Form 5500-SF

Department of the Treasury Internal Revenue Service

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

2011

Inspection

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of Department of Labor Employee Benefits Security Administration the Internal Revenue Code (the Code). Pension Benefit Guaranty Corporation ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

		dentification information					
For	calendar plan year 2011 or fisc	al plan year beginning 01/01/2011	1	and ending 12	2/31/2	2011	
Α	This return/report is for:	X a single-employer plan ☐	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan
В	This return/report is:	the first return/report	the final re	eturn/report			
	·	an amended return/report	a short pla	n year return/report (less than 12 mor	nths)		
С	Check box if filing under:	☐ Form 5558 ☐	automatic	extension		DFVC progra	ım
	Chook box ii ming diraci.	special extension (enter descriptio	n)				
P	art II Basic Plan Infor	mation—enter all requested informa	•				
	Name of plan	mation—enter all requested informa	ation		1h	Three-digit	
	ERN BUILDERS, INC. 401(K) I	PROFIT SHARING PLAN				plan number	
						(PN) ▶	001
					1c	Effective date of	
0-	<u> </u>				<u> </u>	02/01	
	Plan sponsor's name and addi DERN BUILDERS, INC.	ress; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identif	fication Number 70978
	,				20	(=114)	
					20	Sponsor's telep	
	SOUTH PROCTOR STREET OMA, WA 98409				2d	Business code (see instructions)
						23611	
3a	Plan administrator's name and	l address (if same as plan sponsor, er	nter "Same	")	3b	Administrator's I	
MOD	ERN BUILDERS, INC.	3114 SOUTH TACOMA, WA		<u> </u>			70978
		TAGOWA, W	1 00400		3C	Administrator's t	telephone number 3-1704
4	If the name and/or FIN of the i	plan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b		
-	name, EIN, and the plan num			open med for any plant, either and		LIIV	
а	Sponsor's name				4c	PN	
5a	Total number of participants a	t the beginning of the plan year			5a		12
b	Total number of participants a	t the end of the plan year			5b		12
С		ccount balances as of the end of the p		•	-		12
					5c		
		during the plan year invested in eligibl					X Yes No
D		he annual examination and report of a (See instructions on waiver eligibility a			,		X Yes No
		ner 6a or 6b, the plan cannot use Fo		•			
Pa	art III Financial Inform	ation					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7a	1013976			1010780
b	Total plan liabilities		7b	352			0
С	Net plan assets (subtract line	7b from line 7a)	7c	1013624			1010780
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount		(b) 1	otal
а	Contributions received or received		2 (1)	6639			
			8a(1)	34165	-		
			8a(2)	34103	-		
L	()	3)	8a(3)	-34663	-		
_	` '	0 (0) 0 (0) 101)		-54005			6141
۲ C		8a(2), 8a(3), and 8b)	8c				0141
d	. `	rollovers and insurance premiums	8d	8835			
е	• ,	tive distributions (see instructions)	8e				
f		ers (salaries, fees, commissions)	8f	150			
g			8g				
h	·	8e, 8f, and 8g)	8h				8985
i		e 8h from line 8c)	8i				-2844
i	, , ,	ee instructions)	8j				
,	· · · · · · · · · · · · · · · · · · ·	• ,	ı oj				

Form 5500-SF 2011	Page
FUIII 3300-3F 2011	Page

Part IV	Plan	Characteristics
railiv	Fiaii	Characteristics

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

	During the plan year:		Yes	No		Amo	ount	
a	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		7		
	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
;	Was the plan covered by a fidelity bond?	10c	Χ				12	25000
	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				
	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	Χ					5640
	Has the plan failed to provide any benefit when due under the plan?	10f		X				
J	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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	10i		X				
t١	/I Pension Funding Compliance		<u> </u>					
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					П	Yes	X No
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code							
		: 01 50	ction 3	302 of E	:RISA?		Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 56	ction a	802 of E	ERISA?	📙	Yes	X No
3	(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 the waiver	ctions,	and e	nter th	e date d	of the le	tter rulin	<u> </u>
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc	ctions, th	and e	nter th	e date d	of the le	tter rulin	<u> </u>
i f y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, th	and e	nter th Day _	e date d	of the le	tter rulin	<u> </u>
i y)	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, th	and e	nter th Day ₋	e date d	of the le	tter rulin	<u> </u>
i ' y') ;	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions granting the waiver	ctions, th of a	and e	nter th Day _	e date d	of the le	tter rulin	<u> </u>
y [,])	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	etions, th of a	and e	nter the Day 12b 12c 12d	e date d	of the le Yea	tter rulin	<u> </u>
a fy o d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	etions, th of a	and e	nter the Day 12b 12c 12d	e date d	of the le Yea	tter rulin	ng
a fy o d	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver. Monobu completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. Enter the minimum required contribution for this plan year. Enter the amount contributed by the employer to the plan for this plan year. Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount). Will the minimum funding amount reported on line 12d be met by the funding deadline?	ctions, th of a	and e	nter th Day	e date o	of the le Yea	tter rulin	ng
f y'	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	nter th Day	e date o	of the le Yea	tter rulin	ng
fy Cost	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	12b 12c 12d	e date o	of the le Yea	tter rulin r	ng
y y t N	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	of a	and e	nter th Day 12b 12c 12d Y	e date o	of the le Yea	tter rulin	ng
y y t N	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver	of a	and e	nter th Day 12b 12c 12d Y	e date o	of the le Yea	tter rulin r	ng
f y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver	of a	and e	nter th Day 12b 12c 12d Y	Yes X	of the le Yea	tter rulin r	N/A N/O
f y	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e	nter th Day 12b 12c 12d [Yes X	of the le Yea	tter rulin r No	N/A No
y '	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver	of a	and e	nter th Day 12b 12c 12d [Yes X	of the le Yea	tter rulin r No	N/A No

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/18/2012	GLEN L. GARRETT
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 Lebor 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).

Pension Benefit Guaranty Corporation

Complete all entries in accordance with the instructions to the Form 5500-SF.

Part 18 Annual Report Identification Information

OMB Nos. 1210-0110 1210-0089

2011

This Form Is Open to Public Inspection

	artis Annual Report Identification information					
Fo		01/01/	2011 and ending		1.2/31/20:	11
Α	This return/report is for:	a multip	le-employer plan (not multlemployer	ı	a one-particl	pant plan
В	This return/report is: the first return/report	the final	return/report			
	an amended return/report	a short p	lan year return/report (less than 12 r	nonths)	
C	Check box If filling under: Form 5558	4	ilc extension		DFVC progra	am.
0	special extension (enter description)	-			□ p. vo p.og.:	
Гр	art II Basic Plan Information—enter all requested inform					
-	Name of plan	nation	same per	1b	Three-digit	
10	Modern Builders, Inc. 401(k) Profit Sha:	ring P	lan	1.2	plan number	
	Producti Bullward, Elot, 101/11/ 110111 Bild.		734		(PN) •	001
				1c	Effective date o	
_			CONTRACTOR OF THE PROPERTY OF	 	02/01/199	
2a	Plan sponsor's name and address; Include room or suite number (Modern Builders, Inc.	employer,	if for a single-employer plan)	2b	Employer Identi (EIN) 91-087	fication Number
	Modern bullders, inc.			20	4	
			187 25	2C	Sponsor's telep (253) 383-	
	3114 South Proctor Street			2d	<u> </u>	see instructions)
	Tacoma		WA 98409		236110	ood mod dollondy
3a	Plan administrator's name and address (if same as plan sponsor, e	nter "Sam		3b	Administrator's	EIN
	Same		, ,			
	₩			3c	Administrator's	telephone number
4	If the page and as this of the plan arrange has also should alway the	lost roturn	francy filed for this sign antar the	1h	EIN	or with the say only a succession
4	If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report.	iasi retum	report filed for this plan, enter the	40	EIN	
а	Sponsor's name			4c	PN	
5a	Fotal number of participants at the beginning of the plan year	***************************************	***************************************	5a	- Construction - Cons	12
b	Total number of participants at the end of the plan year	************	***************************************	5b		12
С	Number of participants with account balances as of the end of the					
	complete this item)			5c		12
6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See Instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of					X Yes No
	under 29 CFR 2520.104-46? (See instructions on walver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F					₩ 100 □ 110
Pa	rtill Financial Information	01111 0000	or and must instead user orm of	1		
7	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End	of Year
-	Total plan assets		1,013,9	76	(o) And	1,010,780
b	Total plan llabilities			52	• •	0
	Net plan assets (subtract line 7b from line 7a)		1,013,63	24	The second secon	1,010,780
8	Income, Expenses, and Transfers for this Plan Year			1	(d)	
а	Contributions received or receivable from:	SANGERS PARK		1986		78-04-5-3-4-1-5-1-5-1-5-1-5-1-5-1-5-1-5-1-5-1-5-1
_	(1) Employers	8a(1)	6,6	9		
	(2) Participants	8a(2)	34,10	55		
	(3) Others (including rollovers)	8a(3)				
b	Other Income (loss)	8b	(34,663) 該	Fall William	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	CARREL SALES SALES	E.		6,141
∂d	Benefits paid (including direct rollovers and insurance premiums	WY-1		188	化基本的	
	to provide benefits)	8d	8,83	5		
	Certain deemed and/or corrective distributions (see instructions)	8e				
िf	Administrative service providers (salaries, fees, commissions)	8f	15	0		
g	Other expenses	8g	The second state of the second second	W. C		2000年1月1日
	Total expenses (add lines 8d, 8e, 8f, and 8g)					8,985
Ì	Net Income (loss) (subtract line 8h from line 8c)	81	and a second second second	8		(2,844)
ĺ	Transfers to (from) the plan (see Instructions)	91	040	33, 25	ASSESSED IN	CHEST STATE OF THE

5.000 10	_
Page 2 -	
Page Z -	

Transfer Control of the	124 400 2000	TOTAL TOTAL	CALLS YOU	
Form	5500	SE	2011	

Part IV I	Plan Characteri	stics

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	2000 - 100 -	- W-11981								
Par	V Compliance Questions									
10	During the plan year:					Yes	No		Amount	
а	Was there a fallure to transmit to the plan any participant contributio 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiducia				10a		х			
b	Were there any nonexempt transactions with any party-in-interest? (on line 10a.)				10b		х			
С	Was the plan covered by a fidelity bond?		• • • • • • • • • • • • • • • • • • • •		10c	Х		lo-resultant	125,	, 000
d	Did the plan have a loss, whether or not reimbursed by the plan's fid or dishonesty?				10d		х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	he benefits t	under t	he plan? (See	10e	х			5,	,640
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 o	of year end.).			10g		Х			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)				10h		х	10 m		
j	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3				101		х			
Part	VI Pension Funding Compliance									ATTOCOLOR
	Is this a defined benefit plan subject to minimum funding requirement								Yes X	No
12	Is this a defined contribution plan subject to the minimum funding rec					111111111111			Yes X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	-								
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver.	amortized in								
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M						200211-20			===1 =================================
b	Enter the minimum required contribution for this plan year	•••••				L	12b			
С	Enter the amount contributed by the employer to the plan for this plan	year	.,,,,,,,,,,				12c			
	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)						12d			
е	Will the minimum funding amount reported on line 12d be met by the	funding dead	dline?					Yes	No N	N/A
art \	/III Plan Terminations and Transfers of Assets			4.000						
13a	Has a resolution to terminate the plan been adopted in any plan year?						Y	es X No		
	f "Yes," enter the amount of any plan assets that reverted to the empl	loyer this ye	ar		13	Ba				
b	Nere all the plan assets distributed to participants or beneficiaries, tra	ansferred to	anothe	r plan, or brought u	nder t	he co	ntrol		Yes X	No
	f during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to a	anothe	r plan(s), identify the	e plan	(s) to				
13	c(1) Name of plan(s):					13c	(2) EI	N(s)	13c(3) PN	l(s)
	*									
Cautio	n: A penalty for the late or incomplete filing of this return/report	will be assi	essed	unless reasonable	caus	e Is a	stabli	ished.		
Jnder SB or s	penalties of perjury and other penalties set forth in the instructions, i cochedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	declare that	l have	examined this retur	n/rep	ort, Ind	cluding	a, if applicat	ole, a Schedul nowledge and	le }
SIGN	X W Hasself	7/18/1	\bigcirc	Glen L. Gar	ret	t				
HERE	All could be a second of the s	Date	10±81****	Enter name of inc	lividua	al sign	ing as	plan admin	istrator	
SIGN								**		
HERE	Signature of employer/plan sponsor	Date		Enter name of inc	llvidua	al sign	ing as	employer o	r plan sponso	ЭΓ