	Form 5500-SF	Short Form Annual R	yee	OMB Nos. 1210-011 1210-008							
	Department of the Treasury Internal Revenue Service	E		2009							
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of the ode (the Code).		This Form is O						
	ension Benefit Guaranty Corporation			n the instructions to the Form 550	0-SF	Inspec	-				
Pa	art I Annual Report Id	entification Information									
For	calendar plan year 2009 or fisca	al plan year beginning 01/01/2009	9	and ending 1	2/31/2	2009					
Α	This return/report is for:	mployer plan (not multiemployer)		one-participant p	lan						
В	This return/report is for:	first return/report	final retur	n/report							
		an amended return/report	short plan	year return/report (less than 12 mo	nths)	_					
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program					
		special extension (enter descriptio	-								
		nation—enter all requested information	ation		41-						
	Name of plan ERS CONSTRUCTION INC DA	VIS BACON PENSION PLAN AND	TRUST		10	Three-digit plan number	001				
					1c	(PN) ► Effective date of pla	มา				
22	Dian apapaar'a name and addre	one (omployer, if for single omployer	nlon)		2h	07/25/2008					
	Plan sponsor's name and addre	ess (employer, if for single-employer	piail)			Employer Identificat (EIN) 91-169173	7				
PO B	3OX 166				2c	Plan sponsor's telep 360-249-49					
MON	ITESAÑO, WA 98563				2d	Business code (see 236200	instructions)				
	Plan administrator's name and ERS CONSTRUCTION INC	address (if same as Plan sponsor, el PO BOX 166		?")	3b	Administrator's EIN 91-1691737					
		3c	Administrator's telephone number 360-249-4953								
	f the name and/or EIN of the pla	4b	EIN								
I	name, EIN, and the plan number	r from the last return/report. Sponso	r's name		4c	<b>4c</b> PN					
5a	Total number of participants at	the beginning of the plan year			5a		43				
b		the end of the plan year			5b		39				
С	Total number of participants wi complete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c		39				
6a	• • •	uring the plan year invested in eligibl	le assets?	(See instructions.)			X Yes No				
	Are you claiming a waiver of th	e annual examination and report of a	an indeper	ident qualified public accountant (IQ		E					
		See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		·····	X Yes No				
Pa	rt III Financial Informa		5111 5500-	SF and must instead use Form 55	00.						
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of `	Year				
а	Total plan assets		7a	12459	Э		40714				
b	Total plan liabilities		7b	(	0 0						
С	Net plan assets (subtract line 7	Net plan assets (subtract line 7b from line 7a) 7c 12									
8	Income, Expenses, and Transf			(a) Amount	(b) Total						
а	Contributions received or received (1) Employers	vable from:	8a(1)	26413	3						
	(2) Participants	(	2								
	(3) Others (including rollovers)		8a(3)	(	)						
b	Other income (loss)	Other income (loss)									
c		8a(2), 8a(3), and 8b)	8c				35469				
d		ollovers and insurance premiums	8d	7214	4						
е	· ,	ive distributions (see instructions)	8e	(	2						
f		s (salaries, fees, commissions)			)						
g	Other expenses		8g	(	)						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h				7214				
i		8h from line 8c)					28255				
j	Transfers to (from) the plan (se	e instructions)	8j	(	C						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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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: 2C 2F 2G 2T 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions										
10	During the plan year:		Yes	No		Amou	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)		×								
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х							
С	Was the plan covered by a fidelity bond?	Х					5000				
d	d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?										
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.)	X					726				
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 amount as of year end.)	10g		Х							
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	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	X									
Part	VI Pension Funding Compliance										
11											
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes X No										
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)										
а	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										
lf y	ou 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		L	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 onegative 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 during the plan year or any prior year?					\ \	Yes	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 u of the PBGC?	under	the co			Π、	Yes	X No			
C	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.)	ne pla	n(s) to								
1	3c(1) Name of plan(s):		13	c <b>(2)</b> El	N(s)	13	ic(3)	PN(s)			
Caut	on: A nonativ for the late or incomplete filing of this return/report will be accessed unless reasonable	0.021	iso is	octabl	ished	1					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	07/13/2010	DANIEL B SWEENEY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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7			Report of Small Employ		OMB Nos. 1210-0110 1210-0069							
	Department of the Treasury	,										
	Internal Revenue Service This form is required to be file		2009									
	Department of Lebor Refirement Income Security Employee Benefite Security Administration Internal	3	This Form is Open to Public									
	Penalan Beneta Suscenia Convolation		In the Instructions to the Form 850	0-SF.	Inspection							
	art I Annual Report Identification Information											
_ Fo		01/01/: -	2009 and ending		12/31/2009							
	This return/report is for: 🛛 single-employer plan	one-participant plan										
В												
-	an amendad return/report	1	n year relum/report (less than 12 mo	nihs)								
C	Check box if filing under:	3	c extension		DFVC program							
	special extension (enter descripti art II Basic Plan Information—enter all requested inform		······		······································							
	art II Basic Plan Information—enter all requested inform Name of plan	12000		1b	Three-digit							
	BOWERS CONSTRUCTION INC DAVIS BACON			10	plan number							
	PENSION PLAN AND TRUST				(PN) ) 001							
				10	Effective date of plan 07/25/2008							
<b>2</b> a	Plan sponsor's name and address (employer, if for single-amployer BOWERS CONSTRUCTION INC	r plan)	<b></b>	2b	Employer Idenlification Number							
	LOUDING CONSTRUCTION INC			5-	(EIN) 91-1691737							
	FO BOX 166			ZG	Plan sponsor's telephone number (360) 249-4953							
				2d	Business code (see instructions) 236200							
3a	MONTESANO Plan administrator's name and address (If same as Plan sponsor, e	nler "Sam	<u>WA 98563</u>	3h	Administrator's EIN							
	SANK		• )	•#								
				30	Administrator's telephone number							
4	f the name and/or EIN of the plan sponsor has changed since the ta	st return/re	port filed for this plan, enter the	4b	EIN							
	name, EIN, and the plan number from the last return/report. Sponso	or's name		Ac	: PN							
5a	Total number of participants at the beginning of the plan year											
b	Total number of participants at the end of the plan year			5b	39							
C	Total number of participants with account balances as of the end of	f the plan y	vear (defined benefit plans do not									
6a	complete this item)			5c	39 							
oa b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of	ie assels? en indene	(See Instructions.)									
	under 29 CFR 2520.104-46? (See instructions on walver eligibility :	and condit	ons.)		X Yes No							
Pa	If you answered "No" to either 6a or 6b, the plan cannot use Frint III   Financial Information	orm 5500-	SF and must instead use Form 650	<u>)0,</u>								
7	Plan Assels and Liabilities		(a) Beginning of Year	Т	(b) End of Year							
a	Tolal plan assets	7a	12,45	9	40,714							
b	Total plan llabilities	75		0	0							
<u>c</u>	Net plan assets (subtract line 7b from line 7a)	7c	12,45	9	40,714							
8	Income, Expenses, and Transfers for this Plan Year	·	(a) Amount	<u> </u>	(b) Total							
8	Contributions received or receivable from: (1) Employers	0a(1)	26,41	3								
	(2) Parlicipants			0								
	(3) Others (including rollovers)	8a(3)		o 🗄								
þ	Olher income (loss)	<u>6b</u>	9,05	6 <u>:</u> :								
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80			35,469							
4	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	7,21	4								
e	Certain deemed and/or corrective distributions (see instructions)	8e		0								
f	Administrative service providers (salaries, fees, commissions)	Øf		0								
g	Other expenses	ឱថ្ង	le de la companya de	0								
n ,	Total expenses (add lines 8d, 8e, 8f, and 8g),	8h		<u>.</u>	7,214							
r 1	Net Income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	18			28,255							
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		Form 550	)-SF :	2009			_								Pa	ige <b>2-</b>								
Pa	rt IV	Plan	Char	acteris	tics												N							
	If the	plan provk	les pe	enelon ber	nelīts,		-	pplicat	iblə p	penal	ion fei	alure	code	s fror	n the	List of	Plan Ch	aracleri	slic C	ades i	n Ihe	Instruc	ilions:	
h	X	2C plan provid	2) Ioe wa	•		2T 09/05	3D Ifina ana	nliegh		vallar				. fram	. 16 1	intati		reelerk		dan l.	Iba	(anterna)	lionat	
Ų	nuœ	plan provid	ida wi	onaid Adii	φill8, i	amai	uie ap	рисац	118 W	vanáro	e 199	acure	COOEX	s non	i ine i	.150 01 1	'ian Çnş	raçt <b>e</b> ln	ilic Çe	008511	i ine	กรแนงเ	juns.	
Par	tV∶	Complia	nce	Questi	ons														_					
10		ng the plan																	Yes	No	Τ		Amo	unt
a	- Was 29 (	lhere a fai CFR 2510.3	ure (g 64021	) transmit 7 /See ins	to the	plan me ei	any pa at DOI	articipa L'e Vo	ant ç	contri	ibution idució	ns wi	ilhin (	he tin	te per	iod de:	cribed l	n 10a		x				
b	Wer	e lhere any	none	xempt Ira	nsacti	ons y	/lih any	y party	y-in-l	Intere	est? (	(Do n	iol inc	lude l	transe	totions	reported							<b>.</b>
	on il	nə 10a.)			·····		•••••••••••	********			. 74 1							105		X				
¢	Was	s the plan c	overe	d by a līđe	elity b	ond?.						,		******				10c	X					5,(
d																								
ė	Ware	a any fees d	or con	missions	paid	lo any	/ broke	ars, aq	aenis	8. OF (	olher	pers	ons b	v an i	insura	Ince ca	rrier.							
	insu Instri	ance servic uctions.)	e or (	oner orga	INIZƏU	on เกะ	it provi	1008 30	ome	e or a	ull of U	he be 	anofil	s und	er lhe	plan?	(See	10e	X					-
f																		10f		x				
g	Díd l	is the plan failed to provide any benefit when due under the plan?										100		X			·							
h	If this	If this is an individual account plan, was there a blackout period? (See Instructions and 29 CFR										x			<u>.</u>									
İ	lf 10)	h was anew ptions to pr	ered '	"Yes," che	eck lh	e box	íf you (	either	r prov	vided	i the r	regul	red n	olīce	ог опа	• of the		101	x	<u> </u>				
Part		Pension		• • •																1				
11	lş (his	s a defined )}	benet	it plan su	bjeci i	o min	កោមកា វ	îundin	ng re	quire	emenl	ls7 (l	ſ"Yes	3, <sup>11</sup> see	e inslr	uction	s and co	mplete	Schee	íule S	8 (Fa			Yes X
12		is a defined																						Yes 🛛
a	lf a w	es," comple aiver of the	minia	num (und	ing sta	andar	d for a	prior y	year	r îs be	eing a	amor	tized	in this	a plan	year, s	ee înstr	uctions,	, and (	anter t	he đ	ile of th	he iettr	er ruling
(F .	grant www.co	ing the wah impleted if	(0f 17 an	a compl	nta Ib		0								المعرب	مادام ا		nth		Day	′ <u> </u>		Year	,
		the minimu										-		-		-			Г	126	Т			·
		the amoun						-												12c				
	Subtr	act the ame ive amount	unit in	i line 12c	from t	he an	nount i	in line '	12b.	s. Ent	ier lhe	a <b>re</b> st	ult (er	nter a	minu	s sign t	o lhe laf	loía		12d	†			
e		<u>ie minimum</u>																			Π.	/es [	No	)    N
art		Plan Te								_	_						•			•				
3a	Has e	resolution	to ten	minate the	e plan	been	adopt	led du	iring	the p	olan y	/ear c	or any	prior	vear	7					- <b>,</b>			Yes X
		s," enter the																		13a	Τ-			
b	Were	all the plan	asse	ts distribu	ited to	parti	clpants	s or be	eneĥ	Tolarie	es, Ira	ansfe	nred (	o anc	ther <b>c</b>	olan, ol	brought	under	the co	nirol	<b>-</b> -		п	<u></u>
C	lí duri	PBGC7 ing this plar assets or i	i year	, any asse	əls or	liebili	lies we	are irar	nşfei	arred .	from	this p	olan ti	ð ánó	lher p	lan(s),	idenlify	lhe pla	n(s) to				Ц,	Yes 🛛 I
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SIGN	Ma		Jeff Bowers
HERE	Signature of plan administrator	Date 6.18-10	Enter name of individual signing as plan administrator
SIGN	The second secon		Jeff Bowers
HERE .	Signature of employer/plan sponsor	Dale	Enter name of individual signing as employer or plan sponsor