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 section 6058(a) of the Internal Revenue Code (the Code).

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

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	art I	Annual Report I	dentification Information	on				
For	calenda	ar plan year 2009 or fis	cal plan year beginning 01	/01/200	9	and ending	12/31/2	2009
Α	This ret	urn/report is for:	x single-employer plan	П	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This ret	urn/report is for:	first return/report	Ī	final retur	_		
			an amended return/report	Ħ	short plar	year return/report (less than 12 mo	onths)	
C	Chack I	box if filing under:	☐ Form 5558	Ħ	•	extension	,	DFVC program
J	CHECK	oox ii iiiiiig diidei.	special extension (enter de	Ll secrintic		, exteriorer		
D	art II	Pacia Blan Infor	<u> </u>	•	,			
	Name		mation—enter all requested	iniorm	ation		1h	Three-digit
			ELOPMENT, INC. 401(K) PRO	FIT SH	ARING PL	AN	''	plan number
								(PN) • 001
							1c	Effective date of plan
							0.	07/01/2001
		ponsor's name and add TRUCTION AND DEVE	Iress (employer, if for single-er	nployer	plan)		2 D	Employer Identification Number (EIN) 91-1203777
1 GIV	CONS	TROCTION AND DEVE	LLOT WILITT, INC.				2c	Plan sponsor's telephone number
		STATE ST						360-532-5151
ABE	RDEEN	I, WA 98520					2d	Business code (see instructions)
32	Dlan a	dministrator's name and	d address (if same as Plan spo	ncor o	ntor "Same	\"\	3h	236200 Administrator's EIN
		TRUCTION AND DEVE	ELOPMENT, INC. 714 V	VEST S	TATE ST			91-1203777
			ABEF	RDEEN,	WA 9852)	3с	Administrator's telephone number
	16 415			. 46 . 1	-11 /	near file of few this poles. Section the	41-	360-532-5151
			er from the last return/report.			port filed for this plan, enter the	40	EIN
			<u> </u>	•			4c	PN
5a	Total r	number of participants a	at the beginning of the plan yea	ar			5a	6
b	b Total number of participants at the end of the plan year				5b	6		
С		· · ·				rear (defined benefit plans do not	Ea	6
		•					5c	<u> </u>
oa b		•	. ,	•		(See instructions.)dent qualified public accountant (IC		X Yes No
						ons.)		X Yes No
				t use Fo	orm 5500-	SF and must instead use Form 5	500.	
Pa	rt III	Financial Inform	nation					
7	Plan A	Assets and Liabilities				(a) Beginning of Year		(b) End of Year
а	Total p	olan assets			. 7a	6080	5	88890
b	Total p	olan liabilities			. 7b			
<u> </u>	Net pl	an assets (subtract line	7b from line 7a)		7c	6080	5	88890
8		e, Expenses, and Trans				(a) Amount		(b) Total
а		butions received or reco	eivable from:		8a(1)			
					8a(2)	794	5	
	` '	•	s)				0	
b		` <u> </u>	<u> </u>			2014		
C		, ,	, 8a(2), 8a(3), and 8b)		8c			28085
d			t rollovers and insurance prem					
					. 8d			
е	Certai	n deemed and/or corre	ctive distributions (see instruct	ions)	. 8e			
f	Admin	istrative service provide	ers (salaries, fees, commissior	າຣ)	. 8f			
g		•			. 8g			
h	Total 6	expenses (add lines 8d	, 8e, 8f, and 8g)		8h			0
į		` , `	ne 8h from line 8c)					28085
	Tranci	fers to (from) the plan (see instructions)		8j			

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Part IV	Plan	Characteristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2J 3E

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art	V Compliance Questions							
0	During the plan year:		Yes	No	A	mou	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X				
С	Was the plan covered by a fidelity bond?	10c	X					15000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Χ				
е	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 instructions.)	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X	1			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 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	10i		X				
art	VI Pension Funding Compliance			<u>'</u>				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					П	'es	X No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Y	'es	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						L	_
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver.							
lf y	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	<u> </u>			
С	Enter the amount contributed by the employer to the plan for this plan year			12c	<u> </u>			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Y	'es	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	1			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?			ntrol			'es	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EII	N(s)	13	c(3) F	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	פ כפוי	se is	establ	ished	L		
Jnde	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this returned the set of the completed and signed by an enrolled actuary, as well as the electronic version of this return/r	rn/rep	ort, in	cluding	g, if applicab			
	, it is true, correct, and complete.	- '						
	Filed with authorized/valid electronic signature. 07/06/2010 JEAN SHOFNER							

SIGN	Filed with authorized/valid electronic signature.	07/06/2010	JEAN SHOFNER				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	07/06/2010	JEAN SHOFNER				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

Form 5500-SF

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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**

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Internal Revenue Code (the Code).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public inspection.

	Pension Benefit Guaranty Corporation Complete all entries in accord	ance with	the instruction	ons to the Form 55	00-SF.	1113	pection.		
P	art I Annual Report Identification Information								
For	the calendar plan year 2009 or fiscal plan year beginning	2009-	01-01	and ending	20	09-12-31			
Α	This return/report is for: x single-employer plan	multiple-em	ployer plan (no	ot multiemployer)	Г	one-participa	nt plan		
В	This return/report is for:	final return/	report	,	L	j ono paraoipai	n pian		
	님		•	ort (lane than 40	d= - \				
_	an amended return/report			ort (less than 12 mont	ins)	1			
C	Check box if filing under:	automatic e	extension		L	DFVC progra	m		
	special extension (enter description)								
P	art II Basic Plan Information enter all requested information	mation.							
1a	Name of plan					hree-digit			
	FGM CONSTRUCTION AND DEVELOPMENT, INC. 401(k)	PROFIT SI	IARTNG PT.A	N		olan number PN) ▶	001		
	,			•		ffective date of	L		
						2001-07-01	prair		
2a	Plan sponsor's name and address (employer, if for single-employer pla	n)			2b E	mployer Identif	ication Number		
	FGM CONSTRUCTION AND DEVELOPMENT, INC.					EIN) 91-120			
	714 WEST STATE ST						elephone number		
						(360) 532-5	see instructions)		
US	ABERDEEN WA 98520					36200	see mstructions)		
3a	Plan administrator's name and address (If same as plan employer, enter Same	er "Same")			3b A	dministrator's E	EIN		
	Same								
					3c A	dministrator's to	elephone number		
4	If the name and/or EIN of the plan sponsor has changed since the last	return/repor	filed for this n	lan enter the	4h =	4b ein			
	name, EIN and the plan number from the last return. Sponsor's Name		oa 10, 0,10 p	ion, ornor are					
<u> </u>	Table and a first and the firs				4c F	'N T			
b b	Total number of participants at the beginning of the plan year				5a		6		
C	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the	nlan year (tofined benefit	nlong do not	5b		6		
	complete this item)	pian year (c	semied benefit	pians do not	5c		6		
6a	Were all of the plan's assets during the plan year invested in eligible as						X Yes No		
b	Are you claiming a waiver of the annual examination and report of an ir	dependent (qualified public	accountant (IQPA)					
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and						XYes No		
D	If you answered "No" to either 6a or 6b, the plan cannot use Form	5500-SF an	d must instea	d use Form 5500.					
	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Be	ginning of Year		(b) End	of Year		
a	Total plan assets	7a		60,805	_		88,890		
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c		60,805			88,890		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:								
	(1) Employers	8a(1)							
	(2) Participants	8a(2)		7,945					
L	(3) Others (including rollovers)	8a(3)		0					
b	Other income (loss)	8b		20,140	S150				
d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			1		28,085		
u	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	.							
е		8d							
f	Certain deemed and/or corrective distributions (see instructions)	8e	·						
g	Administrative service providers (salaries, fees, commissions) Other expenses	8f							
		8g			100				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					0		
!	Net income (loss) (subject line 8h from line 8c)	8i	Aurora de la constanta de la c				28,085		
i	Transfers to (from) the plan (see instructions)	l o: [DESCRIPTION OF THE PARTY OF THE		

	Form 5500-SF (2009)	F	Page 2-						
Pa	rt IV Plan Characteristics				·····	···			···
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2F$ $2J$ $3E$ If the plan provides welfare benefits, enter the applicable welfare								***************************************
Pa	rt V Compliance Questions								····
10	During the plan year:				Yes	No		Amount	
a	to a serior to a serior to a serior to the plant drift participant cont	ribution within the time period	described in						
t	29 CFR 2510.3-102? (See instructions and DOL's Voluntary F Were there any nonexempt transactions with any party-in-inte	Fiduciary Correction Program)		10a		х			
	!: 40- \	· · · · · · · · · · · · · · · · · · ·	ions reported	10b		x			
c	Was the plan covered by a fidelity bond?			10c	х				15,000
d	Did the plan have a loss, whether or not reimbursed by the pla	an's fidelity bond, that was cau	ised by fraud						
		• • • • • • • • •		10d		x			
е	to drift brokers, agents, or t	other persons by an insurance	e carrier,						
	insurance services or other organization that provides some of instructions.)	r all of the benefits under the	plan? (See	10e		x			
f	Has the plan failed to provide any benefit when due under the	plan?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amou	nt as of year end.)		10a		x			
h	If this is an individual account plan, was there a blackout perio	d? (See instructions and 29 C	FR	iog				REFERE	EXCELLENT.
i	2520.101-3.)			10h		X			
	If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520	ed the required notice or one of .101-3	of the	10i					
Par	t VI Pension Funding Compliance				4.				
11	Is this a defined benefit plan subject to minimum funding requi	rements? (If "Yes," see instru	ctions and complete	Sche	dule S	B (Fo	rm		
12	Is this a defined contribution plan subject to the minimum fundi	ina manufactura (· · · · · ·	• •	· ·	• •	<u> </u>		X No
-	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as ap	ing requirements of section 4:	12 of the Code or se	ction	302 of	ERIS	A? .	. Yes	X No
a		being amortized in this plan y	Monti	, and h	enter t		te of the le		
b						12b	·····		
С	Enter the amount contributed by the employer to the plan for th		• • • • • • •			I2c	······································		
d	Subtract the amount in line 12c from the amount in line 12b. Er			•		124			
_	negative amount)	• • • • • • • • •		٠	· L_	l2d			0
Pari	Will the minimum funding amount reported on line 12d be met VII Plan Terminations and Transfers of Ass		· · · · · ·	• •	• •	•	Yes	∐No [N/A
-	Has a resolution to terminate the plan been adopted during the								
	If "Yes," enter the amount of any plan assets that reverted to the	e plan year or any phor year? ne employer this year	• • • • • •	• •	· —	<u></u>	<u></u>	. L_Yes	X No
b			an or brought under	tha a		3a			
С	of the PBGC? If during this plan year, any assets or liabilities were transferred which assets or liabilities were transferred. (See instructions.)						• • •	. Yes	X No
	13c(1) Name of plan(s):				13c	(2) EI	N(s)	13c(3) F	PN(s)
									· · · · · · · · · · · · · · · · · · ·
auti	on: A penalty for the late or incomplete filing of this return/re	port will be assessed unles	s reasonable caus	e is e	stablis	shed			
nder B or	penalties of perjury and other penalties set forth in the instruction Schedule MB completed and signed by an enrolled actuary, as wit is true, correct, and complete.	ns. I declare that I have evam	ined this return/rene	rt inc	du odina	:6	olicable, a my knowle	Schedule edge and	
SIG	106 100 1	10/11/10	10000	5/10	Las				
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SIG	1 5/ / / / / / / / / / / / / / / / / / /	6/11/10	,	- 0	ers			suator	
HEF		Date	Enter name of indivi					nlan ana	
- 6					- young	43 G	ווט ושעטוקויו	Pian SPONSOI	