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).

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in ac	cordance with the instru	ctions to the Form 550	0-SF.				
Part I		Identification Information							
For calenda	ar plan year 2012 or fi	scal plan year beginning 01/01/2	2012	and ending 1	2/31/2	2012			
	urn/report is for:		a one-participant plan						
B This ret	urn/report is:	the first return/report	the final return/report						
		an amended return/report	a short plan year retu	rn/report (less than 12 mo	onths)	_			
C Check b	box if filing under:	Form 5558	automatic extension			DFVC program			
		special extension (enter descr	iption)						
Part II	Basic Plan Info	rmation—enter all requested info	ormation						
1a Name	of plan				1b	Three-digit			
MODERN BU	JILDERS, INC. 401(K) PROFIT SHARING PLAN				plan number			
					4.	(PN) • 001			
					1C	Effective date of plan			
2a Plan sr	noncor's name and ad	Idress; include room or suite numbe	or (omployer if for a single	omployor plan)	02/01/1992				
	UILDERS, INC.	aress, include room or suite number	er (employer, il for a single	e-employer plan	20	Employer Identification Number (EIN) 91-0870978			
					2c	Sponsor's telephone number			
	H PROCTOR STREET	Γ				253-383-1704			
TACOMA, W	7A 98409				2d Business code (see instructions) 236110				
3a Plan a	dministrator's name a	nd address XSame as Plan Spons	or Name Same as Pla	n Sponsor Address	3b	Administrator's EIN			
					2-				
					30	Administrator's telephone number			
4 If the r	name and/or EIN of the	e plan sponsor has changed since t	the last return/report filed	for this plan, enter the	4b	EIN			
		mber from the last return/report.	·	•					
a Sponse					4c	PN			
5a Total r	number of participants	at the beginning of the plan year			5a	12			
b Total r	number of participants	at the end of the plan year			5b	13			
		account balances as of the end of t	' '	'	5c	11			
6a Were	all of the plan's asset	s during the plan year invested in el	ligible assets? (See instru	ctions.)		X Yes No			
_		f the annual examination and report							
		? (See instructions on waiver eligibi							
lf you	answered "No" to e	ither line 6a or line 6b, the plan c	annot use Form 5500-SF	and must instead use	Form	5500.			
	· · · · · · · · · · · · · · · · · · ·	or incomplete filing of this return	•						
		her penalties set forth in the instruc							
	true, correct, and com	nd signed by an enrolled actuary, a plete.	s well as the electronic ve	rsion of this return/report	, and	to the best of my knowledge and			
,									
SIGN HERE	Filed with authorized	/valid electronic signature.	06/28/2013	GLENDA L. GARRET	Γ				
HEKE	Signature of plan a	dministrator	Date	Enter name of individu	ual sig	gning as plan administrator			
SIGN									
HERE	Signature of emplo	yer/plan sponsor	Date	Enter name of individu	ual sig	gning as employer or plan sponsor			
Preparer's		name, if applicable) and address; in	clude room or suite numb	er (optional)	Prep	parer's telephone number (optional)			

Form 5500-SF 2012 Page **2**

Pa	rt III Financial Information										
7	lan Assets and Liabilities (a) Beginning of Yea					(b) End of Year					
a	tal plan assets						(2) 2110		96422	6	
	Total plan liabilities	0					JO ILL				
	Net plan assets (subtract line 7b from line 7a)					9	96422	3			
8	Net plan assets (subtract line 7b from line 7a)						(b) 1		JO ILL		
	· · · · · · · · · · · · · · · · · · ·						(10)	Otai			
	(1) Employers										
	(2) Participants	7 5									
	(3) Others (including rollovers)										
b	Other income (loss)	8b	12198	30							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	5064	5	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	19559)2							
е	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	160	7							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							19719	9	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							-4655	4	
j	Transfers to (from) the plan (see instructions)	8j									
Pai	rt IV Plan Characteristics										
9a											
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Co	des in t	he instruct	ons:			
Par	Part V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
a				10a		X		7.III	June		
b		? (Do not i	nclude transactions reported	10b		X					
c	Was the plan covered by a fidelity bond?			10c	Χ					400	000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud			X				100	<u> </u>
	or dishonesty?			10d		^					
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e	X					5	537
f	Has the plan failed to provide any benefit when due under the pla			10f		Χ					
						Χ					
<u>g</u>	If this is an individual account plan, was there a blackout period?	(See instru	ictions and 29 CFR	10g 10h		X					
i	,										
				10i							
Part	exceptions to providing the notice applied under 29 CFR 2520.10 Pension Funding Compliance	1 0									
Part 11		ents? (If "\							Yes	П	No
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\							Yes		No
11 11a	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	ents? (If "\				11a				X	No No
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requireme	ents of section 412 of the Code			11a			Yes Yes	X	
11 11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requireme , as applica	ents of section 412 of the Code able.) ed in this plan year, see instru-	e or se	ection	11a 302 of	ERISA?		Yes	X	
11 11a 12	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requireme as applica	ents of section 412 of the Code able.) ed in this plan year, see instru 	e or se	ection	11a 302 of	ERISA?	he le Yea	Yes	X	
11 11a 12 a	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)	requirements, as applicating amortized	ents of section 412 of the Code able.) ed in this plan year, see instru- Mon m 5500), and skip to line 13.	e or se	ection	11a 302 of	ERISA?		Yes	X	

	Form 5500-SF 2012 Page 3 - 1			
	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?		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 of the PBGC?	control		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(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Part I		ort Identification In									
For calenda	ar plan year 2012 o	or fiscal plan year beginni	ng	01/01/2012	and ending		12/31/2012				
A This ret	turn/report is for:	X a single-employe	er plan	a multiple-employer p	olan (not multiemployer)	r) a one-participant plan					
B This ret	turn/report is:	the first return/re	port	the final return/report							
		an amended retu	ırn/report	a short plan year retu	n/report (less than 12 m	onths)					
C Check box if filing under: Form 5558 automatic extension							DFVC program				
		special extension	n (enter descr	ription)							
Part II	Basic Plan Ir	nformation—enter all	requested inf	omation							
1a Name	of plan					1b	Three-digit				
MODERN	BUILDERS,	INC. 401(K) PRO	FIT SHAP	RING PLAN			plan number 001				
						10	(PN) Figure 1991				
							02/01/1992				
	ponsor's name and BUILDERS,		r suite numbe	er (employer, if for a single	-employer plan)	2b	Employer Identification Nur	mber			
	,					20	Sponsor's telephone numb	er			
3114 S	OUTH PROCTO	R STREET					253-383-1704	,01			
						2d	Business code (see instruc	tions)			
TACOMA		AW	98409				236110				
3a Plan a	dministrator's nam	e and address XSame a	is Plan Spons	sor Name X Same as Pla	n Sponsor Address	36	Administrator's EIN				
						3c	Administrator's telephone r	number			
							·				
4 If the r	name and/or EIN o	f the plan sponsor has ch	anged since	the last return/report filed	or this plan, enter the	4b	EIN				
name	, EIN, and the plan	number from the last ret			or time prompt and						
	or's name					4c	PN				
								12			
						5b		13			
				the plan year (defined ben		5c		11			
6a Were	all of the plan's as	ssets during the plan year	invested in e	eligible assets? (See instru	ctions.)		X Yes	☐ No			
				t of an independent qualif			X Yes	□No			
				ility and conditions.) cannot use Form 5500-SI							
				n/report will be assessed							
							ncluding, if applicable, a Sch	nedule			
SB or Sche		ed and signed by an enrol					to the best of my knowledge				
501101, K 10	1 1/2	A A A A			Stendal						
SIGN	May de	19X21011 DX			JAMES D. GARR	ETT					
HERE	Signature of pla	an administrator		Date	Enter name of individ	ual sig	gning as plan administrator				
SIGN											
HERE		nployer/plan sponsor		Date		ual siç	gning as employer or plan sp	oonsor			
Preparer's	name (including fir	rm name, if applicable) ar	nd address; ir	clude room or suite numb	er (optional)	Prep	parer's telephone number (o	ptional)			

Pa	rt III Financial Information								
7	Plan Assets and Liabilities	7 = 10 = 7/	(a) Beginning of Yea	r			(b) End of	Year	
а	Total plan assets	7a	103	L078	0			964226	
	Total plan liabilities	7b			0				
С	Net plan assets (subtract line 7b from line 7a)	7c	103	L078	0			964226	
8	Income, Expenses, and Transfers for this Plan Year	ncome, Expenses, and Transfers for this Plan Year (a) Amount							
a	Contributions received or receivable from: (1) Employers	839	0		(b) Tota	F-12			
	(2) Participants.	8a(1) 8a(2)		2027	5				
	2.4	Others (including rollovers)							
b		er income (loss)							
_	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	Maria Cara Da Na Na A					150645	
d	Benefits paid (including direct rollovers and insurance premiums					of extin			
+	to provide benefits)	. 8d	19	9559	2				
_ е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f		160	7			1	
g	Other expenses	. 8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						197199	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i						-46554	
j	Transfers to (from) the plan (see instructions)	8i							
Pa	rt IV Plan Characteristics	1 -4 -1							
b	2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare for the state of th	eature code	es from the List of Plan Chara	cterist	ic Cod	es in th	e instruction	s:	
10	During the plan year:				Yes	No	٨٠		
	- Maring the Press Joseph							mount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.)			10a		Х		mount	
	 Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fide) Were there any nonexempt transactions with any party-in-interest on line 10a.) 	uciary Corr t? (Do not i	ection Program)nclude transactions reported	10a 10b		_	Al	mount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interest on line 10a.)	uciary Corret? (Do not i	ection Program)nclude transactions reported	10b	X	Х	ΛI	100000	
i —	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's	uciary Corr t? (Do not i	nclude transactions reported		X	Х	71		
_ k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interes on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	t? (Do not i	nclude transactions reported nd, that was caused by fraud s by an insurance carrier, offits under the plan? (See	10b 10c	x	х	\(\frac{1}{2}\)		
_ k	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interess on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.)	uciary Corn t? (Do not i s fidelity bor her persons of the bene	nclude transactions reported nd, that was caused by fraud s by an insurance carrier, effits under the plan? (See	10b 10c 10d		х		100000	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid.) Were there any nonexempt transactions with any party-in-interess on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of the pl	t? (Do not i	nclude transactions reported nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f		X X		100000	
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1 () () () () () () () () () (29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interess on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or of insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plantage of the pla	tree interest of the required t	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Adule SE	(Form	100000 5537	
1 1 S	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interess on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount and if this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101. If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.	tree requirements? (If ""	ection Program)	10b 10c 10d 10e 10f 10g 10h 10i	X	X X X X X Adule SE	(Form	100000 5537	
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1 1 1 1 1 1 1 2 - 6	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid. Were there any nonexempt transactions with any party-in-interess on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or ot insurance service or other organization that provides some or all instructions.) Has the plan failed to provide any benefit when due under the plat Did the plan have any participant loans? (If "Yes," enter amount a 1 If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	diary Cornet? (Do not in the persons of the benefit sand in the required in the requirements? (If """") g requirements as applicing amortized in the requirements and the requirements are requirements.	ection Program) nclude transactions reported nd, that was caused by fraud s by an insurance carrier, fits under the plan? (See and.) citions and 29 CFR d notice or one of the Yes," see instructions and con ents of section 412 of the Code able.) ed in this plan year, see instru	10b 10c 10d 10e 10f 10g 10h 10i nplete	Schee	X X X X X X Adule SE	(Form	100000 5537 Yes No Yes X No	
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	Form 5500-SF 2012	Page 3 -				
			12c	1		
c	Enter the amount contributed by the employer to the plan for this plan year		12¢			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result negative amount)	- · · · · · · · · · · · · · · · · · · ·	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding	g 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?			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, transfer of the PBGC?				Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan which assets or liabilities were transferred. (See instructions.)	an to another plan(s), identify the plan(s) to		V. 31	
	3c(1) Name of plan(s):		13c(2) E	IN(s)	13c(3) F	PN(s)
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Part	VIII Trust Information (optional)					
14a	Name of trust		14b T	rust's EIN		