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

2012

This Form is Open to Public Inspection

			► Complete all entries in ac	cordance with the instru	ictions to the Form 550)0-SF.				
	art I		Identification Information							
For	calenda	ar plan year 2012 or fis	scal plan year beginning 01/01	/2012	and ending	12/31/2	2012			
Α -	This retu	urn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)	er) a one-participant plan				
B ·	This retu	urn/report is:	the first return/report	the final return/report	į					
			an amended return/report	a short plan year retu	rn/report (less than 12 m	nonths)				
C	Check b	oox if filing under:	X Form 5558	automatic extension			DFVC progra	m		
			special extension (enter desc	ription)						
Pa	rt II	Basic Plan Info	rmation—enter all requested in	formation						
1a	Name o	of plan				1b	Three-digit			
STOL	JDER G	ENERAL CONSTRUC	CTION LLC DAVIS-BACON PENS	ION PLAN AND TRUST			plan number			
						<u> </u>	(PN)	001		
				1C	f plan /2000					
2a	Plan sp	oonsor's name and add	dress; include room or suite numb	er (employer, if for a single	e-employer plan)	2b	Employer Identif			
STO	JDER C	SENERAL CONSTRU	CTION LLC		, , , ,		(EIN) 91-19			
						2c	Sponsor's telep	hone number		
	BROW						360-366			
FERN	NDALE,	WA 98248				2d	Business code (
22	Dlan os	dministrator's name an	nd address X Same as Plan Spons	oar Nama Coma aa Dia	an Sponsor Address	2h				
Ja	riaii ac	anninstrator s name an	id address Noame as Flam Spons	Soi NameSame as Fia	in Sponsor Address	35	Administrator's I	ZIIN		
						3с	Administrator's t	elephone number		
			 			ļ				
4			e plan sponsor has changed since nber from the last return/report.	the last return/report filed	for this plan, enter the	4b EIN				
а		or's name	mber from the last return report.			4c PN				
5a	Total n	number of participants	at the beginning of the plan year.			5a		6		
b	Total n	number of participants	at the end of the plan year			5b		4		
С			account balances as of the end of	. , ,	•	Fo		4		
62			s during the plan year invested in e			. 5c		X Yes No		
		•	the annual examination and repo	•	•					
-			? (See instructions on waiver eligib					X Yes No		
	If you	answered "No" to ei	ther line 6a or line 6b, the plan o	cannot use Form 5500-SI	and must instead use	Form	5500.			
Cau	ıtion: A	penalty for the late of	or incomplete filing of this return	n/report will be assessed	l unless reasonable ca	use is	established.			
			ner penalties set forth in the instru							
		dule MB completed ar rue, correct, and comp	nd signed by an enrolled actuary, a	as well as the electronic ve	rsion of this return/repor	t, and t	to the best of my	knowledge and		
belle	er, it is t	rue, correct, and comp	Diete.							
SIG	N	Filed with authorized/	valid electronic signature.	08/28/2013	CATHY CRAWFORD	RD				
HER	RE	Signature of plan a	dministrator	Date	Enter name of individ	dual sig	ıning as plan adn	ninistrator		
SIG	N									
HER		Signature of emplo	ver/plan sponsor	Date	Enter name of individ	dual sig	ıning as emplove	r or plan sponsor		
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional) Preparer's telephone number										
		. •	,		, ,	'	•	· · /		

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	1 0111 3300 01 2012		i age z							
Pa	rt III Financial Information									_
7	Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year				_
a	Total plan assets								7851	_
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7с	42448	424481			457851			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
а	Contributions received or receivable from:		, ,							
	(1) Employers	8a(1)	1581	7						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
	Other income (loss)	8b	2966	52						
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						4	5479	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d	1124	6						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	. 8f								
g	Other expenses	8g	86	3						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						1	2109	_
i	Net income (loss) (subtract line 8h from line 8c)	8i						3	3370	
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics		1							_
9a	If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Char	acteris	stic Co	odes in	the instru	ctions:		_
	2C 2F 2G 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	des in t	he instruct	ions:		
Don	t V Compliance Overtions									_
Par	•				Yes	No		A	1	
10 a	During the plan year: Was there a failure to transmit to the plan any participant contribu	tions withi	n the time period described in		162	NO	1	Amou	int	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu		•	10a		X				
b	, , , , , , , , , , , , , , , , , , , ,	•	•			X				
	on line 10a.)			10b		^				
	Was the plan covered by a fidelity bond?			10c	X				5000	0
d	Did the plan have a loss, whether or not reimbursed by the plan's	-		40.1		X				
	or dishonesty?			10d						
е	insurance service or other organization that provides some or all of				V					
	instructions.)			10e	X				43	35
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year	end.)	10g		X				
h	. ,	•				X				
 :	2520.101-3.)			10h						
ı	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part						ı				_
11										
11a	11a Enter the amount from Schedule SB line 39									
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?									
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
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	_	ne date of		er ruling	
If	granting the waiver									
	Enter the minimum required contribution for this plan year					12b				_
	Liner the minimum required contribution for this plan year						<u> </u>			

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			1			
С	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?	Y	'es 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 coof the PBGC?	ontrol 		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) to which assets or liabilities were transferred. (See instructions.)	0		_		
1	3c(1) Name of plan(s):	c(2) El	N(s)	13c(3)) PN(s)	
Part	VIII Trust Information (optional)			•		
14a 1	Name of trust	14b Trust's EIN				

Form 5500-SF

Department of the Treasury treems! Revenue Service

Department of Labor
Employee Benefits Security Atministration
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.

1210-0089

OMB Nos. 1210-0110

2012

This Form is Open to Public Inspection

	art I Annual Report Id					
Fo	calendar plan year 2012 or fisca		01/01/2012	and ending	12/31/20)12
A	This return/report is for:	a single-employer plan	a multiple-employer	plan (not multiemplo)	/er) a one-parti	cipant plan
В	This return/report is:	the first return/report	the final return/repor	t		
		an amended return/report	a short plan year ret	um/report (less than	12 months)	
C	Check box if filing under,	Form 5558	automatic extension		DFVC prog	yram .
	Ī	special extension (enter descr	ription)			
P	ital Basic Plan Inform	nation enter all requested info	ormation			·····
11000	Name of plan				1b Three-digit	
	STOUDER GENERAL CON	STRUCTION LLC DAVIS	-BACON		plan number	001
	PENSION PLAN AND TR	ust			(PN) 1c Effective date	<u></u>
	· · · · · · · · · · · · · · · · · ·				10/02/200	
2a	Plan sponsor's name and addre	ess; include room or suite numbe	er (employer, if for a single	-employer plan)	2b Employer Iden	ificetion Number
	STOUDER GENERAL CON	STRUCTION LLC			(EIN) 91-19	
					2c Sponsor's tele	
	3381 BROWN RD				(360) 366	
			#.W.	7.554.7	2d Business code 236200	(see instructions)
25	FERNDALE	address XSame as Plan Spons		98248	3b Administrator's	ĖN
944	1 (di) Sausmingnation a semile men e	maicas Elemino as i am obosso	or marito Closino as and	, apoinoi radiado		
					3c Administrator's	telephone number
4	If the name and/or FIN of the pl	an sponsor has changed since the	he last return/report filed f	or this plan, enter the	4b EIN	
•	name, EIN, and the plan number	or from the last return/report.	· · · · · · · · · · · · · · · · · · ·			
	Sponsor's name		.,		4¢ PN	
		the beginning of the plan year				6
b		the end of the plan year			5b	.4
C.		ount balances as of the end of the			5c	4
60		ring the plan year invested in eli			**** 1:	X Yes No
		annual examination and report				
	under 29 CFR 2520.104-467 (S	ee instructions on waiver eligibil	ity and conditions.)		**********************	X Yes No
		r line 6a or line 6b, the plan ca				
		ncomplete filing of this return/				
Und	er penalties of perjury and other	penalties set forth in the instructing	ions, I declare that I have	examined this return	report, including, if applications and to the best of my	able, a Schedule
	f, it is true, correct, and complete		s stort de tiro ciecnostio. in:	piots of unio tologistich	out titing to pro pops of Hel	MIOWICÓ SIO MINI
		X	8-20-13	make s	toudea	
SIG HET	Mul Stoted			1		
	Signature or plan admi	nistrator	Date	1 4	vidual signing as plan adr	ninistrator
SIC-	I MILL STOCK	<u> </u>	8-20-13	mourle s	TOUDER	
HEF	Signature of employer	plan sponsor	Date	Enter name of indiv	vidual signing as amploye	
Prep	arer's name (including firm name	e, if applicable) and address; inc	lude room or suite numbe	r (optional)	Preparer's telephone	number (optional)
	•				1	

Pa	rt III Financial Information	r · · ·						
7	Plan Assets and Liabilities		(a) Beginning of Yea		4_		(b) End of Year	
a	Total plan assets	7a	424	1,48	1		457,851	
b	Total plan liabilities	7b						
С	Net plan assets (subtract line 7b from line 7a)	7c	424	1,48	1		457,851	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
а	Contributions received or receivable from:	0.41	יוי	5,81	7			
	(1) Employers	8a(1)	# ·	3,01	-			
	(2) Participants	8a(2)			+-			
	(3) Others (including rollovers)	8a(3)	21	9,66		سنبس		
	Other income (loss)	8b		9,00			45,479	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			╫		40/41 <i>0</i>	
đ	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1:	1,24	6	21		
	Certain deemed and/or corrective distributions (see instructions)	8e			T			
- F	Administrative service providers (salaries, fees, commissions)	8f			Т			
g	Other expenses.	8g		86	3		,	
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					12,109	
	Net income (loss) (subtract line 8h from line 8c)	8i		***************************************			33,370	
	Transfers to (from) the plan (see instructions)	81	· · · · · · · · · · · · · · · · · · ·		T			
	t IV Plan Characteristics	1 9					<u> </u>	
9a		feature co	des from the List of Plan Chan	acteri	stic Co	ides in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Coc	les in t	he instructions:	
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
	Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fide	uciary Con	ection Program)	10a		Х		
	Were there any nonexempt transactions with any party-in-interest on line 10a.)		***************************	10b		х		
C	Was the plan covered by a fidelity bond?	*** 1 *** * * * * * * * * * * * * * * *	***************************************	10c	Х		50,000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х		
e	Were any fees or commissions paid to any brokers, agents, or off insurance service or other organization that provides some or all instructions.)	of the bene	ofits under the plan? (See	10e	х		435	
				10f		х		
f			Manua					
g				10g		Х		
ļ-	2520,101-3.)		******************************	10h		Х		
Ī	If 10h was answered "Yes," check the box if you either provided to exceptions to providing the notice applied under 29 CFR 2520.10	ne require 1-3	notice or one or the	10i				
Par	VI Pension Funding Compliance						I	
11	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)							
118		Enter the amount from Schedule SB line 39						
12	Is this a defined contribution plan subject to the minimum funding	requirem	ents of section 412 of the Code	ors	ection	302 of	ERISA7 Yes X No	
	(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 bei	ng amortiz	ed in this plan year, see instru Mor	ıın_	, and	enter t Day	he date of the letter ruling Year	
<u>I</u> f	you completed line 12a, complete lines 3, 9, and 10 of Schedul	le MB (Fo	m 5500), and skip to line 13.			45.		
h	Enter the minimum required contribution for this plan year	*****		*******		12b	l	

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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 lin	ne 12b. Enter the result (enter a minus sign to the left o	fa 💮	12d			O
e		d be met by the funding deadline?			Yes	No.	□ N/A
Part	VII Plan Terminations and Transfers o	f Assets					
13a	Has a resolution to terminate the plan been adopted in a	*****	<u> </u>	Yes X	No		
	If "Yes," enter the amount of any plan assets that rev	erted to the employer this year		13a			
b	Were all the plan assets distributed to participants or of the PBGC?				Пү	es 🛛 No	
C	If during this plan year, any assets or liabilities were twhich assets or liabilities were transferred. (See instr	transferred from this plan to another plan(s), identify the uctions.)	plan(s) to		···		
	3c(1) Name of plan(s):		130	(2) E	N(s)	136	(3) PN(s)
c							
Part	VIII Trust Information (optional)						
14a	14a Name of trust						