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

2013

This Form is Open to Public Inspection

Per	nsion Be	nefit Guaranty Corporation	▶ Complete all entries in acc	ordance with the instruc	tions to the Form 550	0-SF.	""	peotion	
Par	rt I	Annual Report le	dentification Information						
For c	alenda	ar plan year 2013 or fisc	cal plan year beginning 01/01/2	2013	and ending 1	2/31/2	2013		
		urn/report is for:	a single-employer plan	a multiple-employer pl	an (not multiemployer)		a one-partici	pant plan	
ВП	nis reti	urn/report is:	the first return/report	the final return/report					
_			an amended return/report Form 5558	a short plan year return automatic extension	n/report (less than 12 mo	onths)			
C c	heck b	oox if filing under:			DFVC progra	am			
Par	4 II	Basic Blan Infor	special extension (enter descri	,					
			mation—enter all requested info	rmation		1h	Three-digit		
		of plan	PROFIT SHARING PLAN			טו	plan number		
WODE	IXIV DC	DIEDERO, IIVO. 40 I(IV)	TROTTI GHARING I LAN				(PN) ▶	001	
						1c	Effective date of	f plan	
							02/01	•	
		oonsor's name and add UILDERS, INC.	ress; include room or suite number	r (employer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-08	fication Number 70978	
3114 5	SOUTH	H PROCTOR STREET				2c	Sponsor's telep		
		'A 98409				2d	Business code	(see instructions)	
3a F	Plan ac	dministrator's name and	d address XSame as Plan Sponso	or Name Same as Plan	Sponsor Address	3b	Administrator's		
						3с	Administrator's	telephone number	
			plan sponsor has changed since th	ne last return/report filed fo	or this plan, enter the	4b	EIN		
		EIN, and the plan num or's name	ber from the last return/report.			4c	PN		
	•		at the beginning of the plan year			5a		13	
_			at the end of the plan year			5b		11	
C	Numbe	er of participants with a	ccount balances as of the end of th	ne plan year (defined bene	fit plans do not	5c		9	
_		•	during the plan year invested in eli					X Yes No	
_		•	the annual examination and report	•	•			M 100 [] 110	
			(See instructions on waiver eligibil					X Yes No	
1	If you	answered "No" to eit	her line 6a or line 6b, the plan ca	nnot use Form 5500-SF	and must instead use	Form	5500.		
CI	f the p	lan is a defined benefit	plan, is it covered under the PBG0	C insurance program (see	ERISA section 4021)? .		Yes No	Not determined	
Cauti	ion: A	penalty for the late of	r incomplete filing of this return/	report will be assessed u	unless reasonable cau	ıse is	established.		
Unde SB o	r pena r Sche	alties of perjury and other	er penalties set forth in the instruct d signed by an enrolled actuary, as	ions, I declare that I have	examined this return/rep	ort, in	cluding, if applic		
SIGN		Filed with authorized/v	alid electronic signature.	04/28/2014	JAMES D. GARRETT				
HERE		Signature of plan ad	lministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator	
SIGN							•		
HERI		Signature of employ		or Date Enter name of indiv		vidual signing as employer or plan sponsor			
Prepa	arer's i	name (including firm na	ime, if applicable) and address; inc	lude room or suite number	r (optional)	Prep	arer's telephone	number (optional)	

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Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End	of Y	ear		
a	Total plan assets	7a	96422				(2) 2.10		13254	3	
	Total plan liabilities	7b		0			13				
	Net plan assets (subtract line 7b from line 7a)	7c	96422	26			1132530				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) ranount				(2)	Utu.			
	(1) Employers	8a(1)	645	7							
	(2) Participants	8a(2)	1300	00							
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	16641	9							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						•	185876	5	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1644	6							
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f	112	6							
g	Other expenses	8g									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							1757	2	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							16830	4	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	rt IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	des from the List of Plan Char	acteri	stic Co	des in	the instruc	ction	S:		
b	If the plan provides welfare benefits, enter the applicable welfare for	eature code	es from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ions			
Par	t V Compliance Questions										
10	During the plan year:				Yes	No		Δm	ount		
	Was there a failure to transmit to the plan any participant contribute 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X		7411	- Curit		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X					
					X					405	000
				10c						1250	J00
	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 	•	•								
	instructions.)			10e	X					56	657
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		X					
9	Did the plan have any participant loans? (If "Yes," enter amount a	s of vear e	nd.)	10g		Χ					
h		(See instru	ctions and 29 CFR	10g		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	ne required	I notice or one of the	10ii							
Daw		1-3		101	<u> </u>						
Part	<u> </u>		/aa !! aaa inatuustiana and aan		Caba	OF) /Farra	1			
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes		No
	Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) 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.)										
	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.		Mon	th	, and e	enter th Day	ne date of t	he le Yea		ıling	_
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For			-		ı				
	Enter the minimum required contribution for this plan year					12b					

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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.))			
1	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)	
Part	VIII Trust Information (optional)				
14a	Name of trust	14b Trust's EIN			

Form 5500-SF

Department of the Treasury internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2013

This Form is Open to Public

Pension Ber	nefit Guaranty Corporation	Complete all entries in accor	rdance with the instruct	ions to the Form 5500	D-SF.	Ins	spection
Part I	Annual Report	Identification Information				<u> </u>	
For calenda	r plan year 2013 or fis	cal plan year beginning 0	1/01/2013	and ending		12/31/201:	3
A This retu	A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan						
B This retu	ırn/report is:	the first return/report	the final return/report				
	,	an amended return/report	a short plan year return	report (less than 12 mg	onths)		
C Check h	ox If filing under:	Form 5558	automatic extension	, ,	j	DFVC progra	am
• Oncor b	ox it thing drider.	special extension (enter descripti	_				
Part II	Basic Plan Info	rmation—enter all requested Inform					
1a Name o		Office difference in the	TO T		1b	Three-digit	
	•	C. 401(K) PROFIT SHARII	NG PLAN			plan number	001
						(PN)	
						Effective date of 02/01/1992	
2a Dian an	annels name and ad	dress; Include room or sulte number (omnlover if for a single of	mnlever plan)			
	BUILDERS, INC		employer, it for a single-e	miployer plant		(EIN) 91-087	fication Number 70978
						Sponsor's telep	
3114 SC	UTH PROCTOR S	STREET			0	253-383-1	
					2d	Business code	(see Instructions)
TACOMA		WA 98409				236110	
3a Plan ad	lministrator's name ar	nd address XSame as Plan Sponsor	Name XSame as Plan	Sponsor Address	3b	Administrator's	EIN
					30	Administrator's	telephone number
					00	Administrators	telephone hamber
		plan sponsor has changed since the	last return/report filed fo	r this plan, enter the	4b	EIN	
		mber from the last return/report.			4c	DN	
a Sponso		at the beginning of the plan year				1	13
	· ·	at the end of the plan year					11
		1 12190310009490			5b		
	A DECEMBER OF THE CONTRACT OF	account balances as of the end of the	, ,		5c		9
		s during the plan year invested in eligi					X Yes No
		f the annual examination and report of				20	
under	29 CFR 2520.104-46'	? (See instructions on waiver eligibility	and conditions.)				X Yes ∐ No
		Ither line 6a or line 6b, the plan can				_	-
C If the p	lan is a defined benef	it plan, is it covered under the PBGC	insurance program (see	ERISA section 4021)?		Yes ∐No [Not determined
Caution: A	penalty for the late	or incomplete filing of this return/re	port will be assessed u	ınless reasonable caı	use Is	estabilshed.	
Under pena	Itles of perlury and of	her penalties set forth in the instructio	ns. I declare that I have e	examined this return/re	port, In	cluding, if application	cable, a Schedule
SB or Sche	dule MB completed a	nd signed by an enrolled actuary, as v	well as the electronic vers	sion of this return/report	t, and t	to the best of m	y knowledge and
Deller, it is t	rue, correct, and com	piete.					
SIGN	XII		1/	JAMES D. GARR	ETT		
HERE	Signature of plan a	dmInistrator	Date 4/05/19	Enter name of Individ	lual sig	ınıng as plan ad	ministrator
SIGN	1		7/				
HERE	Signature of emplo	wor/nian enoneor	Date	Enter name of Individ	lual elo	ining as amploy	er or plan sponsor
Preparer's		name, if applicable) and address; Inclu					e number (optional)
	,	, , , , , , , , , , , , , , , , , , , ,					•
					-		

Par	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Yea	r			(b) End of Year	
а	Total plan assets	7a	96	5422	6		1132543	
b	Total plan liabilities	7b			0		13	
C	Net plan assets (subtract line 7b from line 7a)	7c	96	5422	6		1132530	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total	
	Contributions received or receivable from: (1) Employers	8a(1)		645	7			
	(2) Participants	8a(2)		1300	0			
	(3) Others (including rollovers)	8a(3)						
b	Other Income (loss)	8b	16	5641	.9			
С	Total Income (add Ilnes 8a(1), 8a(2), 8a(3), and 8b)	8c					185876	
d	Benefits paid (including direct rollovers and insurance premiums			1644	_			
	to provide benefits)	. Bd		1044				
_	Certain deemed and/or corrective distributions (see instructions)	8e		110		-		
	Administrative service providers (salaries, fees, commissions)	8f		112	6			
	Other expenses	8g			-			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-		17572	
	Net income (loss) (subtract line 8h from line 8c)	81					168304	
j_	Transfers to (from) the plan (see Instructions)	8]						
-	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Chara	acteris	tlc Co	des In	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Chara	cterist	ic Cod	les in ti	he Instructions:	
_	p si van ver entre							
Par	V Compliance Questions							
10	During the plan year:				Yes	No	Amount	
a	Was there a fallure to transmit to the plan any participant contribu 29 CFR 2510.3-1027 (See Instructions and DOL's Voluntary Fide			10a		х		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		Х		
С	Was the plan covered by a fidelity bond?			10c	Х		125000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х		
е								
	insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	х		5657	
f	Has the plan falled to provide any benefit when due under the pla	n?		10f		Х		
g				10g		Х		
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)	•		10h		х		
Ĩ I	If 10h was answered "Yes," check the box if you either provided texceptions to providing the notice applied under 29 CFR 2520.10			101				
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39							
12	2 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 walver of the minimum funding standard for a prior year is bei granting the walver.	ng amortiz	ed in this plan year, see instru		, and	enter th Day	ne date of the letter ruling Year	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul							
b	Enter the minimum required contribution for this plan year					12b		

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C 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)	424		-0-19
e 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 N	lo
If "Yes," enter the amount of any plan assets that reverted to the employer this year			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under of the PBGC?	the control		Yes X N
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the pla which assets or liabilities were transferred. (See Instructions.)	n(s) to		
13c(1) Name of plan(s):	13c(2) E	EIN(s)	13c(3) PN(s)
		-	-
Part VIII Trust Information (optional)			

14b Trust's EIN

14a Name of trust