## 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

2012

This Form is Open to Public Inspection

Par		Annual Report Identification Information							
For ca	alenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	2/31/2	2012			
A Th	nis retu	urn/report is for: 🗵 a single-employer plan 🔲 a r	multiple-employer p	lan (not multiemployer)		a one-particip	oant plan		
<b>B</b> Th	nis retu	urn/report is: the first return/report the	e final return/report						
		an amended return/report a s	hort plan year retur	n/report (less than 12 m	onths)	)			
<b>C</b> C	heck b	pox if filing under: Form 5558 au	tomatic extension			DFVC progra	ım		
-		special extension (enter description)							
Par	t II	Basic Plan Information—enter all requested informatio	nn.						
		of plan	,,,,		1h	Three-digit			
		TRY CONTRACTORS, INC. DAVIS-BACON PENSION PLAN A	AND TRUST			plan number			
						(PN) <b>•</b>	001		
					1c	1c Effective date of plan 07/01/2011			
2a D	Dlan en	consor's name and address; include room or suite number (emp	lover if for a single	omployor plan)	2h				
		ITRY CONTRACTORS, INC.	loyer, ir for a sirigle	-employer plan)	20	Employer Identi (EIN) 91-20			
		40.117			2c	Sponsor's telep			
		MS AVE S /A 98057			2d		(see instructions)		
						23611			
<b>3a</b> ₽	Plan ac	dministrator's name and address XSame as Plan Sponsor Nam	ne Same as Pla	n Sponsor Address	3b	Administrator's	EIN		
					3с	Administrator's	telephone number		
4 1		and the City of the state of th	material formation and file of f	and the anti-section than	41.				
		name and/or EIN of the plan sponsor has changed since the last EIN, and the plan number from the last return/report.	return/report filed f	or this plan, enter the	4b	EIN			
		or's name			4c	PN			
5a ⊺	Total n	number of participants at the beginning of the plan year			5a		0		
b 1	Total n	number of participants at the end of the plan year			5b		14		
		er of participants with account balances as of the end of the plar ete this item)			5c		14		
		all of the plan's assets during the plan year invested in eligible a			1		X Yes No		
		bu claiming a waiver of the annual examination and report of an i	•	,					
		29 CFR 2520.104-46? (See instructions on waiver eligibility and					X Yes No		
I	lf you	answered "No" to either line 6a or line 6b, the plan cannot	use Form 5500-SF	and must instead use	Form	5500.			
Cauti	ion: A	penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonable cau	ıse is	established.			
		alties of perjury and other penalties set forth in the instructions, I							
		edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	as the electronic ve	rsion of this return/repor	t, and	to the best of my	knowledge and		
SIGN		Filed with authorized/valid electronic signature.	07/09/2013	CATHY CRAWFORD	FORD				
HERE		Signature of plan administrator	Date	Enter name of individual signing as plan administrator			ninistrator		
SIGN		,				<del>,</del>			
HERE		Signature of employer/plan sponsor	Date	Enter name of individ	dual signing as employer or plan sponsor				
Prepa	arer's r	name (including firm name, if applicable) and address; include ro				<del>, , , ,</del>	number (optional)		
				()		2. 2. 3. 3. 3. 3. 10	(36.00.001)		

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7 Plan Assets and Liabilities	Do	t III   Financial Information		<u> </u>							
a Total plan assets				(a) Denimina of Ver		1		/h) Fud of Voca			
D Total plan liabilities			7-	(a) Beginning of Yea							
C. Net plan assets (subtract line 7s from line 7s)		·			U			102692			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers. (2) Participants. (3) Other (including rollowers). (3) Other (including rollowers). (4) Other income (loss). (5) Other income (loss). (6) Other income (loss). (7) Other income (loss). (8) Other income (loss). (9) Other income (loss). (9) Other income (loss). (9) Other income (loss). (1) Other income (loss).					0	-		102802			
a Contributions received or receivable from: (1) Employers		· · · · · · · · · · · · · · · · · · ·	70	(a) Amount	0	-					
(1) Employers				(a) Amount				(D) I Otal			
(3) Others (including rollovers)			8a(1)	18632	21						
b Other income (loss)		(2) Participants	8a(2)								
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		(3) Others (including rollovers)	8a(3)								
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	b	Other income (loss)	8b	347	<b>7</b> 2						
to provide benefits)	С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					189793			
Fadministrative service providers (salaries, fees, commissions)		• • •	8d	8688	39						
g Other expenses (add lines 8d, 8e, 8f, and 8g)	е	Certain deemed and/or corrective distributions (see instructions)	8e								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	f	Administrative service providers (salaries, fees, commissions)	8f								
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g	1	2						
Transfers to (from) the plan (see instructions)   8	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					86901			
Part IV	<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					102892			
Part V   Compliance Questions	j	Transfers to (from) the plan (see instructions)	8j								
b 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:  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 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.).  c Was the plan covered by a fidelity bond?.  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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).  f Has the plan have any participant loans? (If "Yes," enter amount as of year end.)	Par	t IV Plan Characteristics									
Part V   Compliance Questions  10	9a		feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:			
10 During the plan year:  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 Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)  c Was the plan covered by a fidelity bond?  d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instructions:			
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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		•				Yes	No	Amount			
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	а	Was there a failure to transmit to the plan any participant contributions within the time period described in									
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported					X				
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  e 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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)  h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  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.  Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Yes No. 11a Enter the amount from Schedule SB line 39.  11a  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.		Was the plan covered by a fidelity bond?			100	X		20000			
e 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.)  f Has the plan failed to provide any benefit when due under the plan?  g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)								20000			
insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)  f Has the plan failed to provide any benefit when due under the plan?		or dishonesty?			10d		X				
f Has the plan failed to provide any benefit when due under the plan?	C	insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	10e	X		5123			
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	f				10f		Χ				
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)  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							X				
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Part VI Pension Funding Compliance  11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the									
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Dort	1	1-3		101						
11a Enter the amount from Schedule SB line 39		Is this a defined benefit plan subject to minimum funding requirem									
	11a	0000/ und mile 110 00001/									
(If "Yes." complete line 12a or lines 12b, 12c, 12d, and 12e below as applicable.)	12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction	302 of	ERISA? Yes X No			
(iii 155) Complete into 124 of into 125, 125, 126, 414 120 bolon; do applicable.)		(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)							
<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	а	If a waiver of the minimum funding standard for a prior year is being	ng amortiz	ed in this plan year, see instru		and e	_				
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.	lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.							
b Enter the minimum required contribution for this plan year	b	Enter the minimum required contribution for this plan year					12b				

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	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):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	<b>14b</b> ⊤	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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2012 or fiscal plan year beginning and ending 12/31/2012 X a single-employer plan A This return/report is for: a multiple-employer plan (not multiemployer) a one-participant plan B This return/report is: the first return/report the final return/report an amended return/report a short plan year return/report (less than 12 months) C Check box if filing under: Form 5558 automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit HIGH COUNTRY CONTRACTORS, INC. plan number 001 (PN) 🕨 DAVIS-BACON PENSION PLAN AND TRUST Effective date of plan 07/01/2011 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number HIGH COUNTRY CONTRACTORS, INC. (EIN) 91-2086811 2c Sponsor's telephone number (425) 369-1190 410 WILLIAMS AVE S 2d Business code (see instructions) RENTON 236115 WA 98057 3a Plan administrator's name and address ⊠Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address 3b Administrator's EIN 3c Administrator's telephone number If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. a Sponsor's name 4c PN 5a Total number of participants at the beginning of the plan year..... 5a 0 b Total number of participants at the end of the plan year ..... 5b 14 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... X Yes No If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete. SIGN HERE **Administrator** Date Enter name of individual signing as plan administrator 7-13 SIGN YMEL HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number (optional)

Pa	rt III   Financial Information					Resident de la companya de la compa				
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar	T	************	(b) End	of Year		
a	Total plan assets	7a	ana ana ana anda ada asan anda ana ana ana ana ana ana ana ana		0		and the second s	til samme Alexandronia i tilak bila	102,892	
b		7b		nas emirodas su ana	1	CAN CAN COMPANY				
¢	Net plan assets (subtract line 7b from line 7a)	7c			0	des societas de la companya de la c		1	102,892	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(p) .	l Total			
a	Contributions received or receivable from:			BOTH SEATH SEATH OF THE						
	(1) Employers	8a(1)	18	6,32	21					
	(2) Participants	8a(2)								
***************************************	(3) Others (including rollovers)	8a(3)								
<u>b</u>	Other income (loss)	8b		3,47	2					
encomposition/est	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						1	189 <b>,</b> 793	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	8	6,88	19					
e	Certain deemed and/or corrective distributions (see instructions)	8e		MONTH MARKET						
f_	Administrative service providers (salaries, fees, commissions)	8f								
-	Other expenses	8g		1	.2					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			4_				86,901	
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i			1_	-		1	02,892	
	Transfers to (from) the plan (see instructions)	8 <u>j</u>								
9a b	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe			WATER LANGE TO THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN TO	eranceitus:		na de la companya de			
Pari					***************************************	<del>y</del>				
10	During the plan year:			710000000	Yes	No	-	Amount		
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct	ion Program)	10a		Х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not inc	ude transactions reported	10b		Х				
C	Was the plan covered by a fidelity bond?		*********	10c	Х				20,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond,	that was caused by fraud	10d		Х			20,000	
e		er persons b	y an insurance carrier, under the plan? (See	10e	Х				5,123	
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as	of vear end.	<b>)</b>	10g		Х		***************************************		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruction	ons and 29 CFR	10h		X				
i				10i						
Part							<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requirement	ents? (If "Yes	," see instructions and com	plete s	Sched	ule SE	3 (Form	Пуре	⊠No	
11a	5500) and line 11a below)					kilino				
12	Is this a defined contribution plan subject to the minimum funding	requirements	of section 412 of the Code	or se	ction 3	302 of	ERISA?	Yes	ΧNο	
S4707/mmstanung	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicable	.)							
	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortized i	n this plan year, see instruc	tions, h	and e	nter th Day	e date of the	ne letter n Year	uling	
	rou completed line 12a, complete lines 3, 9, and 10 of Schedule  Enter the minimum required contribution for this plan year			ON THE CONTRACT OF THE CONTRAC	······································	12b	processor and the second			

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c	Enter the amount contributed by the employer to the	ne plan for this plan year.			12c			
d	Subtract the amount in line 12c from the amount in negative amount)	line 12b. Enter the resul	t (enter a minus sign to the left	of a	12d			
e	Will the minimum funding amount reported on line		······································			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?			$\Pi \Box$	Yes X N	0	
	If "Yes," enter the amount of any plan assets that i	reverted to the employer t	this year	• • • • • • • • • • • • • • • • • • • •	13a		an ing pagangan kerangan kangan <del>dipandipan</del> bilah k	
b	Were all the plan assets distributed to participants of the PBGC?	or beneficiaries, transfer	red to another plan, or brought	under the	control		Yes	⊠ No
С	If during this plan year, any assets or liabilities were which assets or liabilities were transferred. (See in	e transferred from this pl			to			
1	3c(1) Name of plan(s):			1	3c(2) E	IN(s)	13c(3	PN(s)
Part	VIII Trust Information (optional)					and patronics of sure delands and sure		
14a Name of trust				I	14b T	rust's EIN	***************************************	***************************************
				-	*	The second section is a second section of the second section of the second section sec		