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

 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 09/10/201 a single-employer plan a one-participant plan A This return/report is for: a multiple-employer plan (not multiemployer) the first return/report the final return/report **B** This return/report is: an amended return/report a short plan year return/report (less than 12 months) Form 5558 DFVC program automatic extension C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan Three-digit FGM CONSTRUCTION AND DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN plan number 001 (PN) **>** 1c Effective date of plan 07/01/2001 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number FGM CONSTRUCTION AND DEVELOPMENT, INC. 91-1203777 (EIN) Sponsor's telephone number 360-532-5151 P.O. BOX 427 ABERDEEN, WA 98520 Business code (see instructions) 236200 **3a** Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address 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 PΝ Total number of participants at the beginning of the plan year 6 5a **b** Total number of participants at the end of the plan year..... 5_b 0 Number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 complete this item) 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) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... 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. Filed with authorized/valid electronic signature. 12/23/2013 JEAN SCHOFNER SIGN **HERE** Signature of plan administrator Enter name of individual signing as plan administrator Date 12/23/2013 SIGN Filed with authorized/valid electronic signature. JEAN SCHOFNER **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)

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Pa	rt III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) E	nd of \	/ear	
a	Total plan assets	7a	11647				(2) =	14 01		0
	Total plan liabilities	7b								0
	Net plan assets (subtract line 7b from line 7a)	7c	11647	116475		-			0	
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				/ h) Tota		
	Contributions received or receivable from:		(a) Amount) iota	<u>'</u>	
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)		0						
	(3) Others (including rollovers)	8a(3)		0						
b	Other income (loss)	8b	821	1						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							821	1
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	12223	32						
е	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	245	54						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							12468	6
i	Net income (loss) (subtract line 8h from line 8c)	8i							-11647	5
j	Transfers to (from) the plan (see instructions)	8j								
Pai	t IV Plan Characteristics	<u> </u>	l							
	If the plan provides pension benefits, enter the applicable pension 2F 2G 2J 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the inst	ruction	ıs:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Coc	les in t	he instr	uctions	:	
_										
Par				-			ı			
10	During the plan year:				Yes	No		An	ount	
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ıciary Corı	rection Program)	10a		X				
	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
С	Was the plan covered by a fidelity bond?			10c	X					15000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X				
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all of	of the bene	efits under the plan? (See	4.0		X				
	instructions.)			10e						
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	•		10h		X				
i	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										
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)										
11a	Enter the amount from Schedule SB line 39					11a		··· 1 L	. 50	1.13
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 beir granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th	ne date	of the I _ Ye		ıling
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.										
b	Enter the minimum required contribution for this plan year					12b				
					_					

	For	m 5500-SF 2012	Page 3 - 1						
					ı				
С	Enter th	ne amount contributed by the employer to the plan for this plan year			120	:			
d		ct the amount in line 12c from the amount in line 12b. Enter the result (-		12d	ı			
е	Will the	minimum funding amount reported on line 12d be met by the funding	deadline?				Yes	No	N/A
Part	VII F	Plan Terminations and Transfers of Assets							
13a	Has a re	esolution to terminate the plan been adopted in any plan year?			. X	Yes	i N	0	
	If "Yes,	" enter the amount of any plan assets that reverted to the employer thi	is year		. 13a				
b		Il the plan assets distributed to participants or beneficiaries, transferred				ol		X Yes	No
С	If during	g this plan year, any assets or liabilities were transferred from this plar assets or liabilities were transferred. (See instructions.)							
1	3c(1) Na	ame of plan(s):		1	3c(2)	EIN(s)	13c(3) PN(s)
Part	VIII T	rust Information (optional)	•					•	
14a 1	Name of	trust			14b	Trus	t's EIN		

911203777

FGM CONSTRUCTION AND DEVELOPMENT, I

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 section 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

-					1			
_	art I Annual Report Identification Information							
For	calendar plan year 2012 or fiscal plan year beginning	01/01/2013	and ending	09	/10/2013			
A	This return/report is for: x a single-employer plan	a multiple-employer p	lan (not multiemployer)		a one-partici	pant plan		
В	This return/report is: the first return/report	x the final return/report						
	an amended return/report	a short plan year retu	m/report (less than 12 m	onths)				
C	Check box if filing under: Form 5558	automatic extension		٦	DFVC progra	ım		
	special extension (enter descrip	ption)		-				
P	art II Basic Plan Information enter all requested in	nformation		•				
Ere .	Name of plan	nionnagon_		1b	Three-digit			
		(h) propre cuart	10 m 111		plan number			
	FGM CONSTRUCTION AND DEVELOPMENT, INC. 401	(K) PROPII SHARI	NG PLPM		(PN) ► Effective date o	001		
					07/01/2001			
2a	Plan sponsor's name and address; include room or suite numbe	r (employer, if for a single	employer plan)		······································	ification Number		
	FGM CONSTRUCTION AND DEVELOPMENT, INC.			(EIN) 91-1203777				
				2c	Sponsor's telep	hone number		
	P.O. Box 427				(360) 532-			
					Business code 236200	(see instructions)		
	ABERDEEN WA 98520	N D 6	D' 0 1 11					
Ja	Plan administrator's name and address X Same as Plan Spor	nsor Name Same as	Plan Sponsor Address	30	Administrator's	EIN		
				<u> </u>				
				3C	Administrator's	telephone number		
4	If the name and/or EIN of the plan sponsor has changed since the	ne last return/report filed for	or this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report.	,						
<u>a</u>	Sponsor's name			4c	PN			
	Total number of participants at the beginning of the plan year			5a		6		
b	Total number of participants at the end of the plan year			5b		0		
C	Number of participants with account balances as of the end of th complete this item)			5c		0		
6a	Were all of the plan's assets during the plan year invested in elig					X Yes No		
b	Are you claiming a waiver of the annual examination and report		d public accountant (IQP	'A)				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	* ******	***************************************			XYes No		
	If you answered "No" to either line 6a or line 6b, the plan ca				***************************************			
	ution: A penalty for the late or incomplete filing of this return							
Un	der penalties of perjury and other penalties set forth in the instruct or Schedule MB completed and signed by an enrolled actuary, as	tions, I declare that I have	examined this return/rep	ort, inc	duding, if application	able, a Schedule		
bel	ief, it is true correct, and complete.	s well as the electronic ve	ision of this return/report	, and to	the best of my	knowledge and		
	Chan habar	/2	JEAN SCHOFNER					
1000	GN Signature of plan administrator	Date/2//8//3	Enter name of individua	l cianin	va ac alan admir	nintrator		
	7/11/54-	150079797	JACK MCPHERSON	i sigimi	y as plan aumi	IIOU GLOT		
1000,723	GN Signature of employer/plan sponsor	Date 11/18/13	Enter name of individua	l eignin	ra ac amplavas	or plan anonger		
-	parer's name (including firm name, if applicable) and address; inc					number (optional)		
	person o mario (manada g mini tamo, n approcado) ana adalese, me	side from or some runna	л (орвонал)	пера	rer s telephone	number (optional)		
ł								
						W (2004) W (0, 444 or 700)		
				No.				

Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning of Year		T		(b) End of Year	
a Total plan assets	. 7a	116,4	75	. II		0	
b Total plan liabilities	. 7b					0	
C Net plan assets (subtract line 7b from line 7a)	. 7c	116,4	75			0	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total		
Contributions received or receivable from:	2 (1)						
(1) Employers	. 8a(1)		0				
(2) Participants			0				
(3) Others (including rollovers) b Other income (loss)		0.00	0				
	. 8b	8,2	11	100			
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	. 8c		_			8,211	
to provide benefits)	. 8d	122,2	32				
e Certain deemed and/or corrective distributions (see instructions)	. 8e			1000			
f Administrative service providers (salaries, fees, commissions)	. 8f	2,4	54		100		
g Other expenses	. 8g						
h Total expenses (add lines 8d, 8e, 8f, and 8g)				T		124,686	
i Net income (loss) (subtract line 8h from line 8c)	. 8i			1		(116,475)	
Transfers to (from) the plan (see instructions)	. 8j			Total Control			
Part IV Plan Characteristics							
b If the plan provides welfare benefits, enter the applicable welfare feat Part V Compliance Questions	ature codes fr	om the List of Plan Character	ristic (in the i	nstructions:	
10 During the plan year:				Yes	No	Amount	
a Was there a failure to transmit to the plan any participant contributed 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure).	ciary Correction	on Program)	10a		х		
b Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	ude transactions reported	10Ь		х		
C Was the plan covered by a fidelity bond?			10c	x		15,000	
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		
Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all or the commissions.	er persons by	an insurance carrier, under the plan? (See					
instructions.)	*************	******************************	10e		х		
f Has the plan failed to provide any benefit when due under the plan	n?	******************************	10f		x		
g Did the plan have any participant loans? (If "Yes," enter amount as	s of year end.)	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 If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	ne required no	otice or one of the	10i		-		
Part VI Pension Funding Compliance	1-0	***************************************	101	1			
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)							
11a Enter the amount from Schedule SB line 39				T	I1a		
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							
(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 beir granting the waiver	ng amortized i	n this plan year, see instructi	ons, a	ınd en		date of the letter rulingYear	
If you completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5	500), and skip to line 13.					
b Enter the minimum required contribution for this plan year							

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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 magative 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?	*******************************	XY	es 🗌 No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	***************************************	13a	0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to anoth of the PBGC?	ontrol	ntrol X Yes No			
С	If during this plan year, any assets or liabilities were transferred from this plan to anoth which assets or liabilities were transferred. (See instructions.)	er plan(s), identify the plan(s) to)			
1	13c(1) Name of plan(s):	13	c(2) EIN(s) 13c(3) PN(s)			
Part	VIII Trust Information (optional)					
14a I	Name of trust	14b Trust's EIN				
F	FGM CONSTRUCTION AND DEVELOPMENT, I		91-1203777			