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

Pension Be	enefit Guaranty Corporation	▶ Complete all entries in accordar	nce with the instruc	tions to the Form 550	0-SF.		peotion			
Part I	Annual Report I	dentification Information								
For calend	ar plan year 2013 or fise	cal plan year beginning 01/01/2013		and ending 1	2/31/2	2013				
	turn/report is for:		multiple-employer pla e final return/report	an (not multiemployer)		a one-particip	pant plan			
B This ret	turn/report is:									
		onths)	1							
C Check	box if filing under:			DFVC progra	am					
special extension (enter description)										
Part II		mation—enter all requested information	on				T			
1a Name	•				1b	Three-digit				
HARTANOV	FULLER GENERAL C	ONTRACTORS 401(K) PLAN				plan number (PN) ▶	001			
					10	Effective date o				
						01/01/2008				
	ponsor's name and add	2b	Employer Identi							
					2c	Sponsor's telep				
PO BOX 1120 MEAD, WA 99021						Susiness code (7-1209 (see instructions)			
		П				23620	00			
	dministrator's name and FULLER GENERAL CO	Sponsor Address	3b	Administrator's 91-17	EIN '04939					
		3с	Administrator's telephone number 509-467-1209							
	name and/or EIN of the , EIN, and the plan num		EIN							
	or's name				4c	PN				
5a Total i	number of participants a	at the beginning of the plan year			5a		11			
b Total i	number of participants a	at the end of the plan year			5b		10			
		ccount balances as of the end of the plan	• •	-	5c		10			
6a Were	all of the plan's assets	during the plan year invested in eligible a	assets? (See instruct	ions.)			X Yes No			
		the annual examination and report of an (See instructions on waiver eligibility and					X Yes No			
If you	answered "No" to eit	her line 6a or line 6b, the plan cannot	use Form 5500-SF a	and must instead use	Form	5500.				
C If the p	olan is a defined benefit	t plan, is it covered under the PBGC insu	rance program (see l	ERISA section 4021)? .		Yes No	Not determined			
Caution: A	nenalty for the late o	r incomplete filing of this return/repor	t will he assessed i	ınless reasonable cau	ise is	established				
Under pena	alties of perjury and oth	er penalties set forth in the instructions, I	declare that I have e	examined this return/rep	oort, ir	ncluding, if applic				
	true, correct, and comp	d signed by an enrolled actuary, as well a lete.	as the electronic vers	sion of this return/report	, and	to the best of my	knowledge and			
SIGN	Filed with authorized/v	ralid electronic signature.	07/14/2014	TOM HARTANOV OR	STE	/E FULLER				
HERE	Signature of plan ad	lministrator	Date	Enter name of individu	ual sig	ıning as plan adr	ministrator			
SIGN										
HERE	Signature of employ	ver/nlan snonsor	Date	Enter name of individe	ual eid	ning as employe	ar or plan enoneor			
Preparer's		ame, if applicable) and address; include r					number (optional)			
JODI CALH	OUN	, , , , , , , , , , , , , , , , , , , ,		, ,		509-838	` ' '			
	HURLEY INC.	TE 1600				309-030	0 0000			
SPOKANE,	ERSIDE AVENUE, SUI WA 99201	112 1000		ļ						

Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) En	d of Y	ear		
a	Total plan assets	7a	67951					799673	3		
	Total plan liabilities	7b									
	Net plan assets (subtract line 7b from line 7a)	7c	67951	7					799673	3	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total				
	Contributions received or receivable from:		(a) runount				(2)	Total			
	(1) Employers	8a(1)	3221	1							
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	8a(3)									
b	Other income (loss)	8b	9636	2							
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							128573	3	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	672	2							
e	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g	169	5							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							8417	7	
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							120156	6	
j	Transfers to (from) the plan (see instructions)	8j									
Pa	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instr	uction	s:		
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature code	es from the List of Plan Chara	cterist	ic Coc	les in t	he instru	ctions			
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	ount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not i	nclude transactions reported	10b		X					
_	·				X						_
				10c						50000)()
	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					
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	If this is an individual account plan, was there a blackout period? ((See instru	ictions and 29 CFR	10g 10h		X					
i	If 10h was answered "Yes," check the box if you either provided the	ne required	I notice or one of the								
D = ==	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i							
Part	<u> </u>	1.0.4510			0.1		\ /F	1			
<u>11</u>	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)								Yes	N	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	requireme	ents of section 412 of the Code	or se	ection	302 of	ERISA?	[Yes	X	N٥
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,										
a	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				, and e	enter th Day	ne date o	f the le		ling	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	- MD /F	m EEOO\ and alsin to line 12								
<u>It</u>	you completed line 124, complete lines 6, 5, and 10 of concadi	e MB (For	m 5500), and skip to line 13.			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	art 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

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

Part I	Annual Report Iden	tification Information	ance with the instru	ictions to the Form 55	00-SF			
For calen	dar plan year 2013 or fiscal p		01/2013	and ending		12/31/201	3	
A This re	eturn/report is for:)	a one-partic	cipant plan				
B This re	s return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan s return/report is: the first return/report the final return/report							
	Па	in amended return/report a	short plan year retur	rn/report (less than 12 r	nonths	;)		
C Check	box if filing under:		utomatic extension			DFVC progr	ram	
		pecial extension (enter description)				_ z. vo progr	um	
Part II	Basic Plan Informat	ion—enter all requested informati	on					
1a Name	e of plan				1b	Three-digit		
HARTAI	NOV FULLER GENERAL	CONTRACTORS 401(K)	PLAN			plan number	001	
					10	(PN) Effective date		
_					10	01/01/200		
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) HARTANOV FULLER GENERAL CONTRACTORS, INC.						Employer Ident	tification Number	
РО ВОХ	1120				2c	Sponsor's tele	phone number	
MEAD	W	33021			2d		(see instructions	;)
3a Plan a	administrator's name and add	ress Same as Plan Sponsor Nar	ne Same as Plar	Sponsor Address	3b	Administrator's	EIN	
HARTAN	OV FULLER GENERAL	CONTRACTORS, INC.	_			91-170493	9	
PO BOX 1120						Administrator's 509-467-1	telephone numb 209	er
MEAD	W.							
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.						EIN		
	sor's name	om the last return/report.			4c	PN		
5a Total	number of participants at the	beginning of the plan year			5a	FIN		1 1
b Total	number of participants at the	end of the plan year			5b			11
C Numb	per of participants with accoun	t balances as of the end of the plan	vear (defined bene	fit plans do not	5c			10
6a Were	all of the plan's assets during	g the plan year invested in eligible a	assets? (See instruct	tions.)				No
D Are yo	ou claiming a waiver of the an	nual examination and report of an	independent qualifie	d public accountant (IO	DA)		A 103	140
lf vou	29 CFR 2520.104-46? (See	instructions on waiver eligibility and ne 6a or line 6b, the plan cannot	conditions.)				X Yes	No
C If the	plan is a defined benefit plan	is it covered under the PBGC insu	use Form 5500-SF	and must instead use	Form	5500.	1	
							Not determined	d
Caution: A	A penalty for the late or inco	mplete filing of this return/repor	t will be assessed u	unless reasonable cau	use is	established.		
OB OF OCITO	allies of perjury and other pen edule MB completed and sign true, correct, and complete.	alties set forth in the instructions, I ed by an enrolled actuary, as well a	declare that I have eas the electronic vers	examined this return/report sion of this return/report	port, in t, and t	cluding, if applic to the best of my	able, a Schedule knowledge and	;
SIGN HERE	Thomas Ha	tanar	11 July 2014	Tom Hartanov (or S	teve Fulle	er	
	Signature of plan adminis	trator	Date	Enter name of individ	ual sig	ning as plan adr	ninistrator	
SIGN HERE								
	Signature of employer/pla	n sponsor	Date	Enter name of individ	ual sig	ning as employe	r or plan sponso	r
Jodi Ca	name (including firm name, if alhoun	applicable) and address; include ro	oom or suite number	(optional)	Prepa	arer's telephone	number (optiona	ıl)
	l & Hurley Inc.					509-838	-5500	
	Riverside Avenue,	Suite 1600						
Spokane								

Pa	rt III Financial Information										
7	Plan Assets and Liabilities		(a) Beginning of Ye	ar			(b) E	d =6	V		_
a	Total plan assets	. 7a		5795	17		(b) Er	a or		7996	7
b	Total plan liabilities			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- /					7996	/ .
С	Net plan assets (subtract line 7b from line 7a)	. 7c		5795	17				0	7996	7
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-		//-	T .		7990	1
а	Contributions received or receivable from:		(a) Amount				(D)	Tota	1		
	(1) Employers	. 8a(1)		322	11						
	(2) Participants	8a(2)									
	(3) Others (including rollovers)	. 8a(3)									
	Other income (loss)	. 8b		9636	52			di S			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c								1285	73
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		672	22						
	Certain deemed and/or corrective distributions (see instructions)	8e									
f	Administrative service providers (salaries, fees, commissions)	8f									
g	Other expenses	8g		169	95						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h								84	17
	Net income (loss) (subtract line 8h from line 8c)	8i							1	201	
j	Transfers to (from) the plan (see instructions)	8j									
Par	t IV Plan Characteristics	9									
b	If the plan provides pension benefits, enter the applicable pension $2A$ $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$ If the plan provides welfare benefits, enter the applicable welfare fe										
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 2510.3-102? (See instructions and DOL's Voluntary Fidu	ciary Correct	tion Program)	10a		Х		All	ount		
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not incl	ude transactions reported	10b		Х					
С	Was the plan covered by a fidelity bond?			10c	Х				5	0000	20
d		fidelity bond	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 instructions.)	er persons by of the benefit	y an insurance carrier, s under the plan? (See	10e	~	Х					_
f	Has the plan failed to provide any benefit when due under the plan	1?		10f		Х					_
g	Did the plan have any participant loans? (If "Yes," enter amount as					X					_
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	See instruction	ons 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 2520.101	e required no	otice or one of the	10ii							
Part		0		101							
11	Is this a defined benefit plan subject to minimum funding requireme 5500) and line 11a below)	ents? (If "Yes	s," see instructions and com	plete	Sched	ule SE	3 (Form	Тг	Yes	Пм	_
11a	Enter the unpaid minimum required contribution for current year fro	m Schedule	SB (Form 5500) line 30						res	N	
12	Is this a defined contribution plan subject to the minimum funding					11a	EDICA:	Тг	\ \/	7.7 A.	_
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	as applicable	or section 412 of the Code	or sec	ction 3	ouz of	ERISA?		Yes	X N)
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	ctions,	and e		l ne date of			ng	_
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule	MB (Form 5	5500), and skip to line 13	u I		Day		Yea			_
	Enter the minimum required contribution for this plan year					12b					_