> This retu	urn/report is	the first return/report	X the final return/repo	rt		
		an amended return/report	a short plan year ref	turn/report (less than 12 m	onths)	
C Check b	oox if filing under:	Form 5558	automatic extension	n	DFVC progra	am
		special extension (enter descr	ription)			
Part II	Basic Plan Info	ormation—enter all requested inf	ormation			
1a Name BERING PAGE	•	ION COMPANY 401(K) PLAN & TR	UST		1b Three-dig plan num (PN) ▶	
					1c Effective	date of plan 01/01/2003
		oyer, if for a single-employer plan)			<b>2b</b> Employe	r Identification Number
		om, apt., suite no. and street, or P.C ace, country, and ZIP or foreign post		nstructions)	(EIN)	20-3934272
BERING PAG	CIFIC CONSTRUCTI	ON COMPANY	, -	,		s telephone number 06-910-5702
					2d Business	code (see instructions)
8315 216 ST WOODINVIL	REET LE, WA 98072					236200
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		<b>3b</b> Administr	rator's EIN
					3c Administr	rator's telephone number
		ne plan sponsor or the plan name ha			<b>4b</b> EIN	
this plants		onsor's name, EIN, the plan name a	and the plan number fron	n the last return/report.	<b>4d</b> PN	
C Plan N					<b>40</b> 110	
		s at the beginning of the plan year			5a	3
		s at the end of the plan year n account balances as of the end of			5b	0
		Taccount balances as of the end of			5c	0
<b>d(1)</b> Tota	al number of active p	articipants at the beginning of the plant	an year		5d(1)	3
		articipants at the end of the plan year			5d(2)	0
		o terminated employment during the			5e	0
Caution: A	penalty for the late	or incomplete filing of this return	n/report will be assesse	ed unless reasonable ca		
SB or Sche		other penalties set forth in the instruction and signed by an enrolled actuary, a nolete.				
SIGN		d/valid electronic signature.	09/17/2019	MIKE BRAZIER		
HERE	Signature of plan	administrator	Date	Enter name of individ	ual signing as p	lan administrator
SIGN	Filed with authorize	d/valid electronic signature.	09/17/2019	MIKE BRAZIER		
HERE	Signature of empl	lover/plan sponsor	Date	Enter name of individ	ual signing as e	mplover or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)						. X	'es No	
b	b 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.)							. X Y	′es ∏ 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.								ы П
С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not o	letermined
	If "Yes" is checked, enter the My PAA confirmation number from th	ne PBGC p	remium filing for this p	lan yea	r		<u> </u>	(See ins	structions.)
Pa	rt III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning (	of Year			(h) En	d of Year	
	Total plan assets	7a		42004			(5) =11	u or rear	0
_	Total plan liabilities	7b		0					0
	Net plan assets (subtract line 7b from line 7a)	7c	124	42004					0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
а	Contributions received or receivable from:		, ,				` '		
	(1) Employers	8a(1)		0					
-	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	1		0					
	Other income (loss)			92561					.,
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						9256	51
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	133	34565					
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)	8h						133456	35
i	Net income (loss) (subtract line 8h from line 8c)	8i				-1242004			)4
j	Transfers to (from) the plan (see instructions)	8j							
Pai	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:	
b	2A 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare for	oatura coa	los from the List of Pla	n Char	octoric	tic Coc	los in the ins	tructions:	
b	In the plan provides welfare benefits, effer the applicable welfare to	eature coc	ies nom the List of Fla	II Cilaia	acteris	lic Coc	ies iii iiie iiis	tructions.	
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								
	described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)			10a		X			
b	Were there any nonexempt transactions with any party-in-interest			100					
	reported on line 10a.)	•		10b		X			
C	Was the plan covered by a fidelity bond?			10c		X			
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		X			
е	Were any fees or commissions paid to any brokers, agents, or oth								
	carrier, insurance service, or other organization that provides somethe plan? (See instructions.)			10e		X			
f	the plan? (See instructions.)					Х			
g				10f 10g		Х			
	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR						
<del></del>	2520.101-3.)			10h		X			
	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					

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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)		SB	Yes 🛚 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 se ERISA?		of	Yes X No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)								
а	<b>a</b> 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								
lf y	ou 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							
С	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 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 resolution to terminate the plan been adopted in any plan year?		X Ye	s 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 control of the PBGC?	the		X Yes 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.)	n(s) to							
1	3c(1) Name of plan(s):	(2) EIN(s)		<b>13c(3)</b> PN(s)					

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## 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

1	Part   Annual Repor	t Identification Information		and the same of the same of the same of	000-01.				
	r calendar plan year 2018 or t	iscal plan year beginning	01/01/2019	and ending	06/24/2	010			
Α	This return/report is for:	x a single-employer plan	a multiple-employe	er plan (not multiemplover	r) (Filers checking	this how must attach			
	The resemble to tor.	a one-participant plan	a list of participating	ng employer information in	accordance with	the form instructions.)			
В	This return/report is:	the first return/report	a foreign plan the final return/rep						
	1.10 (0.100)	an amended return/report							
_	ray or a suppose		1 man	eturn/report (less than 12	months)				
C	Check box if filing under:	Form 5558	automatic extension	on	DFVC	program			
		special extension (enter descri	Months - U.S. Mil						
	art II Basic Plan Inf	ormation enter all requested i	nformation						
Id	Name of plan				1b Three-dig	git			
	Bering Pacific Con	struction Company 401(k)	Plan & Trust		plan num	ber			
					(PN) ▶	001			
22	Dian ananasia / I				1c Effective 01/01/				
2.0	Mailing Address (include ro	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.O	Roy)		2b Employe	r Identification Number			
	City or town, state or provin	ce, country, and ZIP or foreign posta	l code (if foreign, see ir	nstructions)	(EIN) 2	0-3934272			
	Bering Pacific Con	struction Company		,	2c Sponsor's telephone number (206) 910-5702				
	8315 216 Street				2d Business	code (see instructions)			
	US Woodinville WA 98072				236200				
3a		nd address X Same as Plan Spor	2005						
	and a construction of finding a	nd address [22] Same as Plan Spor	nsor		3b Administr	ator's EIN			
					3c Administr	ator's telephone number			
4	If the name and/or EIN of the	e plan sponsor or the plan name has nsor's name, EIN, the plan name and	changed since the last	return/report filed for	4b EIN				
а	Sponsor's name	ion s name, Env, the plan name and	the plan number from	the last return/report.					
	Plan Name				4d PN				
5a	Total number of participants	at the beginning of the plan year			F-				
b	Total number of participants	at the end of the plan year	******************************	***************************************	5a 5b	3			
С	Number of participants with a	account balances as of the end of the	e nlan year (only define	d contribution plans	5c	0			
d('	1) Total number of active part	ticipants at the beginning of the plan		***************************************	5d(1)	0			
	2) Total number of active part	icipants at the end of the plan year	04500250255404020500250503004000000		5d(1)	3			
е	Number of participants who t less than 100% vested	erminated employment during the plant	an year with accrued be	enefits that were	5e	0			
Cau	ition: A penalty for the late	or incomplete filing of this return/i	report will be assesse	d unless reasonable car	use is established	0			
UTIC	ier penalties of periury and off	her penalties set forth in the instruction	one I dealers that I bar						
	or Schedule MB completed ar ef, it is true, correct, and comp		well as the electronic v	ersion of this return/report	t, and to the best of	pplicable, a Schedule of my knowledge and			
SIC		nger	9/17/19	Mike 1911	erier				
HE	RE Signature of plan admi	nistrator	Date	Enter name of individua		administrator			
SIC		man-	9/17/19	1911-1-11	11.11	asiminotiatoj			
HE	RE Signature of employer	plan sponsor	Date	Enter name of individua	al signing as emplo	oyer or plan sponsor			
	Donoussell D. J. C. A. A.	•	A Decidence of the Control of the Co			STATE OF THE PROPERTY OF THE PARTY OF THE PA			

Form	5500-SF	2018

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_									
6a	Were all of the plan's assets during the plan year invested in eligible	e assets? (	(See instructions.)	******	*******	*******			X Yes No
b	Are you claiming a waiver of the annual examination and report of a	n indepen	dent qualified public acco	ounta	nt /101	241			Z 190
	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 cannot use Form 5500-SF and must instead use Form 5500.								X Yes No
С	If the plan is a defined benefit plan is it covered under the PRCC in	t use For	m 5500-SF and must in	stead	use	Form	5500.		
0.30	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?							No [	Not determined
		PBGC pr	emium filing for this year					(Se	e instructions.)
P	art III   Financial Information								
7	Plan Assets and Liabilities		(a) Beginning	of Ye	ar			(b) End of \	'ear
a	Total plan assets	7a	1,2	242,	004				0
_b	Total plan liabilities	7b			0				0
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	1,2	242,	004				0
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amour	nt				(b) Tota	I
	(1) Employers	8a(1)			0	1			
	(2) Participants	8a(2)			0			<del>- 18</del>	
	(3) Others (including rollovers)	8a(3)			0		<del></del>	~~~	
	Other income (loss)	8b		92,	561			WALKE TO SEE	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							92,561
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1 3	34,5	- C E				7001
	Certain deemed and/or corrective distributions (see instructions)	8e	1,3	,54,5	363	-			
	Administrative service providers (salaries, fees, commissions)	8f				-			·
	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				+		1	334,565
	Net income (loss) (subtract line 8h from line 8c)	8i					242,004)		
لم	Transfers to (from) the plan (see instructions)	8j					h kali i	A L	-42,004)
	rt IV Plan Characteristics					-			
9a	If the plan provides pension benefits, enter the applicable pension fee	ature code	s from the List of Plan C	harac	teristic	Code	es in the	instructions:	
$\rightarrow$	2A 2E 2F 2G 2J 2K 2T 3D							mon donoris.	
b	If the plan provides welfare benefits, enter the applicable welfare feat	ure codes	from the List of Plan Cha	aracte	eristic (	Codes	in the in	nstructions:	
								wantanana.	
	rt V   Compliance Questions								
10	During the plan year:				Yes	No	N/A	Amo	ount
а	Was there a failure to transmit to the plan any participant contribution	ons within	the time period						
	described in 29 CFR 2510.3-102? (See instructions and DOL's Volu Program)								
b	Were there any nonexempt transactions with any party-in-interest?	(Do not in	clude transactions	10a	-	X			
-	reported on line 10a.)	***********	*******************************	10b		x			
С	Was the plan covered by a fidelity bond?	************	***************************************	10c		х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fid by fraud or dishonesty?	delity bond	I, that was caused						
е	Were any fees or commissions paid to any brokers, agents, or other		***************************************	10d		Х			
	carrier, insurance service, or other organization that provides some the plan? (See instructions.)	or all of th	e benefits under	10e		x			
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				$\dashv$				
h	If this is an individual account plan, was there a blackout period? (So			10g		Х			
	2520.101-3.)	***********	*************	10h		x			
i	If 10h was answered "Yes," check the box if you either provided the	required r	notice or one of the					WINDOWS III.	
	exceptions to providing the notice applied under 29 CFR 2520.101-3			10i					

	Form 5500-SF 2018				
	Page 3 -				
Pa	t VI Pension Funding Compliance				
11	Is this a defined benefit plan subject to				
11	(Form 5500 and line 11a below)	chedule	SB	☐ Yes	₩ Ni-
12	is this a delined contribution plan and a delined contribution an	44-		I les	X No
	ERISA?	ion 302	of	T	
a				☐ Yes	X No
	granting the waiver	nd enter	the date	54-14	
lf	Ta, complete lines 3, 9, and 10 of Schodule BED /F	Da	the date	of the letter r Year	uling
b	Enter the minimum required contribution for this plan year.				
c	Enter the amount contributed by the employer to the plan for the plan year	12b			
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	12c			
e	Mill the minimum funding amount reported on line 12d by	12d			
	by the funding deadline?				
rait	VII   Plan Terminations and Transfers of Access		Yes	No 🔲 1	WA
13a	Has a resolution to terminate the plan been adopted in any plan year?				
	promised that reversed to the employer this	X	] Yes	☐ No	
b	votes all the pian assets distributed to participants or beneficiaries, transformed to	13a			C
C	r, during this plan year, any assets or lightlift.	*******	X Ye	es 🗌 No	)
13	which assets or liabilities were transferred. (See instructions.)  (1) Name of plan(s):	to			
	13c(2) EII	۷(s)		13c(3) PN(	(s)
					-/