## 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

		Complete all entries in accord	aurioo mitti tiio moti u		••••		
Part I		Identification Information					
For calend	dar plan year 2013 or fis	scal plan year beginning 01/01/201:	3	and ending	12/31/	2013	
A This re	eturn/report is for:	x a single-employer plan	a multiple-employer pl	lan (not multiemployer)		a one-particip	pant plan
<b>B</b> This re	eturn/report is:	the first return/report	the final return/report				
		an amended return/report	a short plan year returi	n/report (less than 12 n	nonths	)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	am
		special extension (enter description	n)			_	
Part II	Basic Plan Info	rmation—enter all requested information	ation				
1a Name	of plan				1b	Three-digit	
EDIFICE CO	ONSTRUCTION CO., IN	NC. 401(K) PROFIT SHARING PLAN				plan number	004
					10	(PN)	001
					10	Effective date of 10/01/	•
2a Plan s	sponsor's name and add	dress; include room or suite number (e	mployer, if for a single-	employer plan)	2b	Employer Identi	
	ONSTRUCTION CO., II		1 7 7	, , ,			83087
					2c	Sponsor's telep	hone number
	ODINVILLE REDMOND	RD NE				425-286	6-1350
SUITE #3 WOODINVI	ILLE, WA 98072-9090				2d	Business code (	
					01	23620	
<b>3a</b> Plan a	administrator's name an	nd address XSame as Plan Sponsor N	lame Same as Plar	Sponsor Address	3D	Administrator's I	EIN
					3c	Administrator's t	telephone number
4		<del></del>			ļ		
		e plan sponsor has changed since the lander from the last return/report.	ast return/report filed fo	or this plan, enter the	4b	EIN	
	sor's name	mber from the last return/report.			4c	PN	
		at the beginning of the plan year			5a		42
<b>b</b> Total	number of participants	at the end of the plan year			- 5b		37
		account balances as of the end of the p	• '	•	. 5c		32
	,	during the plan year invested in clinib			- 1		
		s during the plan year invested in eligib the annual examination and report of a				•••••	X Yes ∐ No
		? (See instructions on waiver eligibility a					X Yes No
							X Yes   No
ir you	a anonoroa 110 10 or	ther line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead use	Form	i 5500.	A res [] No
		ther line 6a or line 6b, the plan cann it plan, is it covered under the PBGC in				. – –	Not determined
<b>C</b> If the	plan is a defined benefi	it plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No	,
C If the	plan is a defined benefi	it plan, is it covered under the PBGC in or incomplete filing of this return/rep	nsurance program (see	ERISA section 4021)? unless reasonable ca	use is	Yes No established.	Not determined
C If the Caution: A	plan is a defined benefit  A penalty for the late condities of perjury and other	it plan, is it covered under the PBGC in	nsurance program (see port will be assessed s, I declare that I have	ERISA section 4021)?  unless reasonable ca examined this return/re	use is	Yes No setablished.	Not determined  able, a Schedule
Caution: A Under pen SB or Scho	plan is a defined benefit  A penalty for the late condities of perjury and other	or incomplete filing of this return/report penalties set forth in the instructional signed by an enrolled actuary, as we	nsurance program (see port will be assessed s, I declare that I have	ERISA section 4021)?  unless reasonable ca examined this return/re	use is	Yes No setablished.	Not determined  able, a Schedule
Caution: A Under pen SB or Scho belief, it is	plan is a defined benefit  A penalty for the late contained of perjury and other indexed and true, correct, and compared to the plant in the plant i	or incomplete filing of this return/report penalties set forth in the instructional signed by an enrolled actuary, as we	nsurance program (see port will be assessed s, I declare that I have	ERISA section 4021)?  unless reasonable ca examined this return/re	use is	Yes No setablished.	Not determined  able, a Schedule
Caution: A Under pen SB or Scho	plan is a defined benefit  A penalty for the late of the late of perjury and oth ledule MB completed and true, correct, and completed with authorized/	or incomplete filing of this return/report per penalties set forth in the instructions and signed by an enrolled actuary, as we olete.	port will be assessed s, I declare that I have ell as the electronic ver	unless reasonable ca examined this return/resion of this return/report	use is eport, irrt, and	Yes No established. Including, if applic to the best of my	Not determined  able, a Schedule knowledge and
C If the  Caution: A  Under pen SB or Schi belief, it is  SIGN HERE	plan is a defined benefit  A penalty for the late contained of perjury and other indexed and true, correct, and compared to the plant in the plant i	or incomplete filing of this return/report per penalties set forth in the instructions and signed by an enrolled actuary, as we olete.	nsurance program (see port will be assessed s, I declare that I have ell as the electronic ver	ERISA section 4021)?  unless reasonable ca  examined this return/re sion of this return/report	use is eport, irrt, and	Yes No established. Including, if applic to the best of my	Not determined  able, a Schedule knowledge and
Caution: A Under pen SB or Sch- belief, it is	A penalty for the late of nalties of perjury and oth redule MB completed and true, correct, and completed with authorized/A Signature of plan and appears of the signature of plan and the signature of	or incomplete filing of this return/report incomplete filing of this return/report penalties set forth in the instructions and signed by an enrolled actuary, as we olete.  In a signed by an enrolled actuary, as we olete.  In a signed by an enrolled actuary, as we olete.  In a signed by an enrolled actuary, as we olete.	port will be assessed s, I declare that I have ell as the electronic ver 06/27/2014  Date	unless reasonable ca examined this return/resion of this return/report	use is eport, irrt, and	Yes No established. Including, if applicate to the best of my	Not determined  able, a Schedule knowledge and
C If the  Caution: A  Under pen SB or Sche belief, it is  SIGN HERE  SIGN HERE	A penalty for the late of nalties of perjury and oth redule MB completed and true, correct, and completed with authorized/A Signature of plan and Signature of employed.	or incomplete filing of this return/report incomplete filing of this return/report penalties set forth in the instructions and signed by an enrolled actuary, as we tolete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.	poort will be assessed as, I declare that I have ell as the electronic version of the poort will be assessed.  06/27/2014  Date  Date	unless reasonable caexamined this return/resion of this return/reportation of the return/reportation of this return of this retur	use is eport, irt, and	Yes No  established.  ncluding, if applic to the best of my  gning as plan adm	Not determined  able, a Schedule knowledge and  ministrator  er or plan sponsor
C If the  Caution: A  Under pen SB or Sche belief, it is  SIGN HERE  SIGN HERE	A penalty for the late of nalties of perjury and oth redule MB completed and true, correct, and completed with authorized/A Signature of plan and Signature of employed.	or incomplete filing of this return/report incomplete filing of this return/report penalties set forth in the instructions and signed by an enrolled actuary, as we olete.  In a signed by an enrolled actuary, as we olete.  In a signed by an enrolled actuary, as we olete.  In a signed by an enrolled actuary, as we olete.	poort will be assessed as, I declare that I have ell as the electronic version of the poort will be assessed.  06/27/2014  Date  Date	unless reasonable caexamined this return/resion of this return/reportation of the return/reportation of this return of this retur	use is eport, irt, and	Yes No  established.  ncluding, if applic to the best of my  gning as plan adm	Not determined  able, a Schedule knowledge and
C If the  Caution: A  Under pen SB or Sche belief, it is  SIGN HERE  SIGN HERE	A penalty for the late of nalties of perjury and oth redule MB completed and true, correct, and completed with authorized/A Signature of plan and Signature of employed.	or incomplete filing of this return/report incomplete filing of this return/report penalties set forth in the instructions and signed by an enrolled actuary, as we tolete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.	poort will be assessed as, I declare that I have ell as the electronic version of the poort will be assessed.  06/27/2014  Date  Date	unless reasonable caexamined this return/resion of this return/reportation of the return/reportation of this return of this retur	use is eport, irt, and	Yes No  established.  ncluding, if applic to the best of my  gning as plan adm	Not determined  able, a Schedule knowledge and  ministrator  er or plan sponsor
C If the  Caution: A  Under pen SB or Sche belief, it is  SIGN HERE  SIGN HERE	A penalty for the late of nalties of perjury and oth redule MB completed and true, correct, and completed with authorized/A Signature of plan and Signature of employed.	or incomplete filing of this return/report incomplete filing of this return/report penalties set forth in the instructions and signed by an enrolled actuary, as we tolete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.	poort will be assessed as, I declare that I have ell as the electronic version of the poort will be assessed.  06/27/2014  Date  Date	unless reasonable caexamined this return/resion of this return/reportation of the return/reportation of this return of this retur	use is eport, irt, and dual sig	Yes No  established.  ncluding, if applic to the best of my  gning as plan adm	Not determined  able, a Schedule knowledge and  ministrator  er or plan sponsor
C If the  Caution: A  Under pen SB or Sche belief, it is  SIGN HERE  SIGN HERE	A penalty for the late of nalties of perjury and oth redule MB completed and true, correct, and completed with authorized/A Signature of plan and Signature of employed.	or incomplete filing of this return/report incomplete filing of this return/report penalties set forth in the instructions and signed by an enrolled actuary, as we tolete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.  In a signed by an enrolled actuary, as we collete.	poort will be assessed as, I declare that I have ell as the electronic version of the poort will be assessed.  06/27/2014  Date  Date	unless reasonable caexamined this return/resion of this return/reportation of the return/reportation of this return of this retur	use is eport, irt, and dual sig	Yes No  established.  ncluding, if applic to the best of my  gning as plan adm	Not determined  able, a Schedule knowledge and  ministrator  er or plan sponsor

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Dai	t III Financial Information									
7	Plan Assets and Liabilities		(a) Paginning of Vac				(b) En	d of V	oor	
a	Total plan assets	(7, 13					(b) En		ear 719688	3
	Total plan liabilities	7b								
	Net plan assets (subtract line 7b from line 7a)	7c	240753	6				2	719688	3
	Income, Expenses, and Transfers for this Plan Year	70	(a) Amount	7000						
	Contributions received or receivable from:		(a) Amount	(b) Total						
	(1) Employers	8a(1)	14061	6						
	(2) Participants	8a(2)	9904	9						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	44931	0						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						6	88975	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	35798	5						
ее	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f	1883	8						
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						;	376823	3
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i						;	312152	2
j	Transfers to (from) the plan (see instructions)	8j								
Par	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	stic Co	des in	the instr	uctions	S:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Charac	cteristi	ic Coc	les in t	he instru	ctions:		
Part	V Compliance Questions									
10	During the plan year:				Yes	No		Am	ount	
а				10a		Х				
b	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					500000
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity box	nd, that was caused by fraud	10d		X				000000
	or dishonesty?  Were any fees or commissions paid to any brokers, agents, or oth			100						
·	insurance service, or other organization that provides some or all	of the ben	efits under the plan? (See			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 as	s of year e	end.)	10g	X					32829
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	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirem							T	Yes	X No
112	5500) and line 11a below)									
12										
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.)									
a	If a waiver of the minimum funding standard for a prior year is beir	ng amortiz	ed in this plan year, see instruc		, and e	_	ne date o			ling
If	granting the waiveryou completed line 12a, complete lines 3, 9, and 10 of Schedule			u 1		Day		Yea		
	Enter the minimum required contribution for this plan year	•			T	12b				

Page	3 -		1
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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	<b>3c(1)</b> Name of plan(s):	c(2) Ell	V(s)	<b>13c(3)</b> 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

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.

OMB Nos. 1210-0110 1210-0089

2013

This Form is Open to Public Inspection

F	art I	Annual Report	t Identificati	on Information	n							
Fo	r calend	dar plan year 2013 or f		beginning	01/01	/2013	and ending		12/31/20	13		
Α	This re	eturn/report is for:	X a single-e	mployer plan	a mult	iple-employer	plan (not multiemployer)	oyer) a one-participant plan				
В	This re	eturn/report is:	the first re	turn/report	the fin	al return/report	t					
			an ameno	led return/report	a short	plan year retu	rn/report (less than 12 n	nonths	;)			
С	Check	box if filing under:	Form 555	8		atic extension	21 8		DFVC progra	am		
		9	special ex	tension (enter desc								
P	art II	Basic Plan Info										
		of plan		The same of the sa	TO THE COLUMN			1b	Three-digit			
	EDIF	ICE CONSTRUCT	ION CO.,	INC. 401(K)					plan number			
		IT SHARING PL		,					(PN) •	001		
				II				10	Effective date o			
2a		sponsor's name and action of the construct			oer (emp <b>l</b> oye	r, if for a single	e-employer plan)	2b	Employer Identi			
								20	(EIN) 91-108 Sponsor's telep			
	1 (10	0 11000 11111111						20	(425) 286-			
	SUIT	0 WOODINVILLE E #3	REDMOND	RD NE				2d	Business code (	see instructions)		
		INVILLE				7	98072-9090		236200			
За	Plan a	administrator's name a	nd address XS	ame as Plan Spons	sor Name	Same as Pla	n Sponsor Address	3b	Administrator's I	EIN		
								3c	Administrator's t	elephone number		
4	If the	name and/or EIN of the	e plan sponsor	has changed since	the last retu	rn/report filed f	or this plan, enter the	4b	EIN			
1,20	name	, EIN, and the plan nu	mber from the la	ast return/report.								
	<del></del>	or's name					-	-	PN			
								5a		42		
b								5b		37		
	comp	er of participants with lete this item)	account balanc	es as of the end of	the plan yea	r (defined bene	efit plans do not	5с		32		
6a	Were	all of the plan's assets	s during the plan	n year invested in e	eligible asset	s? (See instruc	ctions.)		*******	X Yes No		
b	Are yo	ou claiming a waiver of	f the annual exa	mination and repor	rt of an indep	endent qualifie	ed public accountant (IQ	PA)		X Yes □ No		
	If you	answered "No" to ei	ither line 6a or	line 6b. the plan c	cannot use l	orm 5500-SF	and must instead use	Form	5500.	⊠ Yes ∐ No		
С							ERISA section 4021)?			Not determined		
			***************************************							140t determined		
				THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWIND TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN			unless reasonable cau					
SB	aer pena or Sche	alties of perjury and oth edule MB completed ar	ner penalties se nd signed by an	t forth in the instruction enrolled actuary, a	ctions, I declar as we <b>l</b> l as the	are that I have e electronic ver	examined this return/report	oort, in	cluding, if applicate the best of my	able, a Schedule knowledge and		
beli	ef, it is t	true, correct, and comp	olete.					,	,	ougo aa		
SIG	. NI	111	-		16	124/14	JON MCCORMICK					
HE					0							
	/	Signature of plan a	aministrator		Dat	<u>e</u>	Enter name of individ	ual sig	ning as plan adm	iinistrator		
SIG							<u> </u>					
		Signature of emplo name (including firm n	yer/plan spons	or	Dat		Enter name of individu					
rie	parer 5	name (including inm n	апте, п аррпсав	ne, and address; in	iciuue room (	or suite numbe	(optional)	Prep	arer's telephone i	number (optional)		
							I					

Pa	rt III Financial Information				X		
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar	T		(b) End of Year
а	Total plan assets	7a	2,40		6		2,719,688
b	Total plan liabilities	. 7b			十		
С	Net plan assets (subtract line 7b from line 7a)	7c	2,40	7,53	6		2,719,688
8	Income, Expenses, and Transfers for this Plan Year	BILLIE	(a) Amount				(b) Total
а	Contributions received or receivable from:						
	(1) Employers	. 8a(1)		0,61	_		
	(2) Participants	8a(2)	9	9,04	9		
	(3) Others (including rollovers)	8a(3)		0 01			
	Other income (loss)	. 8b	44	9,31	0	71 9	
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					688,975
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	35	7,98	5		
e	Certain deemed and/or corrective distributions (see instructions)	8e			+		
	Administrative service providers (salaries, fees, commissions)	8f	1	8,83	8		
	Other expenses		·····				
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h					376,823
(9)(3)	Net income (loss) (subtract line 8h from line 8c)				+		312,152
	Transfers to (from) the plan (see instructions)	8i					012,102
	t IV Plan Characteristics	8j					
9a b	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare fe						
10	During the plan year:				Yes	No	Λ
	Was there a failure to transmit to the plan any participant contribut	ions within th	e time period described in	$\vdash$	163	140	Amount
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu			10a		Χ	
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	Χ		500,000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		Х	
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all o instructions.)	er persons by	y an insurance carrier, under the plan? (See	10e		Х	
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount as	s of year end	.)	10g	Χ		32,829
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruction	ons and 29 CFR	10h		Х	
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	e required no	tice or one of the	10i			
Part							
11	Is this a defined benefit plan subject to minimum funding requirements 5500) and line 11a below)						
11a	Enter the unpaid minimum required contribution for current year fro					11a	
12	Is this a defined contribution plan subject to the minimum funding					02 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 being granting the waiver.	g amortized i	n this plan year, see instruc		and e	nter tl Day	The state of the s
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule						
b	Enter the minimum required contribution for this plan year					12b	

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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 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	res 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 of the PBGC?	er the control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the p which assets or liabilities were transferred. (See instructions.)			
1	3c(1) Name of plan(s):	13c(2) EII	N(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)	189 4 0-2-7		-
14a I	Name of trust	<b>14b</b> Tr	ust's EIN	