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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to Public Inspection

	ort identification information	n					
For calendar plan year 2014	or fiscal plan year beginning 01/01/ X a single-employer plan	<u>2014</u>	and ending 12	2/31/2014			
A This return/report is for:	plan (not multiemployer) loyer information in accor						
	a one-participant plan	a foreign plan					
B This return/report is	the first return/report	the final return/repor	t				
	an amended return/report	a short plan year ret	urn/report (less than 12 m	nonths)			
C Check box if filing under:		automatic extension	1	DFVC pro	gram		
	special extension (enter des	cription)					
Part II Basic Plan I	nformation—enter all requested i	nformation		_			
1a Name of plan MODERN BUILDERS, INC. 40	01(K) PROFIT SHARING PLAN			1b Three-digit plan number (PN) ▶	001		
				1c Effective date	e of plan /01/1992		
2a Plan sponsor's name an MODERN BUILDERS, INC.	d address; include room or suite num	ber (employer, if for a sing	le-employer plan)		entification Number -0870978		
3114 SOUTH PROCTOR STR	EET			2c Sponsor's telephone number 253-383-1704			
TACOMA, WA 98409				2d Business code (see instructions) 236110			
3a Plan administrator's nam	ne and address XSame as Plan Spor	nsor.		3b Administrator	r's EIN		
	of the plan sponsor has changed since	e the last return/report filec	I for this plan, enter the	4b EIN			
name, EIN, and the plan a Sponsor's name	n number from the last return/report.			4c PN			
5a Total number of particip	ants at the beginning of the plan year			. 5a	11		
b Total number of particip	ants at the end of the plan year			. 5b	11		
	with account balances as of the end o	of the plan year (defined be		5c	g		
d(1) Total number of activ	e participants at the beginning of the	plan year		5d(1)	7		
d(2) Total number of activ	e participants at the end of the plan y	ear		5d(2)	7		
	nat terminated employment during the	. ,		5e	(
Under penalties of perjury ar	late or incomplete filing of this retund other penalties set forth in the instruction and signed by an enrolled actuary, complete.	uctions, I declare that I have	e examined this return/re	port, including, if app			
0.011	zed/valid electronic signature.	02/23/2015	JAMES D. GARRETT	-			
HERE Signature of pl	an administrator	Date	Enter name of individ	dual signing as plan			
CICN					administrator		
SIGN					administrator		
HERE Signature of er	nployer/plan sponsor	Date	Enter name of individ	dual signing as emplo			

	Form 5500-SF 2014		Page 2							
b	Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either line 6a or line 6b, the plan cannot be a second to the plan cannot be	an indeper and condit	ndent qualified public accounta	nt (IC	PA)			<u>.</u>	es [No No
С	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section 40)21)?		Yes	No	Not de	termin	ied
Par	t III Financial Information	1	<u> </u>		-					
7	Plan Assets and Liabilities		(a) Beginning of Yea				(b) End			
	Total plan assets	7a	11325					117	78677	
	Total plan liabilities	7b	44205	13				44-	0	
	Net plan assets (subtract line 7b from line 7a)	7c	11325	030					78677	
	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount				(b) T	otal		
	(1) Employers	8a(1)	42	205						
	(2) Participants	8a(2)	81	150						
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	443	363						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						5	6718	
	Benefits paid (including direct rollovers and insurance premiums	0.4	104	196						
	to provide benefits)	8d	10							
	Certain deemed and/or corrective distributions (see instructions)	8e 8f		75						
	Administrative service providers (salaries, fees, commissions) Other expenses									
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h							0571	
	Net income (loss) (subtract line 8h from line 8c)	8i							6147	
	Transfers to (from) the plan (see instructions)	8i								
Par	, , , , , ,	l oj								
b	If the plan provides welfare benefits, enter the applicable welfare for V Compliance Questions	eature cod	es from the List of Plan Charac	cterist	tic Cod	les in t	he instructi	ons:		
10	During the plan year:				Yes	No		Amour	nt	
	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidulation)	iciary Cor	rection Program)	10a		Χ				
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				12	5000
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?			10d		X				
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all instructions.)	of the ben	efits under the plan? (See	10e	X					6359
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				
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 5500) and line 11a below)							Y	es	No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	lule 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?	Y	es 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.	-			, and 6	enter th Day		ne lette Year _	ruling	1

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lf :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.				
b	Enter the minimum required contribution for this plan year	12b			
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	Yes N	10	
	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 PBGC?	e 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.)	s) to			
1	3c(1) Name of plan(s):	13c(2) E	IN(s)	13c(3	B) PN(s)
			_		

14b Trust's EIN

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 Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

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▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2014

This Form is Open to **Public Inspection**

Part I Annu	al Report Id	entification Information					
For calendar plan ye	ear 2014 or fisca	al plan year beginning	01/01/2014	and ending	12/31/2	014	
A This return/repor	t is for:	a single-employer plan a one-participant plan		an (not multiemployer) (er information in accord		s box must attach a list n instructions)	
P This setum/sen and	<u>.</u> [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 m	onths)		
		an amended return report	_ a short plan year return	report (1633 than 12 hi	_		
C Check box if filling	g under:	Form 5558	automatic extension		DFVC pr	ogram	
		special extension (enter des	cription)				
Part II Basic	Plan Inforn	nation—enter all requested i	nformation				
1a Name of plan MODERN BUILD	ERS, INC.	401(K) PROFIT SHA	RING PLAN		1b Three-digit plan numbe (PN) ▶	er 001	
					1c Effective da 02/01/1		
2a Plan sponsor's MODERN BUILI		ess; include room or suite num	ber (employer, if for a single-	employer plan)	2b Employer Id (EIN) 91-	dentification Number	
3114 SOUTH F	PROCTOR ST	REET			2c Sponsor's telephone number 253-383-1704		
					2d Business co	ode (see instructions)	
TACOMA		WA 98409			236110		
3a Plan administra	tor's name and	address XSame as Plan Spo	nsor.		3b Administrat	or's EIN	
					3c Administrat	or's telephone number	
4 If the name and	d/or EIN of the r	plan sponsor has changed sinc	e the last return/report filed for	or this plan enter the	4b EIN		
		per from the last return/report.	e the last returnineport med it	or this plan, enter the	TD EIN		
a Sponsor's nam					4c PN		
5a Total number of	of participants at	t the beginning of the plan year				11	
b Total number of	of participants a	t the end of the plan year			5b	11	
		count balances as of the end			5c	9	
d(1) Total number	er of active parti	cipants at the beginning of the	plan year		5d(1)	7	
d(2) Total number	er of active parti	cipants at the end of the plan	/ear		5d(2)	7	
		minated employment during the			5e	0	
		incomplete filing of this ret			use is establishe	d.	
Under nanaltide of	natiury and other	er penalties set forth in the inst d signed by an en olled actuary ete.	ructions I declare that I have	examined this return/re	port including if a	inplicable a Schedule	
SIGN	and comple	A And	2-6-15	JAMES D. GARR			
HERE Signa	ture of plan ad	ministrator	Date	Enter name of individ	dual signing as pla	n administrator	
SIGN							
HERE Signa	ture of employ	er/plan sponsor	Date	Enter name of individ	dual signing as em	ployer or plan sponsor	
Preparer's name (in	ncluding firm na	me, if applicable) and address	(include room or suite numbe	er) (optional)	Preparer's telep	hone number (optional)	
1							

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Form	EENN.	SE.	201	и

 Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at lif you answered "No" to either line 6a or line 6b, the plan cannot 	an independe and condition ot use Form	ent qualified public accountar is.)s 5500-SF and must instead	ıt (IQF use I	PA) Form	5500.	X Yes No
c If the plan is a defined benefit plan, is it covered under the PBGC in	surance prog	gram (see ERISA section 402	21)?		Yes 📗	No Not determined
Part III Financial Information						
7 Plan Assets and Liabilities		(a) Beginning of Year			(b) End of Year
a Total plan assets	7a	113	254	3		1178677
b Total plan liabilities	7b		1:	3		0
C Net plan assets (subtract line 7b from line 7a)	7c	113	253	0		1178677
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:			420	_		
(1) Employers	8a(1)		420	+	_	
(2) Participants	8a(2)		815	0		
(3) Others (including rollovers)	8a(3)			-		
b Other income (loss)	8b	4	436	3		
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			-		56718
d Benefits paid (including direct rollovers and insurance premiums	8d	1	.049	6		
to provide benefits) Certain deemed and/or corrective distributions (see instructions)	8e					
			7	5		
f Administrative service providers (salaries, fees, commissions)	8f			1		
g Other expenses	8g			+		10571
h Total expenses (add lines 8d, 8e, 8f, and 8g)				+		46147
Net income (loss) (subtract line 8h from line 8c)				+		40147
j Transfers to (from) the plan (see instructions) Part IV Plan Characteristics	8j					
Part V Compliance Questions						
10 During the plan year:				Yes	No	Amount
a Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid			10a		Х	
b Were there any nonexempt transactions with any party-in-interes on line 10a.)		clude transactions reported	10b		х	
C Was the plan covered by a fidelity bond?			10c	Х		125000
d Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	fidelity bond					
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See			10d		Х	
• Were any fees or commissions paid to any brokers, agents, or ot insurance service, or other organization that provides some or all instructions.)	her persons I of the bene	by an insurance carrier, fits under the plan? (See	10d 10e	х	Х	6359
insurance service, or other organization that provides some or all	her persons I of the bene	by an insurance carrier, fits under the plan? (See		х	Х	6359
insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan	her persons I of the benef	by an insurance carrier, fits under the plan? (See	10e	х		6359
insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a lf this is an individual account plan, was there a blackout period?	her persons I of the beneran? an? as of year en (See instruc	by an insurance carrier, fits under the plan? (See	10e 10f 10g	х	Х	6359
insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a	her persons I of the bener an? as of year en (See instruction	by an insurance carrier, fits under the plan? (See	10e	х	Х	6359
insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plan g Did the plan have any participant loans? (If "Yes," enter amount a lift 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	her persons I of the bener an? as of year en (See instruction	by an insurance carrier, fits under the plan? (See	10e 10f 10g 10h	х	Х	6359
insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plate g Did the plan have any participant loans? (If "Yes," enter amount a high 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 11 Is this a defined benefit plan subject to minimum funding requirer	her persons I of the benefan? an? as of year en (See instruction 01-3	by an insurance carrier, fits under the plan? (See d.) dtions and 29 CFR notice or one of the es," see instructions and con	10e 10f 10g 10h 10i	Sche	X X X	Form D v D v
insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plate g Did the plan have any participant loans? (If "Yes," enter amount and the plate 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 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below).	her persons I of the benefan? as of year en (See instruction the required 01-3	by an insurance carrier, fits under the plan? (See id.) tions and 29 CFR notice or one of the es," see instructions and con	10e 10f 10g 10h 10i	Sche	X X X	
insurance service, or other organization that provides some or all instructions.) f Has the plan failed to provide any benefit when due under the plate g Did the plan have any participant loans? (If "Yes," enter amount a high 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 11 Is this a defined benefit plan subject to minimum funding requirer	her persons I of the benefan? as of year en (See instruction the required 01-3 ments? (If "Y	by an insurance carrier, fits under the plan? (See d.) d.) tions and 29 CFR notice or one of the es," see instructions and con	10e 10f 10g 10h 10i	Sche	X X X dule SB (Form Yes No
insurance service, or other organization that provides some or al instructions.) f Has the plan failed to provide any benefit when due under the plate of the plan have any participant loans? (If "Yes," enter amount a lift 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 11 Is this a defined benefit plan subject to minimum funding requirer 5500) and line 11a below).	her persons I of the benefan? as of year en (See instruct the required 01-3 ments? (If "Y from Schedu g requirement v, as applica	by an insurance carrier, fits under the plan? (See	10e 10f 10g 10h 10i	Schee	X X X A X A A A A A A A A A A A A A A A	Form Yes No

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lfy	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5	5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year			12b			
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 (er negative amount)	•		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding de	eadline?	***********		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 Ye	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 of the PBGC?					Yes X	No
С	If during this plan year, any assets or liabilities were transferred from this plan t which assets or liabilities were transferred. (See instructions.)	o another plan(s), identify tl	ne plan(s) t	0			
	3c(1) Name of plan(s):		13	3c(2) EIN	V(s)	13c(3) PI	N(s)
		_					
Part	VIII Trust Information (optional)						
14a	Name of trust			14b Tri	ust's EIN		