Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

Р	Pension Benefit Guaranty Corporation Complete all entries in accorp	dance witl	h the instructions to the Form 550	0-SF.	Inspection			
Pa	art I Annual Report Identification Information							
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1	2/31/20	011			
Α .	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-participant plan			
В	This return/report is:	the final r	eturn/report	_	_			
		a short pla	an year return/report (less than 12 mo	onths)				
_	H_		extension	ло, Г	DFVC program			
C			, exterision	L	_ Di ve piogram			
_	special extension (enter description	,						
	art II Basic Plan Information—enter all requested inform	ation		41.				
	Name of plan UDER GENERAL CONSTRUCTION LLC DAVIS-BACON PENSION	DLANIANI	D TRUET		Three-digit olan number			
3100	ODER GENERAL CONSTRUCTION LLC DAVIS-BACON PENSION	PLAIN AIN	DIRUSI		(PN) • 001			
					Effective date of plan			
					10/02/2000			
	Plan sponsor's name and address; include room or suite number (e	mployer, if	for a single-employer plan)	2b E	Employer Identification Number			
SIO	UDER GENERAL CONSTRUCTION LLC			(EIN) 91-1927994			
				2c 3	Sponsor's telephone number			
	BROWN RD			0.1	360-366-5822			
FERI	NDALE, WA 98248			2d E	Business code (see instructions)			
20	Diagrams in interest and a state of the control of	-t "C	.,,,	2h /	236200 Administrator's EIN			
	Plan administrator's name and address (if same as plan sponsor, eluder GENERAL CONSTRUCTION LLC 3381 BROWN		;)	SD A	91-1927994			
	FERNDALE,	WA 98248		3c Administrator's telephone number				
					360-366-5822			
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/	report filed for this plan, enter the	4b	EIN			
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	PN			
	Total number of participants at the beginning of the plan year			5a				
b	Total number of participants at the end of the plan year			5b				
	Number of participants with account balances as of the end of the			30				
C	complete this item)	,	•	5c				
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No			
b	Are you claiming a waiver of the annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•		Yes No			
Da	If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information	orm 5500-	SF and must instead use Form 550	00.				
7			(a) B. winnin n a (V - n		(h) Ford of Voca			
′ _	Plan Assets and Liabilities		(a) Beginning of Year 378699		(b) End of Year 424481			
a	Total plan assets	7a	0.000		.2			
b	Total plan liabilities	7b	378699		424481			
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	, 7c						
8 a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total			
а	(1) Employers	8a(1)	62216					
	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	-5658					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			56558			
d	Benefits paid (including direct rollovers and insurance premiums							
	to provide benefits)	. 8d	10776					
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			10776			
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			45782			
j	Transfers to (from) the plan (see instructions)	8j						

_			
Form	5500.	-85	2011

Part IV	Plan	Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 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:	1	Yes	No	Α	mount		
а	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)							
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	Was the plan covered by a fidelity bond?	10c	X			Ę	50000	
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		Х				
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				1711	
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	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	•			•	Yes	No No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					X 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 instru granting the waiver	ıth						
lf y	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		L	12b			62216	
С	Enter the amount contributed by the employer to the plan for this plan year			12c		(62216	
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)			12d			0	
<u>e</u>	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No X	N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?	<u></u>		Y	es X No			
	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?							
С								
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN						N(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	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	07/24/2012	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).

2011

OMB Nos. 1210-0110

1210-0089

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· ·		dance witl	n the instructions to the Form 5500	O-SF.		•		
	art I Annual Report Identification Information				10/01/00	_		
For		1/01/2	011 and ending		12/31/201 _	.1		
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	_				
		a short pla	an year return/report (less than 12 mo	onths)				
•				ло <i>,</i> Г	DFVC progra	ım.		
C	oneon box if filling under.		extension	L	DEVC progra	[[1]		
	special extension (enter description							
Pa	art II Basic Plan Information—enter all requested informa	ation						
1a	Name of plan				Three-digit			
	STOUDER GENERAL CONSTRUCTION LLC DAVIS-B.	ACON			plan number	001		
	PENSION PLAN AND TRUST				(PN)			
					Effective date of 10/02/2000			
22	Plan sponsor's name and address; include room or suite number (er	mployor if	for a single ampleyor plan)					
Za	STOUDER GENERAL CONSTRUCTION LLC	ripioyer, ii	ioi a single-employer plan)	20 1	Employer identi (EIN) 91-192	fication Number 7994		
	21002211 0211212 001101110012011 220				Sponsor's telep			
				26	(360) 366-	-5822		
	3381 BROWN RD			2d	Nusiness code (see instructions)		
	FERNDALE		WA 98248		236200	see manachons)		
3a	Plan administrator's name and address (if same as plan sponsor, er	nter "Same		3b /	Administrator's	=IN		
-	SAME		,					
				3c /	Administrator's t	elephone number		
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/	report filed for this plan, enter the	4b	EIN			
_	name, EIN, and the plan number from the last return/report.			4c	DN			
	Sponsor's name Total number of participants at the beginning of the plan year				I			
				5a				
b	Total number of participants at the end of the plan year			5b		(
С	the state of the s			5c		4		
	complete this item)							
	Were all of the plan's assets during the plan year invested in eligible		,			X Yes No		
D	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a					X Yes No		
	If you answered "No" to either 6a or 6b, the plan cannot use Fo							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
a	Total plan assets	7a	378,69	9	(b) Liid	424,481		
b	Total plan liabilities	7b		121				
	·		378,69	9		424,483		
<u> </u>	Net plan assets (subtract line 7b from line 7a)	7c						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	otal		
а	Contributions received or receivable from: (1) Employers	8a(1)	62,21	6				
		8a(2)		┪				
	. ,			┪				
l.	(3) Others (including rollovers)	8a(3)	(5,658	1				
b	Other income (loss)	8b	(5,050	1		F.C. F.F.(
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				56,558		
d	Benefits paid (including direct rollovers and insurance premiums	8d	10,77	6				
_	to provide benefits)		23777	4				
e	Certain deemed and/or corrective distributions (see instructions)	8e		-{				
f	Administrative service providers (salaries, fees, commissions)	8f		-				
g	Other expenses	8g				10 ==		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				10,776		
i	Net income (loss) (subtract line 8h from line 8c)	8i				45,782		
j	Transfers to (from) the plan (see instructions)	8j						

Pa	art IV Plan Characteristics					•
9a	If the plan provides pension benefits, enter the applicable pension feature codes from 2C 2F 2G 2T 3D	the List of Plan Characteri	stic Cod	les In	the instruct	llons:
b		he List of Plan Characteris	tic Code	s in t	he instruction	ons:
Pai	rt V Compliance Questions		·····			
10	During the plan year:		Yes	No	,	Amount
	Was there a failure to transmit to the plan any participant contributions within the time 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Pressure 1	ogram) 10a		Х		
t	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions with any party-in-interest? (Do not include transactions with any party-in-interest?)			х		
C	Was the plan covered by a fidelity bond?	10c	Х			50,000
d	or dishonesty?	<u>10d</u>		х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an in insurance service or other organization that provides some or all of the benefits under instructions.)	the plan? (See	х			1,711
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 of year end.)	10g		Х		
h	If this is an Individual account plan, was there a blackout period? (See instructions and 2520.101-3.)	10h		х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or exceptions to providing the notice applied under 29 CFR 2520.101-3					
	VI Pension Funding Compliance					
11	Is this a defined benefit plan subject to minimum funding requirements? (if "Yes," see i					Yes X No
12	Is this a defined contribution plan subject to the minimum funding requirements of sec					X Yes No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a walver of the minimum funding standard for a prior year is being amortized in this p granting the waiver.					
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), a					
b	Enter the minimum required contribution for this plan year	****************************	. 1	2b		62,216
	Enter the amount contributed by the employer to the plan for this plan year	and the second s	. 1	2c		62,216
	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)				1 ., 17	0
	Will the minimum funding amount reported on line 12d be met by the funding deadline?	***************************************	*********	·L	Yes	No X N/A
art				71	137.1.1	
13a	Has a resolution to terminate the plan been adopted in any plan year?			Ye	s X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			1		
С	Were all the plan assets distributed to participants or beneficiaries, transferred to anoth of the PBGC?		**********			Yes X No
-	13c(1) Name of plan(s);				(s)	13c(3) PN(s)
	on: A penalty for the late or incomplete filing of this return/report will be assessed					
B or	penalties of perjury and other penalties set forth in the instructions, I declare that I have Schedule MB completed and signed by an enrolled actuary, as well as the electronic ve it is true, correct, and complete.	examined this return/reports rsion of this return/reports	rt, inclu and to t	ding, ne be	if applicable st of my kno), a Schedule owledge and
didia.	MANAGE TO THE PARTY OF THE PART				12	
SIGN		Marie	C+4	UC	YM°	
		Mark Enter name of individua	Sta	J BE T	lan adminis	trator
HERE SIGN	Signature of plan administrator Date	Mark Enter name of individua	S†a I signing	as p	elan adminis	itrator

Page 2 -

Form 5500-SF 2011