	Form 5500-SF		eturn/l Benefit	Report of Small Employ	/ee	ON	/IB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	_		ctions 104 and 4065 of the Employee	<u>_</u>	20	11
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act of	1974 (ERI	SA), and sections 6057(b) and 6058 Code (the Code).		This Form is (Open to Public
P	ension Benefit Guaranty Corporation		dance with	n the instructions to the Form 5500)-SF.	inspe	ection
		entification Information	4		4/00/0	2010	
-	calendar plan year 2011 or fisca				1/30/2		
	This return/report is for:			-employer plan (not multiemployer)		a one-participa	nt plan
В	This return/report is:			eturn/report			
-				in year return/report (less than 12 mc	onths)	-	
C	Check box if filing under:	Form 5558		extension		DFVC program	
		special extension (enter descriptio					
		nation—enter all requested informa	ation		1h	Three-digit	
	Name of plan A HOMES, INC. PROFIT SHARI	NG PLAN			ID.	plan number	
						(PN) ▶	002
_					1c	Effective date of p 12/01/20	
	Plan sponsor's name and addre A HOMES, INC.	ess; include room or suite number (er	mployer, if	for a single-employer plan)	2b	Employer Identifica (EIN) 91-1990	
2004					2c	Sponsor's telepho 253-460-3	
	100TH STREET SOUTHWEST WOOD, WA 98499	SUILE			2d	Business code (se 531120	e instructions)
	Plan administrator's name and HOMES, INC.		STREET S	OUTHWEST SUITE 6	3b	Administrator's Ell 91-1990	
		LAKEWOOD,	WA 9849	9	3c	Administrator's tele 253-460-3	
4	If the name and/or EIN of the p name, EIN, and the plan numb	lan sponsor has changed since the la	ast return/i	report filed for this plan, enter the	4b	EIN	
а	Sponsor's name	er nom me last return/report.			4c	PN	
-		the beginning of the plan year			5a		8
b	Total number of participants at	the end of the plan year			5b		8
C		count balances as of the end of the p	• •		5c		8
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)			X Yes No
b				dent qualified public accountant (IQF			
				ons.) SF and must instead use Form 550			X Yes No
Pa	rt III Financial Informa		5111 5500-	or and must mateau use rorm oot			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of	Year
а	Total plan assets		7a	39364			40151
b	Total plan liabilities		7b				
C	Net plan assets (subtract line 7	b from line 7a)	7c	39364			40151
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount		(b) Tot	tal
а	Contributions received or recei	vable from:	8a(1)				
			8a(2)		-		
			8a(3)				
b	() ()		8b	787			
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c				787
d	Benefits paid (including direct r	ollovers and insurance premiums	. 8d				
е	Certain deemed and/or correct	ive distributions (see instructions)	8e				
f	Administrative service provider	s (salaries, fees, commissions)	8f				
g	Other expenses		8g				
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				0
i	() ()	e 8h from line 8c)	8i				787
j	Transfers to (from) the plan (se	ee instructions)	8j				

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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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: 2E 2J 2K 3D
- **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	Du	ring the plan year:		Yes	No		Amo	unt	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		Х				
С	W	as the plan covered by a fidelity bond?	10c	Х					10000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		Х				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		Х				
f	Ha	is the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Die	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance							
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	•				. П	Yes	No
12	ls	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	X No
		"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							_
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction in the waiver							
lf y	/ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b	En	ter the minimum required contribution for this plan year			12b				
С	En	ter the amount contributed by the employer to the plan for this plan year			12c				
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left gative amount)			12d				
е	Wi	I the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	lo	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	На	s a resolution to terminate the plan been adopted in any plan year?			`	Yes X	No		
		Yes," enter the amount of any plan assets that reverted to the employer this year	r						
b	We	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?	under	the co			Π	Yes	X No
C	lf c	luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ich assets or liabilities were transferred. (See instructions.)							
1	3c(1) Name of plan(s):		13	c (2) E	N(s)	1	13c(3)	PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ise is	estab	lished.	1		
		nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu					cable, a	a Sche	dule

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	Filed with authorized/valid electronic signature.	09/17/2013	SARAH HAN
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

Constraint Benefit Plan 2011 Terrent internet Sections The form is required to the formation Section Section and Section Sectio Section Section Section Sectio Section Section Secti							1210-0089
Operation of a constraint in the constraint of a constraint in the instructions to the form a constraint cons		Department of the Treasury Internal Revenue Service	This form is seening to be first	Benefit	Plan		2011
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The entrineport is: The first returnineport The first returnineport Deck bor if fligt under: 	A	his return/report is for:	a single-employer plan	a multiple-	employer plan (not multiemployer)		a one-participant plan
Direct loss if fing under: an annedde returnetod an annedde returnetod annonize extension PCVC program PCVC program CPVC program	B	his return/report is:	the first return/report	the final re	:turn/report]	
Carbo to filing under: Form 5636 IDPVC program XII I BESIC Flair Information automatic actension IDPVC program Name of pain grant number grant number Name of pain grant number				a short plar	n year return/report (less than 12 mo		
Itil Basic Plan Information Name of plan Itil Basic Plan Information Name of plan Itil Plan Name of plan Name of plan Name of plan 10				automatic	extension		DFVC program
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KENOD MA 98499 State St	390	1 100TH STREET SOU	THWEST SUITE 6				ponsor's telephone number 53-460-3714
Plan adding adding adding additional address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 20000E3 2011TB_5 20000E3 3C Administrator's EIN 20000E1 Filte name and/or EIN of the plan number from the last elumineport filed for this plan, enter the administrator's EIN 3C Administrator's EIN 20000E1 Filte name 20000E0 4D EIN 20000E1 Filte name 20000E0 4D PA 20000E1 Filte name 20000E0 4D PA 20000E1 Filte name 4D Filte name 20000E0 4D PA 20000E1 Filte name Filte name 4D PA PA PA 20000E1 Filte name Filte name 4D PA PA PA 20000E1 Filte name Filte name Filte name Filte name Filte name PA 20000E1 Filte name Filte name Filte name Filte name PA 20000E1 Filte name Filte name Filte name Filte name<	LAK	CEMOOD					usiness code (see instructions) 3112.0
0.1 10.1	3a XEN	Plan administrator's name and IA HOMES, INC.	address (if same as plan sponsor, e	enter "Same'	0		dministrator's EIN 1 - 1990624
The name and/or EIN of the plan sponsor has changed shoe the last return/report filed for this plan, enter the article and the plan sponsor has changed shoe the last return/report. 40 E EN name. EIN, and the plan sponsor has changed shoe the plan spear. 40 E EN Sonsore is name of participants with account balances as of the end of the plan vear. 40 E EN Total number of participants with account balances as of the end of the plan vear. 54 EN Yes 54 EN 54 EN Were all of the plan s assets during the plan vear. 60 EN EXECON (04 6Y) (See instructions). 54 EN Where all of the plan s assets during the plan vear. 60 EN EXECON (04 6Y) (See instructions). 74 See statution and report of an independent qualifier public accountant (IQPA). 74 See statution account balances. 74 See statution account balances. III II Financial Information 7a See statution account balances. 7a See statution accountant (IQPA). 78 See statution accountant (IQPA). IC III II Financial Information 7a See statution accountant (See See See See See See See See See Se	390	1 100TH STREET SOU	THWEST SUITE 6				dministrator's telephone number
Total number of participants with account bears changed structur/report. 40 EIN Sponsor's name. 41 EIN Sponsor's name. 42 FN Sponsory (alming a valve of the annual examination and report of an independent qualified public accountant (IQPA) 74 SN Complete this (tern). 72 SI Sponsory (alming or Vear. 73 SI SI Sponsory (alming or Vear. Call plan assets (subtract line 7b from line 7a). 7a 39 SI SI Sponsory. Fill Financial Information 7a (a) Boginning or Vear. (b) Total Call plan assets (subtract line 7b from line 7a). 7a 39 SI SI Sponsory. (b) Total Call plan assets (subtract line 7b from line 7a). 7a 39 SI SI Sponsory. (b) Total Call plan assets (subtract line 7b from line 7a). 7a 39 SI SI Sponsory. (b) Total Call plan assets (subtract line 7b from line 7a). 7a 3	₫		WA 98499				33-400-3/14
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Total number of participants with account balances as of the end of the plan year. 5b 5b Number of participants with account balances as of the end of the plan year. 5b 5c Number of participants with account balances as of the end of the plan year. 5c 5c 5c Where all of the plan's assets during the plan year. Were all of the plan's assets during the plan year. 5c		Total number of participants at	the beginning of the plan year			5a	89
Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this fietm). Ex Were all of the plan's assets during the plan year invested in eligble assets? (See instructions.)		Total number of participants at	the end of the plan year			5b	8
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		Number of participants with ac	count balances as of the end of the	plan year (d	lefined benefit plans do not	50	8
Are you claiming a waiver of the amual examination and report of an independent qualified public accountant (IQPA) under 28 CSD: 104-467 (See instructions on waiver eligibility and conditions). Image: See instructions on waiver eligibility and conditions). If II Financial Information 7 (a) Beginning of Year (b) End of Year Plan Assets and Liabilities 7a (a) Beginning of Year (b) End of Year (b) End of Year Plan Assets and Liabilities 7a (a) Beginning of Year (b) End of Year (b) End of Year Plan Assets and Liabilities 7a (a) Beginning of Year (b) End of Year (b) End of Year Total plan assets 7b 7c 393.64 (b) End of Year (b) Total Not plan assets 7c 7b 393.64 (b) Total Income. Expenses, and Transfers for this Plan Year 7c (a) Amount (b) Total Onther income (botal) 8a(1) 8a(2) 7c (a) Amount (b) Total Other income (loss) 0ther income (loss) 0ther income (loss) 7a 7a 7a Other income (loss) 0ther expenses 8a 2b 7a 7a 7a Other income (loss) 0ther expenses <td>6a</td> <td>Were all of the plan's assets d</td> <td>luring the plan year invested in eligit</td> <td>ble assets?</td> <td>See instructions.)</td> <td></td> <td></td>	6a	Were all of the plan's assets d	luring the plan year invested in eligit	ble assets?	See instructions.)		
Offs.) Diffs.) Diffs.) SF and must instead use Form 5500. 29364 (b) End of Year (a) Beginning of Year 39364 (b) Total 787 787 (b) Total	q	Are you claiming a waiver of th	ie annual examination and report of	f an indepen	dent qualified public accountant (IQP	(A)	
(a) Beginning of Year (b) End of Year 39364 (b) Total 39364 (b) Total (a) Amount 787		under 29 CFR 2520.104-46? (If vou answered "No" to eith	See instructions on waiver eligibility er 6a or 6b. the plan cannot use F	Form 5500-5	ons.)		
(a) Beginning of Year (b) End of Year 39364 (b) End of Year 39364 (b) Total (a) Amount 787	Par	t III Financial Informa	ation				
39364 39364 (b) Total 787 787		Plan Assets and Liabilities			(a) Beginning of Year	_	End of Year
39364 (b) Total (a) Amount 787 787		Total plan assets		7a	3936	4	40151
(a) Amount (b) Total (b) Total		I otal plan ilabilities	th from line 7a)	92	926E	4	40151
787	1	Income. Expenses. and Transf	ers for this Plan Year	2			
287		Contributions received or received	vable from:				
787				8a(1)		_	
787		(2) Participants		8a(2)			
		(3) Uthers (including rollovers)		8a(3)	, a L		
		Total income (pdd linne 86/4)	00/01 00/01 001	8	07		L 8 L
	σ	Benefits paid (including direct	ספובי), ספוכי), פווט סט)	0			
		Codoin docmod and/or corrord	tino diatrikutiona (ana juatata)	8		_	
				90			
		Administrative service provide	's (salaries, tees, commissions)	50 50			
		Total experises	Re Rf and Rol	60 40			0
		Nat income (loss) (subtract line	oe, ol, aliu oy,	ăn 8		_	787
		Transfers to (from) the plan (se	ee instructions)	5 8			
	For Pa	aperwork Reduction Act Notice and OI	MB Control Numbers, see the instructions fo	Dr Form 5500-SE			Form 5500-SF (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:

 9a
 If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	Part V Compliance Questions				
10	During the plan year:		Yes	No	Amount
a	1 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		×	
q	- 0	10b		×	
U	: Was the plan covered by a fidelity bond?	10c	×		10000
р	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		×	
9	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		Х	
+	Has the plan failed to provide any benefit when due under the plan?	10f		×	
9	I Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
ч	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		×	
	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	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))	lete (Schedu	lle SB	(Form Yes No
12		or se	tion 3	02 of E	ERISA? 🗌 Yes 🛛 No
•					
a a	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. Day Year	ions,	and ei	Day.	e date of the letter ruling Year
Ŧ	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		I		
q	b Enter the minimum required contribution for this plan year			12b	
υ	: Enter the amount contributed by the employer to the plan for this plan year			12c	
Ρ	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a	fa		124	

neg	negative amount)	120
e Will	e Will the minimum funding amount reported on line 12d be met by the funding deadline?	
Part VII	Part VII Plan Terminations and Transfers of Assets	

A/N

Ŷ

Yes

13	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	3a	
1	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control	the control	:
	of the PBGC?		U Yes 🛆 No
0	C If during this plan year, any assets or lightlifties were transferred from this plan to another plan(s) identify the plan(s) to	n/e/ to	

מ

13c(3) PN(s)	
13c(2) EIN(s)	
c(1) Name of plan(s):	
	3c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PIN(s)

le cause is established.
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab

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1 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	Sach Her	09/13/2013 SARAH HAN	SARAH HAN
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