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

Part I	Annual Report	t Identification Information						
For calenda	ar plan year 2018 or f	fiscal plan year beginning 11/01/2	2018	and ending 1	0/31/2019			
A This ret	urn/report is for:	X a single-employer plan		plan (not multiemployer) (employer information in ad				
a one-participant plan a foreign plan								
B This retu	urn/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)			
C Check I	pox if filing under:	Form 5558	automatic extension	1	DFVC progra	m		
		special extension (enter descr	• ,					
Part II	Basic Plan Info	ormation—enter all requested inf	formation					
1a Name SCHWIESO		, INC. PROFIT SHARING			1b Three-diginal plan numb			
					1c Effective of	date of plan 11/01/1999		
		oyer, if for a single-employer plan)			2b Employer	Identification Number		
		om, apt., suite no. and street, or P.C ce, country, and ZIP or foreign post:		structions)	(EIN)	91-1097960		
SCHWIESO	W CONSTRUCTION,	INC.				telephone number 60-330-2005		
					2d Business	code (see instructions)		
920 FAIR ST CENTRALIA						236110		
3a Plan a	dministrator's name a	and address X Same as Plan Spor	nsor.		3b Administra	ator's EIN		
					3c Administra	ator's telephone number		
						·		
4 If the r	name and/or EIN of th	ne plan sponsor or the plan name ha	as changed since the last	t return/report filed for	4b EIN			
this pl	an, enter the plan spo	onsor's name, EIN, the plan name a			4d PN			
c Plan N	or's name lame				40 PN			
5a Total r	number of participants	s at the beginning of the plan year			. 5a	5		
		s at the end of the plan year			. 5b	5		
		account balances as of the end of		•	. 5c	5		
d(1) Tota	al number of active pa	articipants at the beginning of the plant	an year		5d(1)	5		
		articipants at the end of the plan year			5d(2)	5		
Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested								
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, andlete.						
SIGN	Filed with authorized	d/valid electronic signature.	03/09/2020	MARK SCHWIESOW				
HERE	Signature of plan	administrator	Date	Enter name of individ	lual signing as pla	an administrator		
SIGN	Filed with authorized	d/valid electronic signature.	03/09/2020	MARK SCHWIESOW				
HERE	Signature of empl	oyer/plan sponsor	Date	Enter name of individual signing as employer or plan sp				

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b	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 cannot use Form 5500-SF and must instead use Form 5500. C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes N							
	If "Yes" is checked, enter the My PAA confirmation number from the					_		(See instructions.)
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Year			(b) End	of Year
а	Total plan assets	7a	15	72331			` '	1778369
b	Total plan liabilities	7b		0				0
С	Net plan assets (subtract line 7b from line 7a)	7c	15	72331				1778369
8	Income, Expenses, and Transfers for this Plan Year		(a) Amour	nt			(b) -	Total
a	Contributions received or receivable from: (1) Employers	8a(1)		48235				
	(2) Participants	8a(2)		17122				
	(3) Others (including rollovers)	8a(3)		0				
b	Other income (loss)	8b	1	40681				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						206038
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						0
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	. 8i						206038
	Transfers to (from) the plan (see instructions)	8j						
	Part IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2J 2R 3D	feature co	odes from the List of Pl	an Cha	racteri	stic Co	odes in the ins	tructions:
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 instr	ructions:
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)	oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)	t? (Do not	include transactions	10b		X		
С	Was the plan covered by a fidelity bond?			10c	X			500000
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		33333
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		
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-	end.)	10g		X		
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)			Yes 🛚 No			
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a					
12							
	(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		e 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?		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		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 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 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

Part I Annual R	eport Identification Information	on						
	18 or fiscal plan year beginning	11/01/2018	and ending	10/31/20	19			
A This return/report is fo	П	a list of participating	a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)					
B This return/report is:	☐ a one-participant plan☐ the first return/report☐ an amended return/report	a foreign plan the final return/repor a short plan year ret	t urn/report (less than 12 r	months)				
			annioport (1000 than 121	-				
C Check box if filing under	er: Form 5558 special extension (enter des	☐ automatic extension scription)		DFVC	orogram			
Part II Basic Pla	n Information enter all requeste							
1a Name of plan	enter an requeste	ed information		1b Three-dig	it			
	TRUCTION, INC. PROFIT SHAP	RING		plan numl (PN) ▶				
				1c Effective of 11/01/2				
Mailing Address (incl	(employer, if for a single-employer plan ude room, apt., suite no. and street, or F province, country, and ZIP or foreign po	O. Box)	for a still a service of the state of the st		Identification Number			
SCHWIESOW CONS		istal code (il foreign, see ins	tructions)	2c Sponsor's telephone number (360) 330-2005				
920 FAIR STREE	т				code (see instructions)			
US CENTRALIA WA 98								
3a Plan administrator's r	a Plan administrator's name and address Same as Plan Sponsor 3b Administrator's EIN							
				3c Administra	ator's telephone number			
4 If the name and/or Ell this plan, enter the plan	N of the plan sponsor or the plan name lan sponsor's name, EIN, the plan name	has changed since the last and the plan number from t	eturn/report filed for	4b EIN				
a Sponsor's name		activistic representation in the contraction of the		4d PN				
C Plan Name								
5a Total number of partic	ipants at the beginning of the plan year	***************************************	•••••	5a	5			
	ipants at the end of the plan year			5b	5			
	s with account balances as of the end o		contribution plans	5c	5			
d(1) Total number of act	ve participants at the beginning of the p	olan year		5d(1)	5			
	ve participants at the end of the plan ye			5d(2)	5			
less than 100% vester	s who terminated employment during the	e plan year with accrued be		5e	0			
Caution: A penalty for the	e late or incomplete filing of this retu	ırn/report will be assessed	l unless reasonable ca	use is establishe	d.			
Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.								
SIGN Mark	Phi		MARK SCHWIESOW					
HERE Signature of pla	n administrator	Date	Enter name of individua	al signing as plan	administrator			
SIGN HERE Signature of em	ployer/plan sponsor	3/9/2030 Date	Enter name of individual	Yes Bur	over or plan sponsor			

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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							•••••	x Yes]No
С	If the plan is a defined benefit plan, is it covered under the PBGC ins					_		ПNо	☐ Not de	termined
	If "Yes" is checked, enter the My PAA confirmation number from the	•	• ,		,	_			See instruct	
Pa	art III Financial Information					T		<i></i>	• • • • • • • • • • • • • • • • • • • •	
	Plan Assets and Liabilities	_	(a) Beginning of					(b) End		
<u>a</u>	Total plan lisk little	7a	1,57	2,3					1,778,3	369
<u>b</u>	Total plan liabilities	7b 7c	1,57	72 2	0	+	1,778,369			
8	Net plan assets (subtract line 7b from line 7a)	70	(a) Amount		31			(b) T		203
a	Contributions received or receivable from:		(a) / inioant					(2) .	- Ctu.	
	(1) Employers	8a(1)		8,2						
	(2) Participants	8a(2)	1	7,1						
_	(3) Others (including rollovers)	8a(3)			0					
<u>b</u>	Other income (loss)	8b	14	10,6	81					
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							206,0	038
u	to provide benefits)	8d			0					
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								0
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							206,0	38
辶	Transfers to (from) the plan (see instructions)	8j								
Pá	art IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Ch	aract	eristic	Code	s in the	e instructi	ons:	
	2E 2J 2R 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Cha	racte	ristic (Codes	in the	instructio	ns:	
Pa	art V Compliance Questions									
<u>10</u>	During the plan year:				Yes	No	N/A		Amount	
а	Was there a failure to transmit to the plan any participant contribution		· ·							
	described in 29 CFR 2510.3-102? (See instructions and DOL's Vol	-	•	10a		x				
- k	,			IUa						
_	reported on line 10a.)			10b		х				
	Was the plan covered by a fidelity bond?	•••••	•••••••	10c	x				50	0,000
C		-								
_	by fraud or dishonesty?			10d		Х				
е	 Were any fees or commissions paid to any brokers, agents, or other carrier, insurance service, or other organization that provides some 	er persons e or all of t	by an insurance he benefits under							
	the plan? (See instructions.)			10e		х				
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 of year end.)					х				
r	If this is an individual account plan, was there a blackout period? (\$2520.101-3.)			10h		х				
i	If 10h was answered "Yes," check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101			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 Sch (Form 5500 and line 11a below)		SB Yes X No					
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
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	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, an	d enter	the date of the letter ruling					
	granting the waiver Month Month	_ Da	y Year					
If 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 the 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						
e Will the minimum funding amount reported on line 12d be met by the funding deadline?								
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?								
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.)								
13	c(1) Name of plan(s): 13c(2) El	N(s)	13c(3) PN(s)					

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