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 a	ccordance with the instr	uctions to the Form 5500	O-SF.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Part I	Annual Report I	Identification Information	ì						
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013									
A This ret	urn/report is for:	a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	pant plan		
B This ret	urn/report is:	the first return/report	the final return/repor	rt					
		an amended return/report	a short plan year retu	urn/report (less than 12 mo	onths)	_			
C Check b	oox if filing under:	Form 5558	automatic extension			DFVC progra	am		
	T =	special extension (enter desc	· · · · · · · · · · · · · · · · · · ·						
Part II		rmation—enter all requested in	formation				T		
1a Name						Three-digit			
FEDERAL C	ONSTRUCTION COM	PANY, LLC 401(K) PLAN			•	plan number (PN) ▶	001		
						` '			
					IC E	Effective date or 01/01/			
2a Plan sr	nonsor's name and add	dress; include room or suite numb	per (employer if for a singl	e-employer plan)	2h [
FEDERAL C	CONSTRUCTION COM	PANY, LLC	er (employer, ir for a singr	e-employer plan)			fication Number 55097		
					2c S	2c Sponsor's telephone number			
PO BOX 223	31 DR, WA 98335-4231				24 -	3-4110			
OIO HARBO	N, WA 90000-4201				∠ a ⊦	Business code (23620	(see instructions)		
3a Plan ad	dministrator's name and	d address XSame as Plan Spon	sor Name Same as Pl	an Sponsor Address	3b /	Administrator's I	EIN		
					3c /	Administrator's t	telephone number		
4 If the r	name and/or EIN of the	plan sponsor has changed since	the last return/report filed	for this plan, enter the	4b E	EIN			
name,	, EIN, and the plan num	plan sponsor has changed since nber from the last return/report.	the last return/report filed	for this plan, enter the					
name, a Sponso	, EIN, and the plan num or's name	nber from the last return/report.		·	4b E				
name, a Sponso 5a Total r	EIN, and the plan numor's name number of participants a	nber from the last return/report.					5		
name,a Sponso5a Total rb Total r	EIN, and the plan num or's name number of participants a number of participants a	at the end of the plan year.			4c F		5 6		
name, a Sponso 5a Total r b Total r c Number	EIN, and the plan numor's name number of participants a number of participants a er of participants with a	nber from the last return/report.	the plan year (defined ber	nefit plans do not	4c F 5a				
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Form 5500-SF 2013 Page **2**

Pa	rt III Financial Information									
7	Plan Assets and Liabilities	(a) Beginning of Yea	ning of Year			(b) End of Year				
<u>.</u>	Total plan assets	7a	4700				(6) E11	<u>u 01 1</u>	20046	3
	Total plan liabilities	74							0)
	Net plan assets (subtract line 7b from line 7a)	7c 1700							20046	<u> </u>
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount					(h)	Total		
a	Contributions received or receivable from:		(a) Amount				(D)	TOtal		
	mployers				0					
	(2) Participants	8a(2)								
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	304	6						
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							3046	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d								
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f								
g	Other expenses	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							C)
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i							3046	6
j	Transfers to (from) the plan (see instructions)	8j								
Pa	rt 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 cod	es from the List of Plan Chara	cterist	ic Cod	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		7.111	ount	
b	Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10b		X				
_					X					
				10c						12000
	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				
	Did the plan have any participant loans? (If "Yes " enter amount a	d the plan have any participant loans? (If "Yes," enter amount as of year end.)				X				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR				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	ne required	d notice or one of the	10h 10i						
Daw		1-3		101						
Part	<u> </u>		V II instructions and		Cabaa	J I ~ C) /Fame			
<u>11</u>	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)				<u>.</u>			[Yes	No
	1a Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39									
12										
	(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 being amortized in this plan year, see instructions, and enter the date of the letter ruling									
	granting the waiver.		Mon		, and e	enter tl Day	ne date o	f the le		ing
	you completed line 12a, complete lines 3, 9, and 10 of Schedule	•								
	Enter the minimum required contribution for this plan year					12b	Ī			

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		
Will the minimum funding amount reported on line 12d be met by the funding deadline?				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	3c(1) Name of plan(s):	c(2) Ell	V(s)	13c(3) PN(s)
Part	VIII Trust Information (optional)			
14a	Name of trust	4b Tr	ust's EIN	

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Quarenty 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).

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 Identification Information							
	1/01/2013	and ending	12/31/2	013			
A This return/report is for: X a single-employer plan	a multiple-employer j	olan (not multiemployer)	er) a one-participant plan				
B This return/report is:	the final return/report		ъ .	•			
🗓 an amended return/report	a short plan year retu	rn/report (less than 12 m	onths)				
C Check box if filing under: Form 5558	automatic extension		☐ DFVC pre	ngram			
special extension (enter description)	-		[] Бі торі	Alam			
Part II Basic Plan Information—enter all requested inform			- William - 10 -				
1a Name of plan	tauon		1b Three-digit				
FEDERAL CONSTRUCTION COMPANY, LLC 401(K)	PLAN		plan number	,			
9k			(PN) ▶	001			
			1c Effective dat 01/01/20				
2a Plan sponsor's name and address; include room or suite number (FEDERAL, CONSTRUCTION COMPANY, ILLC	employer, if for a single	-employer plan)	2b Employer Id (EIN) 27-4	enlification Number			
PO BOX 2231			2c Sponsor's telephone number 253-753-4110				
			2d Business code (see instruction				
GIG HARBOR WA 98335~4231		2.	236200				
3a Plan administrator's name and address Same as Plan Sponsor	Vame Same as Pla	n Sponsor Address	3b Administrato	r's EIN			
			3c Administrato	r's telephone number			
4 If the name and/or EIN of the plan sponsor has changed since the	last return/report filed f	or this night aniar the	Ab FIN				
name, EIN, and the plan number from the last return/report.	idot rotorraroport med t	or this plant, enter the	4b EIN				
a Sponsor's name			4c PN				
5a Total number of participants at the beginning of the plan year			5a	5			
b Total number of participants at the end of the plan year			5b	6			
C Number of participants with account balances as of the end of the complete this item)	plan year (defined bene	elit plans do not	5c	6			
6a Were all of the plan's assets during the plan year invested in eligib	le assets? (See Instruc	ilons)					
b Are you claiming a waiver of the annual examination and report of	an Indapendent qualific	d nublic accountant (IO)	DAN				
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditions.)		,	X Yes No			
If you answered "No" to olthor line 8a or line 6b, the plan cann							
C If the plan is a defined benefit plan, is it covered under the PBGC in	isurance program (see	ERISA section 4021)?	Yes No	Not determined			
Caution: A ponalty for the late or incomplete filing of this return/re	ort will be assessed	unless reasonable cau	se is established.				
Under panalties of perjury and other panalties set forth in the instruction	s I declare that I have	avandond this returnion	ort Industria Kana	olicable, a Schedule			
SB or Schedule MB completed and signed by an enrolled actuary, as w belief, it is true, correct, and complete.	ell as the electronic ver	sion of this return/report,	and to the best of	my knowledge and			
CA 1 1 0 00 00 00 00 00 00 00 00 00 00 00							
SIGN Y). WULLOW \	MIDITO	KENNETH S. MAT	THEWS				
Signature of plan administrator	Dale	Enter name of Individu		administrator			
SIGN		The state of the s	an arguing to plan	ACTIVITIAL TRACT			
HERE Signature of employer/plan sponsor	Data	Enter consent to district	and a factor of the same of th				
Preparer's name (including firm name, if applicable) and address; include	Date le room or suite numbe	Enter name of individu	Preparer's telepho	oyer or plan sponsor one number (optional)			
Troparar a telephone nombal (obiotial)							
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		1	w. Williams				