## 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).

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2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

|      | Complete all entries in accord   | ance witi    | the instructions to the Form 55       | 00-5F.   |                             |                   |     |
|------|--|--------------|---------------------------------------|----------|-----------------------------|-------------------|-----|
| Pä   | art I Annual Report Identification Information   |              |                                       |          |                             |                   |     |
| For  | calendar plan year 2011 or fiscal plan year beginning 05/16/201  | 1            | and ending                            | 12/31/20 | 011                         |                   |     |
| A    | This return/report is for: $\overline{lack}$ a single-employer plan $lack$   | a multiple   | -employer plan (not multiemployer)    |          | a one-particip              | ant plan          |     |
| В    | This return/report is: the first return/report   | the final re | eturn/report                          |          |                             |                   |     |
|      | an amended return/report X   | a short pla  | n year return/report (less than 12 r  | nonths)  |                             |                   |     |
| С    | Check box if filing under: Form 5558   | automatic    | extension                             | Ī        | DFVC progra                 | m                 |     |
|      | special extension (enter descriptio  | n)           |                                       | L        |                             |                   |     |
| Pa   | art II Basic Plan Information—enter all requested informa  | ,            |                                       |          |                             |                   | _   |
|      | Name of plan   | ation        |                                       | 1b ·     | Three-digit                 |                   |     |
|      | BUILDERS INC DAVIS BACON PENSION PLAN AND TRUST  |              |                                       |          | plan number                 |                   |     |
|      |  |              |                                       | (        | (PN) <b>•</b>               | 001               |     |
|      |  |              |                                       | 1c       | Effective date of<br>05/16/ | •                 |     |
| 2a   | Plan sponsor's name and address; include room or suite number (er  | mnlover if   | for a single-employer plan)           | 2h 1     | Employer Identif            |                   | _   |
|      | BUILDERS INC   | iipioyoi, ii | Tot a single employer plan,           |          | EIN) 93-129                 |                   |     |
|      |  |              |                                       | 2c :     | Sponsor's teleph            | none number       |     |
| 9616 | PIPERHILL DR SE  |              |                                       |          | 503-869                     |                   |     |
|      | MPIA, WA 98513   |              |                                       | 2d [     | Business code (s            | see instructions) |     |
| _    |  |              |                                       | ļ        | 23611                       |                   |     |
|      | Plan administrator's name and address (if same as plan sponsor, er BUILDERS INC 9616 PIPERH  |              |                                       | 36 /     | Administrator's E<br>93-12  |                   |     |
|      | OLYMPIA, W   | A 98513      |                                       | 3c /     |                             | elephone numbe    | •r  |
| 4    | If the control of the |              | and the free this also a stanting     | 41-      | 503-869                     | -8056             |     |
| 4    | If the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report.   | ast return/i | report filed for this plan, enter the | 4b       | EIN                         |                   |     |
| а    | Sponsor's name   |              |                                       | 4c       | PN                          |                   |     |
| 5a   | Total number of participants at the beginning of the plan year   |              |                                       | . 5a     |                             |                   |     |
| b    | Total number of participants at the end of the plan year   |              |                                       |          |                             |                   | 2   |
| С    | Number of participants with account balances as of the end of the p  |              |                                       | 35       |                             |                   |     |
|      | complete this item)  |              |                                       | . 5c     |                             |                   | 2   |
| 6a   | Were all of the plan's assets during the plan year invested in eligible  | e assets?    | (See instructions.)                   |          |                             | X Yes 1           | No  |
| b    | Are you claiming a waiver of the annual examination and report of a  |              |                                       |          |                             | Voc □ I           | N۱۵ |
|      | under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fo  |              | •                                     |          |                             | X Yes [ ]         | No  |
| Pa   | irt III Financial Information  | JIIII 3300-  | or and must mistead use Form 5        | 300.     |                             |                   | _   |
| 7    | Plan Assets and Liabilities  |              | (a) Beginning of Year                 |          | (b) End                     | of Vear           |     |
| a    | Total plan assets  | 7a           | (a) beginning or real                 |          | (b) Liid                    | 12018             | _   |
| b    | Total plan liabilities   | 7b           |                                       |          |                             |                   | _   |
| C    | Net plan assets (subtract line 7b from line 7a)  | 7c           | 0                                     |          |                             | 12018             | _   |
| 8    | Income, Expenses, and Transfers for this Plan Year   |              | (a) Amount                            |          | (b) T                       | otal              | _   |
| а    | Contributions received or receivable from:   |              | , ,                                   |          | (, 1                        | <u></u>           |     |
|      | (1) Employers  | 8a(1)        | 12018                                 |          |                             |                   |     |
|      | (2) Participants   | 8a(2)        |                                       |          |                             |                   |     |
|      | (3) Others (including rollovers)   | 8a(3)        |                                       |          |                             |                   |     |
| b    | Other income (loss)  | 8b           | 0                                     |          |                             |                   |     |
| С    | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)   | 8c           |                                       |          |                             | 12018             |     |
| 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           |                                       |          |                             |                   |     |
| h    | Total expenses (add lines 8d, 8e, 8f, and 8g)  | 8h           |                                       |          |                             | 0                 |     |
| i    | Net income (loss) (subtract line 8h from line 8c)  | 8i           |                                       |          |                             | 12018             |     |
| i    | Transfers to (from) the plan (see instructions)  | 8i           |                                       |          |                             |                   |     |
| -    | ,  | ı oj         |                                       |          |                             |                   |     |

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| Part IV   Plan Characteristics |
|--------------------------------|
|--------------------------------|

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2C 2F 2G 2T 3D
- If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

| Part     | V Compliance Questions   |        |        |          |        |        |       |
|----------|--|--------|--------|----------|--------|--------|-------|
| 10       | During the plan year:  |        | Yes    | No       | Α      | mount  |       |
| 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 Fiduciary Correction Program)   | 10a    |        | X        |        |        |       |
| b        | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  | 10b    |        | X        |        |        |       |
| С        | Was the plan covered by a fidelity bond?   | 10c    | X      |          |        |        | 10000 |
| d        | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?   |        | X      |          |        |        |       |
| 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    | X      |          |        |        | 330   |
| f        | Has the plan failed to provide any benefit when due under the plan?  | 10f    |        | X        |        |        |       |
| g        | Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  | 10g    |        | X        |        |        |       |
| h        | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  | 10h    |        | X        |        |        |       |
| 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   | 10i    |        |          |        |        |       |
| Part     | VI Pension Funding Compliance  |        |        |          |        |        |       |
| 11       |  |        |        |          |        |        |       |
| 12       | Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? X Yes No   |        |        |          |        |        |       |
|          | (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)   |        |        |          |        |        |       |
|          | <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 Day Year   |        |        |          |        |        |       |
| lf y     | If you 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    |          |        | 12018  |       |
| C        | Enter the amount contributed by the employer to the plan for this plan year  |        |        | 12c      |        |        | 12018 |
| d        | Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)   |        | L      | 12d      |        |        | 0     |
| <u>e</u> | 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      | 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  |        |        |          |        |        |       |
| b        | b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |        |        |          |        |        | X No  |
| С        |  |        |        |          |        |        |       |
| 1        | 3c(1) Name of plan(s):   |        | 13     | c(2) Ell | N(s)   | 13c(3) | PN(s) |
|          |  |        |        |          |        |        |       |
| Caut     | ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab  | le cau | ıse is | establ   | ished. |        |       |
| SB o     | r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret<br>r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return,<br>t, it is true, correct, and complete. |        |        |          |        |        |       |

| SIGN | Filed with authorized/valid electronic signature. | 06/28/2012 | CATHY CRAWFORD   |
|------|---|------------|--|
| HERE | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN |   |            |  |
| HERE | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |

## 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).

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

|   |   | dance witl    | n the instructions to the Form 5500   | )-SF.     |                                 |                         |
|---|---|---------------|---------------------------------------|-----------|---------------------------------|-------------------------|
|   | art I Annual Report Identification Information  | = /a = /a     |                                       |           | 10/01/00                        |                         |
| For   |   | 5/16/2        |                                       |           | 12/31/201                       | <u> </u>                |
| Α   | This return/report is for:  | a multiple    | -employer plan (not multiemployer)    |           | a one-partici                   | oant plan               |
| В   | This return/report is: the first return/report  | the final r   | eturn/report                          |           |                                 |                         |
|   | an amended return/report  | a short pla   | n year return/report (less than 12 mo | onths)    |                                 |                         |
| С   | Check box if filing under: Form 5558  | automatic     | extension                             |           | DFVC progra                     | am                      |
|   | special extension (enter descriptio   | n)            |                                       | •         |                                 |                         |
| Pa  | art II Basic Plan Information—enter all requested informa                                     | ation         |                                       |           |                                 |                         |
|   | Name of plan  |               |                                       | 1b        | Three-digit                     |                         |
|   | PDQ BUILDERS INC DAVIS BACON PENSION  |               |                                       |           | plan number                     |                         |
|   | PLAN AND TRUST  |               |                                       |           | (PN) •                          | 001                     |
|   | THAN AND INCOL  |               |                                       |           | Effective date o 05/16/2013     |                         |
| 22  | Plan sponsor's name and address; include room or suite number (er                             | mployer if    | for a single employer plan)           |           | · · · · ·                       |                         |
| Za  | PDQ BUILDERS INC  | ilipioyei, ii | ioi a single-employer plan            | 20        | Employer identi<br>(EIN) 93-129 | fication Number<br>1339 |
|   | ~   |               |                                       |           | Sponsor's telep                 |                         |
|   |   |               |                                       |           | (503) 869-                      |                         |
|   | 9616 PIPERHILL DR SE  |               |                                       | 2d        |                                 | (see instructions)      |
|   | OLYMPIA   |               | WA 98513                              |           | 236116                          |                         |
| 3a  | Plan administrator's name and address (if same as plan sponsor, er SAME                       | nter "Same    | ")                                    | 3b        | Administrator's                 | EIN                     |
|   | SAME  |               |                                       | 3c        | Administrator's                 | telephone number        |
|   |   |               |                                       |           | , tarrimiotrator o              | totophono nambor        |
| 4   | If the name and/or EIN of the plan sponsor has changed since the la                           | ast return/i  | report filed for this plan, enter the | 4b        | EIN                             |                         |
| 2   | name, EIN, and the plan number from the last return/report.                                   |               |                                       | 4c        | DNI                             |                         |
|   | Sponsor's name  Total number of participants at the beginning of the plan year                |               |                                       |           | T T                             | 0                       |
|   |   |               |                                       | <u>5a</u> | +                               |                         |
| b   | Total number of participants at the end of the plan year                                      |               |                                       | 5b        |                                 | 22                      |
| С   | Number of participants with account balances as of the end of the p complete this item)       |               |                                       | 5c        |                                 | 22                      |
| 6a  | Were all of the plan's assets during the plan year invested in eligible                       |               |                                       |           |                                 | X Yes No                |
| b   | Are you claiming a waiver of the annual examination and report of a                           |               | ·                                     |           |                                 |                         |
| under 29 CFR 2520.104-46? (See instructions on waiver eligibility and |   |               | •                                     |           |                                 | X Yes No                |
| D.  | If you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information  | orm 5500-     | SF and must instead use Form 550      | 00.       |                                 |                         |
|   | •   |               |                                       | 1         |                                 | ***                     |
| 7   | Plan Assets and Liabilities   | _             | (a) Beginning of Year                 | 0         | (b) End                         | of Year 12,018          |
| a   | Total plan assets   | 7a            |                                       | 4         |                                 | 12,010                  |
| b   | Total plan liabilities  | 7b            |                                       | 0         |                                 | 12,018                  |
| <u> </u>  | Net plan assets (subtract line 7b from line 7a)   | 7c            |                                       |           |                                 |                         |
| a   | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: |               | (a) Amount                            |           | (D)                             | Γotal                   |
| а   | (1) Employers   | 8a(1)         | 12,01                                 | 8         |                                 |                         |
|   | (2) Participants  | 8a(2)         |                                       | 7         |                                 |                         |
|   | (3) Others (including rollovers)  | 8a(3)         |                                       | 7         |                                 |                         |
| b   | Other income (loss)   | 8b            |                                       | 0         |                                 |                         |
| С   | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  | 8c            |                                       |           |                                 | 12,018                  |
| d   | Benefits paid (including direct rollovers and insurance premiums                              |               |                                       | 0         |                                 |                         |
|   | to provide benefits)  | 8d            |                                       | U         |                                 |                         |
| е   | Certain deemed and/or corrective distributions (see instructions)                             | 8e            |                                       | 4         |                                 |                         |
| f   | Administrative service providers (salaries, fees, commissions)                                | 8f            |                                       | -         |                                 |                         |
| g   | Other expenses  | 8g            |                                       |           |                                 |                         |
| h   | Total expenses (add lines 8d, 8e, 8f, and 8g)   | 8h            |                                       |           |                                 | 12.010                  |
| i   | Net income (loss) (subtract line 8h from line 8c)   | 8i            |                                       |           |                                 | 12,018                  |
| J   | Transfers to (from) the plan (see instructions)   | 8j            |                                       |           |                                 |                         |

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|            | in nis an  | Form 5500-SF 2011 Page 2 -  | e segmen       | ****               |                   |                                 |                                 |  |  |
|------------|--|---|----------------|--------------------|-------------------|---------------------------------|---------------------------------|--|--|
| Pa         | rt l'  | / Plan Characteristics  | toperature &   | alekal allekiyene  |                   | NIII. A LIII.                   |                                 |  |  |
| 9а         | lf i   | he plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Charz<br>2C 2F 2G 2T 3D   | acteris        | stic Co            | ides ir           | the instructi                   | ons:                            |  |  |
| b          | if i   | he plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac  | cterist        | tic Cod            | les in l          | the instructio                  | ns:                             |  |  |
| Par        | ŧ۷   | Compliance Questions  | , e. 1965.     |                    |                   |                                 |                                 |  |  |
| 10         |  | uring the plan year:  |                | Yes                | No                |                                 | Amount                          |  |  |
| a          |  | as there a fallure to transmit to the plan any participant contributions within the time period described in<br>9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)   | 10a            |                    | Х                 |                                 |                                 |  |  |
| b          |  | ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)  | 10b            |                    | Х                 |                                 |                                 |  |  |
| c          | . V  | as the plan covered by a fidelity bond?   | 10c            | Х                  |                   |                                 | 10,000                          |  |  |
| d          |  |   |                |                    | Х                 |                                 |                                 |  |  |
| ę          | 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.)  |   |                |                    |                   |                                 | 330                             |  |  |
| f          | Н  | as the plan failed to provide any benefit when due under the plan?  | 10f            |                    | Х                 | l                               |                                 |  |  |
| g          | D  | d the plan have any participant loans? (if "Yes," enter amount as of year end,),  | 10g            |                    | Х                 |                                 |                                 |  |  |
| h          |  | this is an individual account plan, was there a blackout period? (See instructions and 29 CFR i20.101-3.)   | 10h            |                    | Х                 |                                 |                                 |  |  |
| 1          |  | 10h was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520,101-3   | 101            |                    |                   |                                 |                                 |  |  |
| Part       | l VI   | Pension Funding Compilance  |                |                    |                   |                                 |                                 |  |  |
| 11         | The second secon |   |                |                    |                   |                                 |                                 |  |  |
| 12<br>a    | 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 No (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  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         |  | anting the waiver   | (II            |                    | ыму               |                                 |                                 |  |  |
|            |  | ter the minimum required contribution for this plan year  | 111331001      | [                  | 12b               |                                 | 12,018                          |  |  |
| ¢          |  | ter the amount contributed by the employer to the plan for this plan year   |                | F                  | 12c               |                                 | 12,018                          |  |  |
| þ          |  | btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of<br>getive amount)  |                | [                  | 12d               |                                 | 0                               |  |  |
| . 8        | W  | Il the minimum funding amount reported on line 12d be met by the funding deadline?  |                |                    |                   | Yes                             | No X N/A                        |  |  |
| Part       | VI   | Plan Terminations and Transfers of Assets   |                |                    |                   |                                 |                                 |  |  |
| 13a        | H  | s a resolution to terminate the plan been adopted in any plan year?   | 11111111       |                    |                   | Yes X No                        |                                 |  |  |
|            | )f   | Yes," enter the amount of any plan assets that reverted to the employer this year   | 1              | 3a                 |                   |                                 |                                 |  |  |
| b          | of   | ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought t<br>the PBGC?  |                |                    | ******            |                                 | Yes X No                        |  |  |
| ¢          |  | during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th<br>sich assets or liabilities were transferred. (See instructions.)  | e pla          | n(s) to            | }                 |                                 |                                 |  |  |
|            | 13c  | 1) Name of plan(s):   |                | 13                 | c(2) E            | IN(s)                           | 13c(3) PN(s)                    |  |  |
|            |  |   |                |                    |                   |                                 |                                 |  |  |
| Caut       | tìon   | A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable  | e cat          | ıse is             | estab             | ilshed.                         |                                 |  |  |
| SBo        | r Sc   | enaities of perjury and other penaities set forth in the instructions, I declare that I have examined this returned the MB completed and signed by an enrolled actuary, as well as the electronic version of this returned is true-correct, and complete. | rn/re<br>repor | port, ir<br>t, and | ncludir<br>to the | ng, if applicat<br>best of my k | ole, a Schedule<br>nowledge and |  |  |
|            |  | XMM ( Dava 6-18-10 Jessia   | 22             | A                  |                   | Barret                          | <i></i>                         |  |  |
| 8IG<br>HEF |  |   |                |                    |                   |                                 | nistrator                       |  |  |
| SIG        | 4  | Mary a Colorest 6-18-12- JESSIC   | 101111         | A                  |                   | 32vict                          |                                 |  |  |
| HEF        |  | 3) anature of employer/plan eponeor Date Enter name of in   |                | ual sio            |                   |                                 | or plan sponsor                 |  |  |