Form 5500-SF Short Form Annual F				Report of Small Emplo	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service		Benefit Plan d under sections 104 and 4065 of the Employee			2009						
Er	Department of Labor nployee Benefits Security Administration	Retirement Income Security A	ct of 1974	4 (ERISA), and section 6058(a) of the Code (the Code). This Form is Open to Public								
Р	ension Benefit Guaranty Corporation	Inspection 00-SF.										
Part I Annual Report Identification Information For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009												
		single-employer plan			2/31/2							
	This return/report is for:			mployer plan (not multiemployer)	one-participant plan							
В	This return/report is for:	first return/report	final retur	•	ntha)							
C		an amended return/report		year return/report (less than 12 mc	11115)							
	C Check box if filing under:											
Pa	Part II Basic Plan Information—enter all requested information											
	Name of plan				1b	Three-digit						
	TEXT DESIGN/BUILD, INC. 40	1(K) PLAN				plan number						
					10	(PN) Effective date of plan						
					10	06/01/2002						
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-2085663						
	EAST OLIVE STREET				2c	Plan sponsor's telephone number 206-324-1763						
	TTLE, WA 98122				2d	Business code (see instructions) 238900						
	Plan administrator's name and TEXT DESIGN/BUILD, INC.	address (if same as Plan sponsor, er 2202 EAST C			3b	Administrator's EIN 91-2085663						
		SEATTLE, W		3c	3c Administrator's telephone number 206-324-1763							
		n sponsor has changed since the las		port filed for this plan, enter the	4b	b EIN						
I	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	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	15						
С		th account balances as of the end of	, ,	· ·	5c	13						
6a	Were all of the plan's assets d	uring the plan year invested in eligibl	(See instructions.)		X Yes No							
b	b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)											
		er 6a or 6b, the plan cannot use Fo		,		Yes No						
Pa	rt III Financial Informa											
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year						
а	Total plan assets		7a 135		5	118628						
b	1		7b		0							
<u> </u>	· · ·	'b from line 7a)	7c	13549	5	118628						
8 a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total						
u			8a(1)									
	(2) Participants		8a(2)	550	9							
_	(3) Others (including rollovers)		8a(3)									
b			8b	3244	1	07050						
C d		8a(2), 8a(3), and 8b)	8c		_	37950						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)			8d	5248	В							
е	Certain deemed and/or correct	ive distributions (see instructions)	8e									
f	•	s (salaries, fees, commissions)	8f	232	9							
g			8g 8h									
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)					54817						
 		e 8h from line 8c) e instructions)				-16867						
J	riansiers to (nom) the plan (se		8j									

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

Page **2-**1

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: 3D 2F 2G 2J 2K
- **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	A	Amoun	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	Х					20000		
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		X						
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					173		
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.)	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								
Part	VI Pension Funding Compliance									
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))	•				ΠY	′es	X No		
a If y	 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									
C	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?		<u></u>			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 control of the PBGC?							× No		
C 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):		130	c (2) El	N(s)	130	c (3) F	PN(s)		
						<u> </u>				

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.	07/28/2010	PEGGY SWAN				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	07/28/2010	PEGGY SWAN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

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	Department of the Treasury	eturn/l Benefit	Report of Small Employ Plan	yee	CMB Nos. 1210-011 1210-008								
	Internal Revenue Service This form is required	ed under sections 104 and 4065 of the Employe			e 2009								
E	imployee Denents Security Administration	Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code)											
	Pension Benefit Guaranty Corporation												
	Part Annual Report Identification Information												
Fo	r the calendar plan year 2009 or fiscal plan year beginning	1	2009	-01-01 and ending	20	09-12-31							
Α	This return/report is for: x single-employer plan	Π	multiple-e	mployer plan (not multiemployer)	Г	one-participant plan							
В	This return/report is for:	П	final return		Ľ								
	an amended return/repor	ŧН		year return/report (less than 12 mon	he)								
С	Check box if filing under:	Н		extension	шэ, Г								
	special extension (enter o	L_I description			DFVC program								
P	art II Basic Plan Information enter all reque			· · · · · · · · · · · · · · · · · · ·									
	Name of plan	ested infor	mation.		1h -	Three-digit	Т — —						
	Context Design/Build, Inc. 401(k) Plan					plan number							
	tonical besign, build, ind. 401(k) Plan					PN) ►	001						
_	and the second		ana fara an an an a	n na san anna an san an san san san san		Effective date of 2002-06-01	r plan						
2a	Plan sponsor's name and address (employer, if for single-en	mployer pl	an)		2b Employer Identification Number								
	Context Design/Build, Inc.				(EIN) 91-2085663								
	2202 East Olive Street				2C F	Plan sponsor's t (206) 324-1	elephone number						
US	Seattle WA 08122						see instructions)						
3a	HA 30122		(au)IC aus all	· · · · · · · · · · · · · · · · · · ·	2	238900 Administrator's E							
	Same	and address (il same as plan etholover, enter Same)											
					3c Administrator's telephone number								
4	If the name and/or FIN of the star answer to the												
	If the name and/or EIN of the plan sponsor has changed sin name, EIN and the plan number from the last return. Sponso	ice the last or's Name	t return/rep	ort filed for this plan, enter the	4b E	4b EIN							
Ē					4c F	N							
5a b	the participante at the beginning of the plan year	ar	* • •		<u>5a</u>	18							
c	Total number of participants at the end of the plan year Total number of participants with account balances as of the	· · · · · · · · · · · · · · · · · · ·	<u>5b</u>	15									
	complete this item)				5c 13								
	Were all of the plan's assets during the plan year invested in	n eligible a	ssets? (Se	e instructions.)			XYes No						
U	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)												
	If you answered "No" to either 6a or 6b, the plan cannot	use Form	5500-SF a	nd must instead use Form 5500.	• • •	• • • •	XYes No						
Pa	art III Financial Information												
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year						
a b	Total plan assets Total plan liabilities	• • • •	7a	135,495			118,628						
c		• • • •	7b	0									
8	Net plan assets (subtract line 7b from line 7a)	<u></u> .	7c	135,495	_	118							
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:			(a) Amount		(b) T	otal						
	(1) Employers		8a(1)			Annual Contraction							
	(2) Participants		8a(2)	5,509	-								
	(3) Others (including rollovers).		8a(3)										
b	Other income (loss)		8b	32,441									
c d	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premi	• • • •	8c	and the second se		37,950							
	to provide benefits)												
е	Certain deemed and/or corrective distributions (see instruction	····	8d 8e	52,488		e de la construir de la constru La construir de la construir de							
f	Administrative service providers (salaries, fees, commission		8f	2,329									
g	Other expenses	-, - • • • • • •	8g	2,329									
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h				54,817						
i	Net income (loss) (subject line 8h from line 8c)		8i	And the second se			(16,867)						
J	Transfers to (from) the plan (see instructions)	. <u>.</u>	8j										
Eo	r Paperwork Reduction Act Notice and OMP Control Num						and the second se						

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

Form 5500-SF (2009)

Form 5500-SF (2009)

Page 2-

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: **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

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S t

10	During the plan year:									
а	Was there a failure to transmit to the plan any participant contribution within the 29 CFR 2510.3-102? (See instructions and DOI 's Voluntary Educine Constants)		r a construction of the second s	<u> </u>	(es	No	Ar	nount		
h	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct Were there any nonexempt transactions with any sectors and DOL's Voluntary Fiduciary Correct	e time perio	10a		х					
b	The section of the se	ude transa	tions reported	TUa						
	on line 10a.)	• • • •		10b	1	x				
C	Was the plan covered by a fidelity bond?.		F		-					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond or dishonesty?	• • • • •	• • • • • •	100	x				20,000	
	or dishonesty?	, that was c				x				
е	Were any food or commissions with the second s							6 R - 11		
Ū	insurance services or other organization that provides earne at all of the base	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See								
	instructions.)	its under the	e plan? (See	10e	x	-			173	
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 as of year end	l.)		10g		x				
h	If this is an individual account plan, was there a blackout period? (See instructi 2520.101-3.)		101		x					
i	If 10h was answered "Yes," check the box if you either provided the required n	••••		10h	\rightarrow					
-	exceptions to providing the notice applied under 29 CFR 2520.101-3	otice or one	of the	101			No. of Concession, Name			
Part	VI Pension Funding Compliance	<u></u>								
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Ye	e " coo inct	untions and complete	Coho	dula	00.0				
			ucuons and complete			эв (г • •		Yes	X No	
2	Is this a defined contribution plan subject to the minimum funding requirements		412 of the Code or s					Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
а	If a waiver of the minimum funding standard for a prior year is being amortized	in this plan	year, see instruction	s, and	entei	the d	ate of the lett	er ruling		
	granting the waiver		Month				Ye			
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5	500), and s	kip to line 13.							
b	Enter the minimum required contribution for this plan year			• •		2b				
С	Enter the amount contributed by the employer to the plan for this plan year				1	2c	6			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (e	nter a minu	s sign to the left of a			2d				
	negative amount)			•••						
	Will the minimum funding amount reported on line 12d be met by the funding o	leadline?		• •	• •	•	Yes	No	N/A	
Part										
l3a	Has a resolution to terminate the plan been adopted during the plan year or an	y prior year	?		. <u></u>			Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this	year	• <u>•</u> •••	• •	. 1	3a			e Baran Da a	
b	Were all the plan assets distributed to participants or beneficiaries, transferred	to another	plan, or brought unde	r the c	ontro)l				
	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 p	lan(s), identify the pla	an(s) to	0					
1	3c(1) Name of plan(s):	39			13c	(2) EI	N(s)	13c(3) F	PN(s)	
	· · · · · · · · · · · · · · · · · · ·									
		-ci								
		21 								
autic	n: A penalty for the late or incomplete filing of this return/report will be as	sessed un	ess reasonable cau	se is e	estab	lishe	d.			
Inder 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										
B or Schedule MB sompleted and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and										
elief, it is true, correct, and complete.										
SIG	Teggy Xwain 7	113/10	regged 2	sar	HN	(
HER	E Signature of plan administrator Date		Enter name of indiv	vidual s	signin	gasr	olan administr	ator		
SIG		1	ChRISB	AR	Re	N				
HER		12ho								
	Signature in ployer/plan sponsor Date 7	117/10	Enter name of indiv	vidual s	signin	g as e	employer or p	an sponse	or	