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).

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

				Complete all entries in a	ccordanc	e with the instru	ictions to the Form 550)0-SF.		
Pa				ntification Information						
For c	alenda	r plan year 2012 or fis	scal	plan year beginning 10/01	1/2012		and ending	09/30/	2013	
A T	his retu	urn/report is for:	=	a single-employer plan	am	ultiple-employer	olan (not multiemployer)		a one-partici	oant plan
B T	his retu	urn/report is:	Ш	the first return/report	the	final return/report	t			
			Ш	an amended return/report	a sh	ort plan year retu	rn/report (less than 12 m	onths)	
C C	heck b	ox if filing under:	X	Form 5558	auto	omatic extension			DFVC progra	am
				special extension (enter desc	cription)					
Par	rt II	Basic Plan Info	rma	ation—enter all requested in	formation					
1a 1	Name o	of plan						1b	Three-digit	
MODE	RN SE	WER CORPORATION	N PI	ROFIT SHARING RETIREME	NT PLAN				plan number	001
								10	(PN)	
								10	Effective date o	•
				s; include room or suite numb	per (emplo	yer, if for a single	e-employer plan)	2b	Employer Identi	fication Number
MODE	ERN SE	EWER CORPORATIO	N						(EIN) 91-14	88742
								2c	Sponsor's telep	
		CHIAS ROAD ENS, WA 98258						24		(see instructions)
		, , , , , , , , , , , , , , , , , , , ,						Zu	22130	
3a F	Plan ac	lministrator's name ar	id ac	ddress Same as Plan Spon	sor Name	Same as Pla	an Sponsor Address	3b	Administrator's	
ODER	RN SEV	VER CORPORATION		2710 N. N				20		88742
				LAKE STI	EVENS, V	VA 98258		3C	Administrator's 425-74	telephone number 3-2756
				n sponsor has changed since	the last r	eturn/report filed	for this plan, enter the	4b	EIN	
			nbei	from the last return/report.				40	DN	
		or's name	at th	ne beginning of the plan year.				+	PN	4
				ne end of the plan year				5a		
		• •		unt balances as of the end of				5b		3
					•	,	•	5c		3
6a	Were	all of the plan's assets	dur	ing the plan year invested in	eligible as	sets? (See instru	ctions.)			X Yes No
				annual examination and repo						V vaa 🗆 Na
				ee instructions on waiver eligil						X Yes No
				line 6a or line 6b, the plan						
				complete filing of this retur						0
				penalties set forth in the instru gned by an enrolled actuary,						
		rue, correct, and comp			as well ac	the electronic ve	rision of this return reper	t, and	to the best of my	inowicage and
		Filed with authorized/	volio	Lalactronia aignatura		07/11/2014	MICHAEL CEORGE			
SIGN	•						MICHAEL GEORGE			
		Signature of plan a	dmi	nistrator		Date	Enter name of individ	dual si	gning as plan adr	ninistrator
SIGN										
		Signature of emplo	_			Date Date	Enter name of individ			
Prepa	arer's r	name (including firm n	ame	, if applicable) and address; i	nciude roo	om or suite numb	er (optional)	Prep	parer's telephone	number (optional)

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Pai	t III Financial Information													
7	Plan Assets and Liabilities		(a) Beginning of Yea		(b) End of Year									
a	Total plan assets	7a		623479				649684						
	Total plan liabilities	7b					043004							
	Net plan assets (subtract line 7b from line 7a)	7c	62347	623479				6	649684	4				
	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(h)	Total	71000	•				
	Contributions received or receivable from:		(a) Amount				(5)	Total						
	(1) Employers) Employers												
	(2) Participants		0											
	(3) Others (including rollovers)													
b	Other income (loss)	8b	2719	3										
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							29542	2				
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d												
е	Certain deemed and/or corrective distributions (see instructions)	8e												
f	Administrative service providers (salaries, fees, commissions)	8f	333	7										
g	Other expenses	8g												
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							3337	7				
	Net income (loss) (subtract line 8h from line 8c)	8i							2620	5				
	Transfers to (from) the plan (see instructions)	8j												
Par	t IV Plan Characteristics	<u> </u>	l											
	9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:													
b	 2E 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	•				1		ı							
10	During the plan year:			1	Yes	No		Amo	ount					
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Χ								
	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					125	000			
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X								
е	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 required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3													
Part	VI Pension Funding Compliance													
11														
11a						11a				<u> </u>				
12									No					
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applic	able.)											
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	-			and e	enter th Day	ne date of	the le Yea		ling				
If	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.											
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?		Yes 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 of the PBGC?	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 plan(s) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s):	1 3c(2) E	IN(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

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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

2012

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information			500mm (1 mm) (1					
For calenda		iscal plan year beginning	10/01/2012	and ending	09/30/2013					
A This ret	turn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)	a one-participant plan					
B This ret	turn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year return	n/report (less than 12 mo	onths)					
C Check I	box if filing under:	Form 5558	automatic extension		DFVC program					
special extension (enter description)										
Part II	Basic Plan Info	ormation—enter all requested info	ormation							
1a Name MODERN	of plan SEWER CORPOR	1b Three-digit plan number (PN) ▶ 001								
		1c Effective date of plan 10/01/1990								
	ponsor's name and ac SEWER CORPOR	ddress; include room or suite number ATION	r (employer, if for a single-	employer plan)	2b Employer Identification Number (EIN) 91-1488742					
2710 N	. MACHIAS ROA	D			2c Sponsor's telephone number 425-743-2756					
LAKE S	revens	WA 98258			2d Business code (see instructions) 221300					
	dministrator's name a	· · · · ·	or Name Same as Plan	Sponsor Address	3b Administrator's EIN 91-1488742					
MODERN	SEWER CORPOR	ATION			3c Administrator's telephone number					
2710 N	. MACHIAS ROA	D			425-743-2756					
LAKE S	revens	WA 98258								
4 If the r	name and/or EIN of th , EIN, and the plan nu	e plan sponsor has changed since the mber from the last return/report.	ne last return/report filed fo	or this plan, enter the	4b EIN					
a Spons					4c PN					
5a Total r	number of participants	at the beginning of the plan year			5a 4					
	•	at the end of the plan year			5b 3					
C Numb compl	er of participants with ete this item)	account balances as of the end of the	ne plan year (defined bene	fit plans do not	5c 3					
		s during the plan year invested in eli								
b Are yo	ou claiming a waiver o	f the annual examination and report	of an independent qualifie	d public accountant (IQI	PA)					
		? (See instructions on waiver eligibili ither line 6a or line 6b, the plan ca								
		or incomplete filing of this return/								
Under pena SB or Sche	alties of perjury and ot	her penalties set forth in the instructi nd signed by an enrolled actuary, as	ions, I declare that I have	examined this return/rep	ort, including, if applicable, a Schedule and to the best of my knowledge and					
SIGN	Lee m		7 m 11 m 1af	Kirk Weinz						
HERE	Signature of plan a	ndministrator	Date	Enter name of individu	ual signing as plan administrator					
SIGN										
HERE	Signature of emplo		Date	Enter name of individu	ual signing as employer or plan sponsor					
Preparer's	name (including firm r	name, if applicable) and address; inc	llude room or suite number	r (optional)	Preparer's telephone number (optional)					

Pa	t III Financial Information					*******************************				****************	
7_	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year				
<u>a</u>	Total plan assets	. 7a	6	234	79				6	349	684
<u>b</u>	Total plan liabilities	. 7b									0
c	Net plan assets (subtract line 7b from line 7a)	. 7c	6.	234	79			6	49	684	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
а	Contributions received or receivable from: (1) Employers		234	19					7		
	(2) Participants		0								
	(3) Others (including rollovers)										
b	Other income (loss)	8b		2719	93						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c								29	542
d	Benefits paid (including direct rollovers and insurance premiums										
	to provide benefits)	. 8d									and the second
arricement date	Certain deemed and/or corrective distributions (see instructions)	. 8e		***************************************							
<u> </u>	Administrative service providers (salaries, fees, commissions)	. 8f		333	3 7						
<u>g</u>	Other expenses	8g									
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					***************************************	-		************	337
<u>_i</u>	Net income (loss) (subtract line 8h from line 8c)	8i								26	205
j	Transfers to (from) the plan (see instructions)	8j									
Pai	t IV Plan Characteristics										
b	If the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides welfare for the plan provides welfare benefits, enter the applicable welfare for the plan provides	eature cod	les from the List of Plan Chara	cterist	ic Cod	les in t	he instruct	ions:			
10	During the plan year:	***************************************		***************************************	Yes	No	T	A 100	ount		
a		10a	103	Х		MIII	Juni				
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	t? (Do not	include transactions reported	10b		Х		***************************************	***************************************	APROXIDE	ACCOUNT OF THE PARTY OF THE PAR
С				10c	Х			************		L25	000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bo	nd, that was caused by fraud	10d		Х				-	***************************************
e		her person of the ben	s by an insurance carrier, efits under the plan? (See	10e		Х					
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount a	is of year o	end.)	10g		Х					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
h	If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		Х					
Ī	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he require	d notice or one of the	10i							
Part	Section (**************************************		L	Антинования	A				ينتمنيس	-
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							Тг	Yes	П	No
11=	Enter the amount from Schedule SB line 39					11a					-
12	Is this a defined contribution plan subject to the minimum funding			*****	unemontano	***************************************	EDISA2	Тг	Yes	V	No
				OI SE	CHOIL	JUZ UI	LRISA (1 168	叶	
a	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below If a waiver of the minimum funding standard for a prior year is bei granting the waiver.	ng amortiz	ed in this plan year, see instru		, and e	enter th Day		the le		ling	
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul					Lay		100			Electronic Control
	Enter the minimum required contribution for this plan year		arean ann an	*****	T	12b				***************************************	***************

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	Enter the amount contributed by the employer to	the plan for this plan year			12c			Section of the sectio
d	Subtract the amount in line 12c from the amount negative amount)	in line 12b. Enter the result	(enter a minus sign to the l	eft of a	12d		44-44-00-00 reference de Politika reconstrucción con constituente de Politika reconstrucción de Constituente d	NEW CONTRACTOR CONTRAC
е	Will the minimum funding amount reported on line			-		Yes	No	N/A
Part	VII Plan Terminations and Transfer	s of Assets						
13a	Has a resolution to terminate the plan been adopted	in any plan year?			Y	es X	10	
	If "Yes," enter the amount of any plan assets that	reverted to the employer th	is year		13a			
b	Were all the plan assets distributed to participants of the PBGC?			ht under the o	control		Yes	X No
С	If during this plan year, any assets or liabilities we which assets or liabilities were transferred. (See it	ere transferred from this pla instructions.)	n to another plan(s), identif	y the plan(s) t	to			
1	3c(1) Name of plan(s):			1:	3c(2) El	N(s)	13c(3)	PN(s)

						ACTION AND ADDRESS OF A STATE OF A		amarkar/programming
***************************************								W27-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
(*************************************	**************************************							
Part	VIII Trust Information (optional)						***************************************	
14a	Name of trust				14b Tr	rust's EIN		
				77.00				