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

	rension Benefit Guaranty Corporation	 Complete all entries in acco 	rdance witl	n the instructions to the Form 550	0-SF.		•
		entification Information					
For	calendar plan year 2011 or fisca	plan year beginning 01/01/20	11	and ending 1	2/31/2	2011	
Α	This return/report is for:	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 r	eturn/report		<u> </u>	
_	Γ	an amended return/report	=	in year return/report (less than 12 mo	onths)		
_			╡ :	, ,	Oriti 10)	□ DEVC 250050	
C	Check box if filing under:	Form 5558	_	extension		DFVC progra	ım
		special extension (enter descript	ion)				
Pa	art II Basic Plan Inforn	nation—enter all requested inform	nation				
	Name of plan				1b	Three-digit	
SFC	HOMES, LLC 401(K) RETIREM	ENT PLAN				plan number	004
					4.0	(PN) •	001
					10	Effective date of 07/01	•
22	Dian anangar'a nama and addre	ess; include room or suite number (omployer if	for a single ampleyor plan)	2h		
	HOMES, LLC	ess, include room of suite number (empioyer, ii	ioi a single-employer plan)	20	Employer Identification (EIN) 32-00	
					20	Sponsor's telep	
					20	425-646	
	0 MAIN STREET, STE. 100 LEVUE, WA 98004				2d	Rusiness code (see instructions)
						23611	•
3a	Plan administrator's name and	address (if same as plan sponsor, e	enter "Same	")	3b	Administrator's I	
	HOMES, LLC	11100 MAIN	STREET,				34101
		BELLEVUE,	WA 98004		3с		telephone number
						425-646	
4		lan sponsor has changed since the	last return/	report filed for this plan, enter the	4b	EIN 32-00	34101
•	name, EIN, and the plan numb	er from the last return/report. S,LLC 401(K) RET PLAN BENNET	T - SES 110		4c	DN	001
					-	T	
					5a		4
b	, ,	• •			5b		4
С		count balances as of the end of the			5c		2
	,						
_	•	0 , ,		(See instructions.)			X Yes No
b				ndent qualified public accountant (IQI ons.)			X Yes No
	,			SF and must instead use Form 550			
Pa	rt III Financial Informa						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year
а	Total plan assets		7a	1672457			939735
b							
C	·	b from line 7a)		1672457			939735
8	Income, Expenses, and Transf	,	10	(a) Amount		(b) T	Cotol
a	Contributions received or recei			(a) Amount		(a)	Total
u		vable IIOIII.	8a(1)				
				86299			
	` '						
b	, , , , , , , , , , , , , , , , , , , ,			-41219			
	,			11213			45080
Q C		Ba(2), 8a(3), and 8b)	<u>8c</u>				10000
d		ollovers and insurance premiums	8d	775429			
е		ve distributions (see instructions)					
f		s (salaries, fees, commissions)		2373			
	· .	s (Salaries, Iees, Corrillissions)					
g	•						777802
h :		Se, 8f, and 8g)					-732722
!	, , ,	8h from line 8c)					-132122
J	ransters to (from) the plan (se	e instructions)	··· 8j				

Form	5500-SF 2011	
-comm	つついい・うと ノロエエ	

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Part IV	Plan	Characte	aristics
ralliv	- FIAII	Guaraci	ยเอแรอ

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a
 - 3D 3H 2J 2K 2G 2F 2T 2E
- 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		Am	ount	
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				
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				1	17500
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		X				
Has the plan failed to provide any benefit when due under the plan?	10f		X				
Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Χ					368
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						
t VI Pension Funding Compliance							
Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					[Yes	□ N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ction 3		ERISA?	[Yes	X N
Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e or se	ction 3		ERISA?	[Yes	X
(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 instrugranting the waiver	ctions,	and e	02 of l	ie date d	of the le	tter ruli	ng
(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	ctions,	and e	02 of l	ie date d	of the le	tter ruli	ப ng
(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 instrugranting the waiver	ctions,	and e	02 of l	ie date d	of the le	tter ruli	ng
(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 instrugranting the waiver. Morf you 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.	ctions,	and e	nter th	ie date d	of the le	tter ruli	ப ng
(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 instrugranting the waiver. Mor you 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.	ctions, nth of a	and e	nter th Day	ie date d	of the le	tter ruli	ng
(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 instrugranting the waiver. Mor f you 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)	ctions,	and e	nter th Day 12b 12c	ie date d	of the le	tter ruli	
(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 instrugranting the waiver. Mor you 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,	and e	nter th Day 12b 12c	e date d	of the le	tter ruli	ng ———
(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 instrugranting the waiver	of a	and e	nter th Day 12b 12c 12d	Yes	of the le	tter ruli	ng
(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 instrugranting the waiver	of a	and e	nter th Day 12b 12c 12d	Yes	of the le	tter ruli	ng ——
(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 instrugranting the waiver. More you 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? Will Plan Terminations and Transfers of Assets 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.	of a	and e	12b 12c 12d	Yes	of the le	tter ruli	ng
(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 instrugranting the waiver. More if you 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? Will Plan Terminations and Transfers of Assets 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	of a	and e	12b 12c 12d	Yes	of the le	tter ruli	ng
(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 instrugranting the waiver	of a	and e	12b 12c 12d	Yes X	of the le Yea	tter ruli	ng
(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 instrugranting the waiver. Mor f you 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? Will Plan Terminations and Transfers of Assets 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. Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?. If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	of a	and e	12b 12c 12d	Yes X	of the le Yea	ves	ng

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/15/2012	EMILY E. HELMING
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).

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

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	Part I Annual Report Identification Information		to the Form 500	0-01.		
Fo	or calendar plan year 2011 or fiscal plan year beginning	01/01/20	11 and ending		12/31/2011	
Α	This return/report is for:	a multiple-	employer plan (not multiemployer)		a one-participant plan	
В	This return/report is: the first return/report	the final re			a one paradipant plan	
	an amended return/report	a short plan	year return/report (less than 12 m	onthe'	ì	
С	Check box if filing under:	automatic e		Orians,	DFVC program	
	special extension (enter descr				U DEVC program	
P	Part II Basic Plan Information—enter all requested info					
1a	Name of plan	omidion.		1h	Three-digit	
	SFC Homes, LLC 401(k) Retirement Plan			"	plan number	
					(PN) ▶ 0	01
				1c	Effective date of plan	
2a	Plan sponsor's name and address; include room or suite numbe	r (employer if fo	or a single employer plan)	21-	07/01/1997	William Company
	SFC Homes, LLC	· (criployer, ii ii	or a single-employer plan)	20	Employer Identification No. (EIN) 32-0034101	ımber
				2c	Sponsor's telephone num	hor
	11100 Main Street, Ste. 100				(425) 646-4022	ber
				2d	Business code (see instru	ctions)
32	Bellevue Plan administrator's name and address (if same as plan sponsor		WA 98004		236110	71
Ju	Same	r, enter "Same")		3b	Administrator's EIN	
				3c	Administrator's telephone	number
4	If the name and/or FIN of the standard					Hamber
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. Bens	ne last return/re	port filed for this plan, enter the	4b	EIN32-0034101	
	Sponsor's name Bennett - SFS, LLC			4c	PN 001	
5a	Total number of participants at the beginning of the plan year			5a	1	48
b				5b		43
С	Number of participants with account balances as of the end of th	e plan vear (de	fined benefit plans do not	35		43
	complete this item)			5c		28
oa h	Were all of the plan's assets during the plan year invested in elig	gible assets? (S	ee instructions.)		X Yes	No No
~	Are you claiming a waiver of the annual examination and report under 29 CFR 2520.104-46? (See instructions on waiver eligibility)	or an independe ty and condition	nt qualified public accountant (IQF s.)	² A)	X Yes	П No
_	if you answered "No" to either 6a or 6b, the plan cannot use	Form 5500-SF	and must instead use Form 550	00.		Пио
_	art III Financial Information					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
201	Total plan assets		1,672,45	7	9.	39,735
	Total plan liabilities			\perp		
8	Net plan assets (subtract line 7b from line 7a)	7с	1,672,45	7	9:	39,735
а	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount	_	(b) Total	
u	(1) Employers	8a(1)				
	(2) Participants		86,29	9		
	(3) Others (including rollovers)			1		
b	Other income (loss)		(41,219)	i		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)					15,080
d	Benefits paid (including direct rollovers and insurance premiums					. 5 , 5 5 5
_	to provide benefits)		775,429	1		
f	Certain deemed and/or corrective distributions (see instructions).			1		
	Administrative service providers (salaries, fees, commissions)		2,373	4		
g h	Other expenses (add lines ad as af and an)	-				
1	Total expenses (add lines 8d, 8e, 8f, and 8g)			-		77,802
i	Net income (loss) (subtract line 8h from line 8c)			100000000000000000000000000000000000000	(732	2,722)
	- the first tees mandedona,	8i		100000000000000000000000000000000000000		

Form	5500	100	2011

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

Part		Compliance Questions								
10		uring the plan year:				Yes	No		Amount	
	29	as there a failure to transmit to the plan any participant contributions 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciar	y Correction Prog	ram)	10a		Х			1911
b	on	ere there any nonexempt transactions with any party-in-interest? (D line 10a.)	o not include tran	sactions reported	10b		Х			
С	W	as the plan covered by a fidelity bond?		****************	10c	Х			1	75,000
d	Die	d the plan have a loss, whether or not reimbursed by the plan's fidel dishonesty?	litv bond, that was	caused by fraud	10d		Х			
е	We	ere any fees or commissions paid to any brokers, agents, or other p surance service or other organization that provides some or all of the structions.)	ersons by an insu	rance carrier,	10e		X			
f		s the plan failed to provide any benefit when due under the plan?					Х			
g		the plan have any participant loans? (If "Yes," enter amount as of		Pre-o-g-arcanagraphysham wayayay	10f	Х	2.5			2 606
-	If t	his is an individual account plan, was there a blackout period? (See 20.101-3.)	instructions and	29 CFR	10g	Λ	Х			3,689
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	auired notice or o	ne of the	10h 10i		Λ			
Part '		Pension Funding Compliance								
11	ls ti 550	his a defined benefit plan subject to minimum funding requirements 00))	? (If "Yes," see ins	structions and com	plete (Sched	ule SB	(Form	☐ Yes	П №
12	Is	this a defined contribution plan subject to the minimum funding requ	uirements of section	on 412 of the Code	or se	ction 3	02 of	ERISA?	Yes	
	(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 an nting the waiver.	nortized in this pla	n year, see instruc	tions,	and e	nter th	e date of th	ne letter ru	ling
If y	ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), an	d skip to line 13.	ın	-	Day		Year	
		er the minimum required contribution for this plan year					12b			
		er the amount contributed by the employer to the plan for this plan y					12c	- 110-274072		
d	Sub	otract the amount in line 12c from the amount in line 12b. Enter the lative amount)	result (enter a min	us sign to the left of	of a		12d			
		the minimum funding amount reported on line 12d be met by the fu						Yes] No [7 N/A
Part \		Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted in any plan year?					Y	es X No)	
		es," enter the amount of any plan assets that reverted to the emplo								
b	Wei	re all the plan assets distributed to participants or beneficiaries, tran	sferred to another	plan, or brought u	nder t	he cor	ntrol	111111111111111111111111111111111111111	∏ Yes	No No
C	If di	uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plan	(s) to	revi		☐ 103	<u> </u>
) Name of plan(s):				13c	(2) EIN	N(s)	13c(3)	PN(s)
Cautio	on:	A penalty for the late or incomplete filing of this return/report w	vill be assessed	unless reasonable	e caus	se is e	stabli	shed.		
20 01	SCH	nalties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have the electronic vers	examined this return/resion of this return/re	rn/repe eport,	ort, inc	luding the b	, if applicat est of my ki	ole, a Scho nowledge	edule and
SIGN		man 1	0/15/12	Mary Kirkpa	tri	ck				
HERE		Signature of plan administrator	Date	Enter name of inc	dividua	al signi	ng as	plan admin	istrator	
SIGN	L		34111137	-24.20						
HERE		Signature of employer/plan sponsor	ate	Enter name of inc	dividua	al signi	no as	employer o	or plan spo	nsor
						-	-	-		