Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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 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

Parti	Annual Repor	t identification information				
For calend	dar plan year 2018 or	and ending 09	/30/2019			
A This re	eturn/report is for:	X a single-employer plan		lan (not multiemployer) (F mployer information in acc	_	
D. Tri	. ,	a one-participant plan	a foreign plan			
B This ret	turn/report is	the first return/report	x the final return/report			
		an amended return/report	X a short plan year retu	rn/report (less than 12 mo	onths)	
C Check	box if filing under:	Form 5558	automatic extension	[DFVC program	m
		special extension (enter desc	ription)			
Part II	Basic Plan Inf	ormation—enter all requested ir	formation			
1a Name	of plan				1b Three-digi	t
		RETIREMENT PLAN			plan numb	
					(PN) •	001
					1c Effective d	late of plan
						01/01/2015
2a Plan s	sponsor's name (empl	oyer, if for a single-employer plan)			2b Employer I	dentification Number
Mailin	g address (include ro	om, apt., suite no. and street, or P.0			(EIN)	38-3741411
-		ice, country, and ZIP or foreign pos	tal code (if foreign, see ins	tructions)	2c Sponsor's	telephone number
HALVORSC	ON CONSTRUCTION	GROUP, LLC				5-658-1500
					2d Business of	code (see instructions)
12515 WILL	OWS RD NE					236200
SUITE 220	WA 00004					230200
KIRKLAND,	WA 98034					
3a Plan a	administrator's name	and address 🛛 Same as Plan Spo	nsor.		3b Administra	tor's EIN
				_		
					3c Administra	tor's telephone number
4 If the	name and/or EIN of the	ne plan sponsor or the plan name h	as changed since the last	return/report filed for	4b EIN	
		onsor's name, EIN, the plan name				
a Spons	sor's name				4d PN	
C Plan N	Name					
		s at the beginning of the plan year.		F	5a	74
		s at the end of the plan year			5b	0
		n account balances as of the end of		-	5c	0
d(1) Tot	tal number of active p	articipants at the beginning of the p	lan year	<u> </u>	5d(1)	69
d(2) To	tal number of active p	articipants at the end of the plan ye	ear		5d(2)	0
		o terminated employment during th			5e	0
		or incomplete filing of this retur			se is establishe	ed.
Under pen SB or Sch	nalties of perjury and one deale MB completed	other penalties set forth in the instru and signed by an enrolled actuary,	ctions, I declare that I have	e examined this return/rep	ort, including, if	applicable, a Schedule
	true, correct, and cor		44/40/0040	E MENT INVOSTOR		
SIGN HERE	_	d/valid electronic signature.	11/19/2019	E. KENT HALVORSON		
,_	Signature of plan	administrator	Date	Enter name of individu	ıal signing as pla	n administrator
SIGN HERE						
	1	loyer/plan sponsor	Date	1		ployer or plan sponsor

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	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility)	an indeper	ndent qualified public a	ccount	ant (IQ	PA)			res ☐ No
С	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	rm 5500-SF and must rogram (see ERISA se	t instea ection 4	ad use 021)?	Form	5500. Yes No	D Not	determined structions.)
Par	t III Financial Information								-
	Plan Assets and Liabilities		(a) Beginning (of Year			(b) Fi	nd of Year	
	Total plan assets	7a		40747			(5) 2.	ia or rear	0
	Total plan liabilities	7b		2207					0
	Net plan assets (subtract line 7b from line 7a)	7c	103	38540					0
	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	t			(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)	, ,				,		
	(2) Participants	8a(2)	6	66001					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b	1;	36247					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						2022	48
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	123	36013					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f		4775	_				
g	Other expenses	8g							
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						12407	
	Net income (loss) (subtract line 8h from line 8c)	8i						-10385	40
	Transfers to (from) the plan (see instructions)	8j							
Par									
9a	If the plan provides pension benefits, enter the applicable pension 2E $$ 2G $$ 2J $$ 2K $$ 2T $$ 3D	feature co	des from the List of Pi	an Cha	racteris	stic Co	ides in the ii	nstructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Pla	n Chara	acterist	tic Cod	les in the in	structions:	
Par	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)	oluntary F	iduciary Correction	10a		X			
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	? (Do not	nclude transactions	10b		X			
С	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?	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				55
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year-e	end.)	10g	X				0
h	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 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	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		of the letter ruling Year
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)		13c(3) 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 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		rt Identification Information			0.000	- mo - m			
For calend	ar plan year 2018 or	liscal plan year beginning 01/01/	and ending 09/30			- must effect o			
A This ret	turn/report Is for:	X a single-employer plan	list	of participating emp	n (not multlemployer) (F loyer information in acc	ordan	ce with the form	Instructions.)	
		a one-participant plan	∐ a fo	reign plan					
B This retu	urn/report is	the first return/report	X the f	inal return/report					
		an amended return/report	a sh	ort plan year return/	report (less than 12 mo	onths)			
C Observed					г	_	/C		
C Check	box if filing under:	Form 5558		omatic extension	L	☐ DE	/C program		
	4	special extension (enter de							
Part II		formation—enter all requested	l information	1		all -	Th		
1a Name	•	. 5					Three-digit plan number		
alvorson C	Construction Retirem	ent Plan					(PN) •	001	
							Effective date o 01/01/2015	f plan	
2a Plans	ponsor's name (emi	ployer, if for a single-employer pla	n)			2b	Employer Identi	fication Number	
Mailln	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)						(EIN) 38-37414	11	
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)					2c -	Sponsor's telep			
alvuisois O	onstruction Group, i	-120				0.1		658-1500	
						l	Business code 236200	(see instructions)	
2515 Willov	ws Rd NE					· '	200200		
ulte 220 irkland, WA	A 98034								
		and address X Same as Plan S	Sponsor			3b	Administrator's	EIN	
4		Anne de la companya d		and along the loot to	hum/rapart flad for	4b	EIN	_	
4 If the	name and/or ⊨IN of lan, enter the plan s	the plan sponsor or the plan nam ponsor's name, EIN, the plan nam	ie nas chanç ne and the p	ged since the last re plan number from th	e last return/report.	40	LIN		
	or's name	F				4d PN			
C Plan N	Nam e								
						5		7.4	
		nts at the beginning of the plan ye				-		74	
b Total	number of participal	nts at the end of the plan year				-			
C Numb	per of participants wi	th account balances as of the end	d of the plan	year (only defined	contribution plans	5	С	0	
-		participants at the beginning of th					(1)	69	
		participants at the end of the plan				5d	(2)	0	
A Num	her of narticinants w	ho terminated employment during	g the plan v	ear with accrued be	nefits that were less	5		0	
than	100% vested								
Caution:	A ponalty for the la	ite or incomplete filing of this re I other penalties set forth in the in	eturn/repor	declare that I have	unless reasonable ca	enort i	ncluding if appl	icable, a Schedul	
SB or Sch	edule MB completed true, correct, and co	d and signed by an enrolled actua	ary, as well a	as the electronic ver	sion of this return/repo	rt, and	to the best of n	ny knowledge and	
SIGN	31/4	-151		11-19-19	E, Kent Halvorson				
HERE	Signature of pla	n administrator		Date	Enter name of individ	dual si	aning as plan a	dministrator	
	Signature of pla	H GALLINII STI STOL		Jato	-1001 110010 00 1100101				
SIGN HERE					E (اد امداد		une or plan agons	
	Signature of em	ployer/plan sponsor		Date	Enter name of Individ	auai si	gning as emplo	yer or plan aponso	

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b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520,104-467 (See instructions on waiver eligibility a lif you answored "No" to either line 6a or line 6b, the plan cannulf 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	an Independ and condition ot use Fori	lent qualified public ac ns.) n 5500-SF and must l ogram (see ERISA sec	countant Instead Ition 402	use 1)? .	PA) Form 5500 Yes N	X Yes 1 N	d	
Pa	t III Financial Information							_	
7	Plan Assets and Liabilities		(a) Beginning of	f Year	T	(b) E	nd of Year		
a	Total plan assets	7a	1.7	040747	7	1.5/-2	0		
b	Total plan liabilities	7b		2207			0		
C	Net plan assets (subtract line 7b from line 7a)	7c	1	038540			0		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(1) Total		
а	Contributions received or receivable from: (1) Employers	8a(1)							
	(2) Participants	8a(2)		66001					
	(3) Others (including rollovers)	8a(3)							
b	Other income (loss)	8b		136247					
¢	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					202248		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1	236013					
е	Certain deemed and/or corrective distributions (see instructions)	80							
f	Administrative service providers (salaries, fees, commissions)	8f		4775					
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					1240788		
i	Net income (loss) (subtract line 8h from line 8e)	81			_		-1038540		
j	Transfers to (from) the plan (see instructions)	8]							
	t IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension 2E 2G 2J 2K 2T 3D	feature cod	les from the List of Pla	ın Chara	cteris	stic Codes in the	instructions:		
b	If the plan provides welfare benefits, enter the applicable welfare f	eature code	es from the List of Plan	Charac	terist	tic Codes In the I	natructions:		
Pai	t V Compliance Questions								
10	During the plan year:			1	Yes	No	Amount		
а	Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's \Program)	oluntary Fl	duclary Correction	10a		x			
b	Were there any nonexempt transactions with any party-in-interes					x			

10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiductary Correction 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	
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		×	
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	×		55
f	Has the plan falled to provide any benefit when due under the plan?	101		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g	Х		0
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	101			

200	3_	4
age	J-	1

Form 5500-SF (2018)

_	VI Pension Funding Compliance	- 1-1 0				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sci (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 section ERISA?				Yes	X No
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, ar granting the waiver	d enter Da	the date o	of the let Year	ter rull	ng
lf:	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				
ө	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 Yes		No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			X Yes	[] N	0
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	13c(1) Name of plan(s): 13c(2))	13c(3) PN(s)		4(s)