## 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.

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

P	art I Annual Report Identification Information					
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending	12/31/2	2009	
Α	This return/report is for: Single-employer plan	-employer plan				
В	This return/report is for:	final retur	n/report		_	
	an amended return/report	short plar	year return/report (less than 12 mo	onths)		
С	Check box if filing under: Form 5558	automatic	extension		DFVC program	
	special extension (enter description	on)				
Pá	art II Basic Plan Information—enter all requested informa					
	Name of plan	ation		1b	Three-digit	
	UDER GENERAL CONSTRUCTION LLC DAVIS-BACON PENSION	PLAN AN	D TRUST		plan number	
					(PN) • 001	
				1C	Effective date of plan 10/02/2000	
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number	
STO	UDER GENERAL CONSTRUCTION LLC			0-	(EIN) 91-1927994	
3381	BROWN RD			2C	Plan sponsor's telephone number 360-366-5822	
	NDALE, WA 98248			2d	Business code (see instructions)	
		. "0	10	O.L.	236200	
	Plan administrator's name and address (if same as Plan sponsor, eluder General Construction LLC 3381 BROWN		<del>?</del> ")	3D	Administrator's EIN 91-1927994	
	FERNDALE,	WA 98248		3с	Administrator's telephone number 360-366-5822	
4	If the name and/or EIN of the plan sponsor has changed since the las	st return/re	port filed for this plan, enter the	4h	EIN	
	name, EIN, and the plan number from the last return/report. Sponso		F,			
				4c	PN	
	Total number of participants at the beginning of the plan year				11	
b				5b	4	
С	Total number of participants with account balances as of the end of complete this item)		•	5c	4	
6a	Were all of the plan's assets during the plan year invested in eligible	le assets?	(See instructions.)		X Yes No	
b	. ,				X Yes ☐ No	
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo		•		res [] No	
Pa	art III Financial Information	51111 5500	or and must instead use roim so	,,,,,		
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
а	Total plan assets	. 7a	28514	1	308420	
b	Total plan liabilities			0	0	
С	Net plan assets (subtract line 7b from line 7a)	7c	28514	1	308420	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
а	Contributions received or receivable from:		4454	0		
	(1) Employers	8a(1)	4454	<del> </del>		
	(2) Participants	8a(2)		0		
h	(3) Others (including rollovers)	` '		0		
b	Other income (loss)	8b	3169	1	76237	
c d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			10231	
u	to provide benefits)	. 8d	5295	8		
е	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			52958	
i	Net income (loss) (subtract line 8h from line 8c)	. 8i			23279	
_	Transfers to (from) the plan (see instructions)					

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

**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:

art	V Compliance Questions									
0	During the plan year:	Yes	No		Amount					
а	Was there a failure to transmit to the plan any participant contributions within the time period describ 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions repo on line 10a.)		X							
С	Was the plan covered by a fidelity bond?	10с	X				3	35000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fror dishonesty?			Х						
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.)	9	Х					1225		
f	Has the plan failed to provide any benefit when due under the plan?	·· 10f		X						
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X						
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	109	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									
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))						⁄es >	No		
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or se	ection 3	302 of	ERISA?		⁄es >	No		
(If "Yes," complete 12a or 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										
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to lin		Γ	12b						
	Enter the minimum required contribution for this plan year			12c						
	Enter the amount contributed by the employer to the plan for this plan year									
ŭ	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?						⁄es >	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 broof the PBGC?	ought under	the co	ontrol			⁄es >	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), ide which assets or liabilities were transferred. (See instructions.)	ntify the pla	n(s) to	)		-				
1	13c(1) Name of plan(s):					13	<b>c(3)</b> P	N(s)		
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.										
SIGI	Filed with authorized/valid electronic signature.  07/27/2010  DANIEL B SWEENEY									
HER		e of individ	ual sig	ning as	s plan adn	ninistrato	or			

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

EIN 91-1927994 / PN 001 / STOUDER CONST.RES 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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public

	Complete all en	tries in accord	ance wit	h the instructions to the Form 550	)-SF.	1,13	pecaon				
Part Annual Report Identification Information											
- Fo	r calendar plan year 2009 or fiscal plan year beginning		1/01/2	2009 and ending		12/31/200	9				
Α	This return/report is for:	ın 📙	multiple-employer plan (not multiemployer) one-participant plan								
В	This return/report is for:	,		•							
	an amended return	nthe\									
C	Check box if filing under: Form 5558			n year return/report (less than 12 moi c extension	11.13) I	T DEVC					
•	<u> </u>			Cexteriatori		DFVC progra	m				
	special extension (enter description)  Partill  Basic Plan Information—enter all requested information										
		uested informa	tion								
Id	Name of plan STOUDER GENERAL CONSTRUCTION LLC	DAVIG-BA	CON		1b	Three-digit					
		DIIVID DE	ICOIN			plan number (PN)	001				
	PENSION PLAN AND TRUST				1c	Effective date of					
						10/02/2000					
<b>2</b> a	Plan sponsor's name and address (employer, if for sh STOUDER GENERAL CONSTRUCTION LLC	ṇgle-employer p	lan) `		2b	Employer Identif	ication Number				
	STOODER GERMINE CONSTRUCTION THE	•				(EIN) 91-192					
	2201 PROFFE PR				<b>2</b> c	Plan sponsor's t	elephone number				
	3381 BROWN RD			}	24	(360) 366-5	see instructions)				
	FERNDALE			WA 98248	Zu	236200	see instructions)				
3a	Plan administrator's name and address (if same as Pl	lan sponsor, en	ter "Sam	e")	3b	Administrator's f	EIN				
	•										
					3c .	Administrator's t	elephone number				
4	f the name and/or EIN of the plan sponsor has change	d since the last	return/re	nort filed for this plan, enter the	4h						
	name, EiN, and the plan number from the last return/re	port. Sponsor'	s пате	port mod for this plant, since the	4b EIN						
	*				4c	PN					
	Total number of participants at the beginning of the p				5a						
D	Total number of participants at the end of the plan ye				5b		4				
С	Total number of participants with account balances a complete this item)	s of the end of t	he plan y	rear (defined benefit plans do not	5c		4				
6a	Were all of the plan's assets during the plan year inv	ested in eligible	accote?	/Sac Instructions							
b	Are you claiming a waiver of the annual examination	and renort of a	n indene:	deet qualified public accountant (IC)			X Yes   No				
	under 29 CFR 2520.104-46? (See instructions on wa	iver eligibility ar	nd conditi	ons.)			X Yes No				
	If you answered "No" to either 6a or 6b, the plan of	cannot use For	m 5500-	SF and must Instead use Form 550	0.						
	rt III Financial Information	· · · · · · · · · · · · · · · · · · ·	45 27 <del>4 3</del> 75 55 55								
7	Plan Assets and Liabilities		LATERIA A SALATIA	(a) Beginning of Year		(b) End	of Year				
a	Total plan assets	_	7a	285,14	1		308,420				
b	Total plan liabilities	<u> </u>	7b		0		0				
C	Net plan assets (subtract line 7b from line 7a)		7c	285,14	1		308,420				
8	Income, Expenses, and Transfers for this Plan Year	<u>:</u>		(a) Amount		(b) T	otal				
a	Contributions received or receivable from:		<b></b>	4.4 5.4			<b>建</b>				
	(1) Employers		8a(1)	44,54	0						
	(2) Participants	F-	8a(2)	·	익		na ngga na ngga ng				
	(3) Others (including rollovers)	-	8a(3)		<u>0</u>	가 보통이 통한 시간된 19 12 시간 12 12 12 12 12 12 12 12 12 12 12 12 12					
b	Other income (loss)		8b	31,69	1 :						
r. C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c		7		76,237				
d	Benefits paid (including direct rollovers and insurance to provide benefits)	premiums	8d	52,95	8						
е	Certain deemed and/or corrective distributions (see in		8e	31/33	<u></u>						
f	Administrative service providers (salaries, fees, comm	_	8f		<u></u>						
g	Other expenses	· · -	8g								
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h	Line Brown (1920) to the country of	<u>~                                    </u>	ng dia Salah Salah	52,958				
i	Net income (loss) (subtract line 8h from line 8c)		8i		<u>,</u>		23,279				

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

	Form 5500-SF 2009	F	age <b>2-</b>							
Par	Plan Characteristics									
	If the plan provides pension benefits, enter the applicable pension for 2C 2F 2G 2T 3D	eature codes from the	List of Plan Char	acteris	stic Co	des in	the instr	uctions	3;	<del></del>
b	If the plan provides welfare benefits, enter the applicable welfare fee	ature codes from the	List of Plan Chara	cteris	tic Co	des in t	the instru	ctions	:	
Parl	V Compliance Questions	· · · · · · · · · · · · · · · · · · ·	***							
10	During the plan year:				Yes	No	<u> </u>	Am	ount	
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions)	ram)	10a		Х					
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	10b		х						
C	Was the plan covered by a fidelity bond?	*******************************		10ε	Х				3	35,000
þ	Did the plan have a loss, whether or not reimbursed by the plan's fix or dishonesty?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10d		Х				· · ·
e	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	the benefits under th	e plan? (See	10e	Х					1,225
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? (S-2520.101-3.)			10h	х			renis Vital	oginus v Sylvens	enico de la compania del compania del compania de la compania del compania del compania de la compania de la compania del compania dela
I	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or a	ne of the	10	х					
Part	VI Pension Funding Compliance									
11	ls this a defined benefit plan subject to minimum funding requiremer 5500))	nts? (If "Yes," see ins	structions and com	plete	Sched	ule SB	(Form	. Г	Yes	X No
	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 No (If "Yes," complete 12a or 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.  Month Day Year If 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			••••••	Г	12b				
¢	Enter the amount contributed by the employer to the plan for this pla	ın year				12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)	ne result (enter a min	us sian to the left o	of o		12d			· · ·	
e	Will the minimum funding amount reported on line 12d be met by the	e funding deadline?					Yes		No [	N/A
Part	/II Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan	year or any prior yea	ar?					Ī	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the em	ployer this year				13a			L	
b	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ransferred to anothe	r plan, or brought u	ınder	the co	ntral			Yes	No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	n this plan to another	plan(s), identify th	e plar	n(s) ta					
1:	13c(1) Name of plan(s):			13c(2) EIN(s) 13c				13c(3)	PN(s)	
				·					. <u>.</u>	
Cauti	on: A penalty for the late or incomplete filing of this return/repor	rt will be assessed	unless reasonabl	e cau	se is (	establ	ished.			
OD OF	penalties of perjury and other penalties set forth in the instructions, Schedule MB completed and signed by an enrolled actuary, as well it is true, correct, and complete.	I declare that I have as the electronic ver	examined this return/r	rn/rep eport	ort, in , and t	cluding o the b	g, if appli sest of m	cable, y knov	a Sch vledge	edule and
SIGN		7/20/10	11.	ر باد	1.	1			_	
HER								miniat	rator	
SIGN		54,0	Enter name of in	aiviat	aı sigi	mig as	pian ad	111111111111111111111111111111111111111	ator	
HER		Date	Enterne	-10. J. d						
	1 3 action of circles and an aboutant	Date	Enter name of in	aividu	al sigr	ning as	employ	er or p	ian sp	onsor