For	m 5500-SF	Short Form Annual Return/Report of Small Employee				OMB Nos. 1210-0110 1210-0089			
	tment of the Treasury nal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee			~	2	2013		
Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 605 Employee Benefits Security Administration the Internal Revenue Code (the Code).				This Form i	s Open to Public				
Pension Be	enefit Guaranty Corporation	0-SF.	Ins	pection					
Part I		Ientification Information							
For calenda	ar plan year 2013 or fisc			and ending 1	2/31/2	2013			
A This ret	urn/report is for:	X a single-employer plan a	multiple-employer pla	an (not multiemployer)		a one-particip	oant plan		
B This ret	urn/report is:	the first return/report th	e final return/report						
		an amended return/report	short plan year return	/report (less than 12 m	onths))			
C Check box if filing under: Form 5558 automatic extension						DFVC program			
		special extension (enter description)				_			
Part II	Basic Plan Inform	nation —enter all requested information	on						
1a Name		•			1b	Three-digit			
TRI-STATE (CONSTRUCTION, INC.	401(K) PROFIT SHARING PLAN				plan number			
					10	(PN)	001		
					IC	Effective date or 08/01	•		
	consor's name and addr CONSTRUCTION, INC.	ess; include room or suite number (emp	bloyer, if for a single-	employer plan)	2b	Employer Identi	fication Number		
					2c	(EIN) 91-0776746 Sponsor's telephone number			
P.O. BOX 36 BELLEVUE,	86 WA 98009-3686				2d	425-455-2570 Business code (see instructions)			
20.0				0	26	23620			
Ja Plan a	dministrator's name and	address XSame as Plan Sponsor Nan	he Same as Plan	Sponsor Address	30	Administrator's I	EIN		
							elephone number		
	•	plan sponsor has changed since the last	return/report filed fo	r this plan, enter the	4b	EIN			
a Sponse		per from the last return/report.			4c	PN			
<u> </u>		t the beginning of the plan year			5a		45		
		t the end of the plan year			5b		42		
		count balances as of the end of the plar			0.0				
				•	5c		39		
	•	luring the plan year invested in eligible a	•	,			X Yes No		
		ne annual examination and report of an See instructions on waiver eligibility and					🗙 Yes 🗌 No		
		her line 6a or line 6b, the plan cannot							
-		plan, is it covered under the PBGC insu			_		Not determined		
				,			1		
		incomplete filing of this return/repor					abla a Cabadula		
SB or Sche		signed by an enrolled actuary, as well a							
SIGN	Filed with authorized/va	lid electronic signature.							
HERE	Signature of plan adr	ninistrator	Date	Enter name of individe	ual sig	ning as plan adn	ninistrator		
SIGN	SIGN								
HERE Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor						r or plan sponsor			
Preparer's		me, if applicable) and address; include r					number (optional)		

Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	. 7b	550561 309 550251	5			5841283 12452
Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year						12452
Income, Expenses, and Transfers for this Plan Year	. 7c	550251	0			
			9			5828831
Contributions received or receivable from:		(a) Amount				(b) Total
	a (1)	879	2			
(1) Employers		13069				
(2) Participants			0			
(3) Others (including rollovers)		87281	-			
Other income (loss)		07201	0	_		4040204
Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	8c			-		1012304
to provide benefits)		68599	2			
Certain deemed and/or corrective distributions (see instructions)	8e		0			
Administrative service providers (salaries, fees, commissions)	8f		0			
Other expenses			0			
Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					685992
Net income (loss) (subtract line 8h from line 8c)	8i					326312
Transfers to (from) the plan (see instructions)	·· 8j		0			
art IV Plan Characteristics						
rt V Compliance Questions				Vac	Na	
During the plan year:		a time newied descuibed in		Yes	No	Amount
 a Was there a failure to transmit to the plan any participant contribu 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interest 	luciary Correct	ion Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)	•	•	10b	V	Х	
c 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 or dishonesty?			10d		Х	
e Were any fees or commissions paid to any brokers, agents, or of insurance service, or other organization that provides some or al instructions.)	l of the benefit	s under the plan? (See	10e		Х	
f Has the plan failed to provide any benefit when due under the pla					Х	
			10f	Х		
g Did the plan have any participant loans? (If "Yes," enter amount a		,	10g	~		2025
 If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided 	· · · · · · · · · · · · · · · · · · ·		10h		Х	
If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10			10i			
rt VI Pension Funding Compliance						
Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below)						
	from Schedule	SB (Form 5500) line 39			11a	
a Enter the unpaid minimum required contribution for current year				ction '	302 of	FRISA?
 a Enter the unpaid minimum required contribution for current year Is this a defined contribution plan subject to the minimum funding 	g requirements	s of section 412 of the Code	or se	CIION .	002 01	
	-		or se	Clion	002 01	
Is this a defined contribution plan subject to the minimum funding	v, as applicable	e.) in this plan year, see instruc	ctions,			

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).	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?	Ye	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 of the PBGC?	control		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) which assets or liabilities were transferred. (See instructions.)	to		
1	3c(1) Name of plan(s): 1	3c(2) EIN	l(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	14b Tru	ust's EIN	

	Form 5500-SF	Short Form Annual Re Be	yee	OMB Nos. 1210-0110 1210-0089			
	Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employ				ee		2013
	Department of Labor noloyee Benefits Security Administration Pension Benefit Guaranty Corporation Pension Benefit Guaranty Corporation					This Form is Open to Public Inspection	
		 Complete all entries in accordation 	ince with the instru	ictions to the Form 550	00-SF.		•
	calendar plan year 2013 or fisc		01/01/2013	and ending	12/	/31/2013	
_				plan (not multiemployer)	/	a one-partici	pant plan
	This return/report is:		ne final return/report		L		Jan plan
	· ·	╡		ırn/report (less than 12 n	nonths)		
C d	Check box if filing under:	닉 · 님	utomatic extension		лонано) П	DFVC progra	im
	[special extension (enter description)				pi to piogic	
Pa	Int II Basic Plan Infor	mation enter all requested inform					
	Name of plan				1b ⊤	hree-digit	
	Tri-State Constructi	on, Inc. 401(k) Profit Sh	aring Plan		р	lan number PN) ►	001
					-	ffective date of	
						8/01/1975	•
2a	Plan sponsor's name and add Tri-State Constructi	ress; include room or suite number (en Lon, Inc.	nployer, if for a singl	e-employer plan)	1	mployer Ident EIN) 91-07	fication Number 76746
	P.O. Box 3686			• •		ponsor's telep 425) 455-	
							(see instructions)
	Bellevue Plan administrator's name and	WA 98009-3686		Plan Spansor Address		36200 dministrator's	
3a Plan administrator's name and address 🕱 Same as Plan Sponsor Name 🗌 Same as Plan Sponsor Address					JD A	aministrators	EIN
4	If the name and/or EIN of the name, EIN, and the plan numl	plan sponsor has changed since the las	st return/report filed	for this plan, enter the	4b E	IN	
а	Sponsor's name	ber nom the last returnneport.			4c P	N	
		t the beginning of the plan year		****	5a		45
	Total number of participants a		*****		5b		42
с 		ccount balances as of the end of the pla			5c		39
		luring the plan year invested in eligible		******************************		******	X Yes No
b	under 29 CFR 2520.104-46? (he annual examination and report of an See instructions on waiver eligibility an	d conditions.)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		XYes No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
с 	If the plan is a defined benefit	plan, is it covered under the PBGC ins	urance program (see	e ERISA section 4021)?]Yes 🗌 No	Not determined
		r incomplete filing of this return/repo					
SB	der penalties of perjury and oth or Schedule MB completed an ief, it is true, correct, and cgmp	er penalties set forth in the instructions d signed by an enrolled actuary, as wel elete.	, I declare that I hav Il as the electronic ve	e examined this return/re ersion of this return/repor	eport, incl rt, and to	luding, if appli the best of m	cable, a Schedule y knowledge and
		<u>}</u>		Larry Agostino]
1000	SIGN Larry Agostino HERE Signature of plan administrator Date 10/1014						nintrotor
			Bale CINCI		ai siyining	as plan aunn	Instrator
H	GN ERE Signature of employer/		Date	Enter name of individua	al signing	as employer	or plan sponsor
Pre	eparer's name (including firm na	ame, if applicable) and address; include	room or suite numb	per (optional)	Prepare	er's telephone	number (optional)
		otics and OMP Control Numbers, as					

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year				(b) End	of Year	
a Total plan assets	7a	5,505,6		1	5,841,283			
b Total plan liabilities	7b	3,0			12,452			
C Net plan assets (subtract line 7b from line 7a)	7c	5,502,5	19		5,828,831			
B Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total			
a Contributions received or receivable from:	0.40	0.7	~~					
(1) Employers		8,7		ANNA NGAN				
(2) Participants		130,69	_					
(3) Others (including rollovers) b Other income (loss)		070 0	0					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		872,8	LP	16339 5				
d Benefits paid (including direct rollovers and insurance premiums			alede	1,012,3			1,012,304	
to provide benefits)	8d	685,99	92					
e Certain deemed and/or corrective distributions (see instructions)	8e		0					
f Administrative service providers (salaries, fees, commissions)	8f		0					
g Other expenses	8g		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				685,992			
i Net income (loss) (subtract line 8h from line 8c)	8i				326,312			
j Transfers to (from) the plan (see instructions)	8j		0					
Part IV Plan Characteristics								
 9a If the plan provides pension benefits, enter the applicable pension 2G 2E 2J 2K 3D b If the plan provides welfare benefits, enter the applicable welfare for the a								
Part V Compliance Questions								
10 During the plan year:								
				Yes	No		Amount	
a Was there a failure to transmit to the plan any participant contrib 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid	uciary Corre	ction Program)	10a	Yes	NO X		Amount	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interes on line 10a.) 	uciary Corre st? (Do not i	ction Program)	10b					
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? 	uciary Corre st? (Do not i	ction Program) nclude transactions reported		Yes	x		Amount 500,00	
 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interes on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan' or dishonesty? 	uciary Corre st? (Do not in s fidelity bor	ction Program) nclude transactions reported 	10b		x			
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid b Were there any nonexempt transactions with any party-in-interest on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan' or dishonesty? e Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a instructions.) f Has the plan failed to provide any benefit when due under the pl g Did the plan have any participant loans? (If "Yes," enter amount h If this is an individual account plan, was there a blackout period? 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.10 Part VI Pension Funding Compliance 	uciary Corre st? (Do not in s fidelity bor other persons Il of the bene an? as of year e ? (See instru the required 01-3	ction Program) nclude transactions reported ad, that was caused by fraud s by an insurance carrier, efits under the plan? (See and.) ctions and 29 CFR	10b 10c 10d 10e 10f 10g 10h 10i	x	x x x x x x		500,00	
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 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-interest on line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan' or dishonesty? Were any fees or commissions paid to any brokers, agents, or or insurance service, or other organization that provides some or a instructions.) Has the plan failed to provide any benefit when due under the pl Did the plan have any participant loans? (If "Yes," enter amount If this is an individual account plan, was there a blackout period? 2520.101-3.) If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.11 Part VI Pension Funding Compliance Is this a defined benefit plan subject to minimum funding require 5500) and line 11a below) Is this a defined contribution plan subject to the minimum fundin (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below 	uciary Corre st? (Do not in s fidelity bor other persons II of the bene an? as of year e ? (See instru the required 01-3 from Schedu g requirements w, as applica	ction Program) nclude transactions reported ind, that was caused by fraud is by an insurance carrier, efits under the plan? (See ind.) ind.)	10b 10c 10d 10e 10f 10g 10h 10i	X X Schec	x x x x x x tule SE	6 (Form RISA?	500,00 20,25	
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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)	12d				
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?] Yes			
Part	VII Plan Terminations and Transfers of Assets					
<u>13a</u>	Has a resolution to terminate the plan been adopted in any plan year?	. 🗆 ү	'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 of the PBGC?	and the second se		Yes X No		
С						
1	3c(1) Name of plan(s): 1	3c(2) EIN	(s)	13c(3) PN(s)		
Part	VIII Trust Information (optional)					

14a Name of trust	14b Trust's EIN

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