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

	J.1.0.01.1 BO	none oddranty corporation	L	Complete all entries i	n accordan	ice with the instruc	ctions to the Form 5	500-SF.			
Pa	rt I	Annual Report	Ide	ntification Informat	ion						
For o	calenda	ar plan year 2013 or fi	scal r	olan year beginning 0	1/01/2013		and ending	12/31/	2013		
A 1	This ret	urn/report is for:	X	a single-employer plan	ar	multiple-employer pl	an (not multiemploye	r)	a one-partici	pant plan	
Вт	This ret	urn/report is:		the first return/report	X th€	e final return/report					
				an amended return/repor	t as	hort plan year returr	n/report (less than 12	months)		
C	Check b	oox if filing under:		Form 5558	au	tomatic extension		DFVC program			
				special extension (enter o	description)						
Pa	rt II	Basic Plan Info	rma	ation—enter all requeste	d informatio	n					
1a	Name	of plan						1b	Three-digit		
		•	CTIO	N LLC DAVIS-BACON P	ENSION PL	AN AND TRUST			plan number		
								10	(PN) F	001	
								1c	Effective date o	•	
		oonsor's name and ad GENERAL CONSTRU		s; include room or suite no	ımber (empl	loyer, if for a single-	employer plan)	2b	Employer Identi (EIN) 91-19	fication Number	
2221	BROW	IN PD						2c	Sponsor's telep		
		WA 98248						2d	Business code	(see instructions)	
3a	Plan ad	dministrator's name ar	nd ad	Idress XSame as Plan S	ponsor Nam	ne Same as Plan	Sponsor Address	3b	Administrator's		
								3с	Administrator's	telephone number	
	16.11						<u> </u>	4.			
4				n sponsor has changed si		return/report filed fo	or this plan, enter the	4b	EIN		
	name,	EIN, and the plan nu		n sponsor has changed si from the last return/repor		return/report filed fo	or this plan, enter the		EIN PN		
a	name, Sponso	EIN, and the plan nul or's name	mber		t.	· 		4c		4	
а 5а	name, Sponso Total r	EIN, and the plan nul or's name number of participants	mber s at th	from the last return/repor	t. ear			4c 5a		4 0	
a 5a b	name, Sponso Total r Total r Numbe	EIN, and the plan number's name number of participants number of participants er of participants with	at th	from the last return/reported beginning of the plan year	eard of the plan	n year (defined bene	fit plans do not	4c 5a 5b			
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Form 5500-SF 2013 Page **2**

Do	t III Financial Information									
7			(a) De alamin a c (Va		1		(h.) F.:	-1 - 6 37		
	Plan Assets and Liabilities	_	(a) Beginning of Yea) Beginning of Year			(b) En	d of Y)
	Total plan liabilities	7a	45705	7001					•)
	Total plan liabilities	·							()
				1001			(1-)	Tatal		,
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(D)	Total		
	(1) Employers	8a(1)		0						
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	ers (including rollovers)								
b	Other income (loss)	8b	4074	7						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							40747	•
d 	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	49789	7						
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g	70	1						
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							498598	3
	Net income (loss) (subtract line 8h from line 8c)	8i						-4	45785°	1
<u>j</u>	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension 2C 2F 2G 2T 3D	feature co	des from the List of Plan Chara	acteris	stic Co	des in	the instr	uctions	S :	
b	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	es from the List of Plan Charac	cterist	ic Cod	les in t	he instru	ctions:		
Par	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidure)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)			10b		X				
C	Was the plan covered by a fidelity bond?			10c	X					50000
d		fidelity bo	nd, that was caused by fraud	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 the ben	efits under the plan? (See			X				
	instructions.)			10e		Χ				
f	Has the plan failed to provide any benefit when due under the plan	n?		10f						
g			,	10g		X				
h	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	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							[Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,									
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 instruc		, and e	enter th	ne date o	f the le		ling
If	you completed line 12a, complete lines 3, 9, and 10 of Scheduk									
b	Enter the minimum required contribution for this plan year				T	12b				

Page	3 -	. 1	
гаус	J		

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?	X	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 another plan, or brought under the country of the PBGC?	control		X Yes	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):	3 c(2) El	N(s)	13c(3)	PN(s)
Part	VIII Trust Information (optional)				
14a Name of trust				•	

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).

2013

This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Pension Benefit Guaranty Corporation

Complete all entries in accordance with the instructions to the Form 5500-SF Annual Report Identification Information For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 12/31/2013 and ending a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: 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) C Check box if filing under: automatic extension DFVC program special extension (enter description) Part II Basic Plan Information—enter all requested information 1b Three-digit 1a Name of plan plan number STOUDER GENERAL CONSTRUCTION LLC DAVIS-BACON PENSION PLAN AND TRUST 001 (PN) > 1c Effective date of plan 10/02/2000 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) STOUDER GENERAL CONSTRUCTION LLC Employer Identification Number 91-1927994 (EIN) Sponsor's telephone number (360) 366-5822 3381 BROWN RD 2d Business code (see instructions) 236200 FERNDALE, WA 98248 3a Plan administrator's name and address KSame 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. 4c PN a Sponsor's name Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year 5b Number of participants with account balances as of the end of the plan year (defined benefit plans do not 0 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)..... Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IQPA) X Yes ☐ No 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. **c** If the plan is a defined benefit 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/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. JUHP 187014 MARK STOUDER SIGN HERE Signature of plan administrator Date Enter name of individual signing as plan administrator SIGN HERE Date Enter name of individual signing as employer or plan sponsor Signature of employer/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						Marie Communication of the Com			
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) End of Year			
a	Total plan assets	7a	45785				0			
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	45785	1		0				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total			
a	Contributions received or receivable from:	90/4)		0						
	(1) Employers	8a(1) 8a(2)								
**********	(2) Perticipants				+					
	(3) Others (including rollovers)	8a(3) 8b	4074	7	+					
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_	40747				
	Benefits paid (including direct rollovers and insurance premiums				\top					
-	to provide benefits)	8d	49789	7	\bot					
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e			_					
f	Administrative service providers (salaries, fees, commissions)	8f								
<u>g</u>	Other expenses	8g	70	1		**************************************				
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		······································			498598			
NAME OF TAXABLE PARTY.	Net Income (loss) (subtract line 8h from line 8c)	81					-457851			
j	Transfers to (from) the plan (see instructions)	8j								
	t IV Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension to 2C 2F 2G 2T 3D	feature co	des from the List of Plan Chan	acteris	stic Co	odes ir	the instructions:			
b	If the plan provides welfare benefits, enter the applicable welfare fe	ature cod	es from the List of Plan Chara	cterist	lic Cod	tes in t	the instructions:			
Part	V Compliance Questions									
10	During the plan year:				Yes	No	Amount			
-	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fidu	ions within	the time period described in ection Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		х				
С	Was the plan covered by a fidelity bond?			10c	Х		50000			
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused by fraud	10d		х				
е	or dishonesty?			.00						
•	Insurance service, or other organization that provides some or all (instructions.)	of the bene	efits under the plan? (See	100		х				
f	Has the plan failed to provide any benefit when due under the plan			10f		Х				
g	D. MEINE T. A. L. C. L.			10g		Х				
	If this is an Individual account plan, was there a blackout period? (2520,101-3.)	See instru	ctions and 29 CFR	10h		X				
į	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101	e required	notice or one of the	10i						
Part		-3 .,,		101	L					
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)	ents? (If "Y	es," see instructions and com	plete	Sched	lule SI	3 (Form			
11-	Enter the unpaid minimum required contribution for current year fro					11a				
12	Is this a defined contribution plan subject to the minimum funding						ERISA? Yes No			
14	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,			. U. 30	Juvil	-vs VI				
а	If a waiver of the minimum funding standard for a prior year is being granting the waiver.	g amortize	ed in this plan year, see instruc	tions,	and e	enter the	ne date of the letter ruling Year			
lf ·	granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule					Juy	I VVI			
	Enter the minimum required contribution for this plan year			,		12b				

	Form 5500-SF 2013	Page 3 - 1					
C	Enter the amount contributed by the employer to the plan for this plan ye	ear		12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the re negative amount)			12d			
е	Will the minimum funding amount reported on line 12d be met by the fun				Yes	Νο	N/A
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	***************************************		. X	res N	5	
	If "Yes," enter the amount of any plan assets that reverted to the employ	er this year		13a			0
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?					X Yes	i 🗌 No
С	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	s plan to another plan(s), identify	the plan(s)	to			
1	3c(1) Name of plan(s):		1	3c(2) El	N(s)	13c(3) PN(s)
Part '	VIII Trust Information (optional)	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u></u>				
	ame of trust			14b Tr	ust's EIN		