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).

1210-0089

OMB Nos. 1210-0110

2009

This Form is Open to Public Inspection

Pe	ension Bene	efit Guaranty Corporation		▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.		pcolion	
				entification Information						
For	calendar	plan year 2009 or f	iscal	plan year beginning 01/01/200)9	and ending	2/31/2	2009		
A	This retur	rn/report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ınt plan	
		rn/report is for:		first return/report	final retur	n/report				
	i i ii 3 i Ctui	TIPTOPOTE IS TOT.	H	an amended return/report	1	n year return/report (less than 12 mo	nthe)			
•				·	<u>,</u>	, ,	111113)	П вемо		
C	Check bo	x if filing under:	^	Form 5558	1	cextension		DFVC progra	am	
				special extension (enter descripti	on)					
Pa	rt II	Basic Plan Info	orm	ation—enter all requested inform	nation					
	Name of						1b	Three-digit		
WES.	TWATER	R CONSTRUCTION	CO	401K PLAN				plan number	002	
							4 -	(PN) •		
							10	Effective date o		
22	Dlon one	naor'a nama and a	ddro	on (ampleyor if for single ampleyo	r plop)		2h			umbor
		R CONSTRUCTION		ss (employer, if for single-employer	piari)		20	Employer Identi (EIN) 91-144		Jilibei
0		CONOTTOOTO					2c	Plan sponsor's		number
16209	9 SE 173	RD PL						425-27		
RENT	ΓON, WA	98058					2d	Business code	•	ıctions)
								236110		
		ministrator's name a R CONSTRUCTION		ddress (if same as Plan sponsor, e 16209 SE 1		e")	3D	Administrator's 91-144		
VVLO	IVAILI	CONSTRUCTION		RENTON, W			30	Administrator's		number
							30	425-27		Humber
4 If	the nam	ne and/or EIN of the	plar	sponsor has changed since the la	st return/re	eport filed for this plan, enter the	4b	EIN		
r	name, Ell	N, and the plan nun	nber	from the last return/report. Sponse	or's name		4.			
								PN		
5a	Total nu	ımber of participant	s at t	he beginning of the plan year			5a			14
b	Total nu	mber of participant	s at t	he end of the plan year			5b			14
С				n account balances as of the end of		•	F			0
		-					5c		V	9
						(See instructions.)			× Ye	s No
b						ndent qualified public accountant (IQ ions.)			X Ye	s \square No
						SF and must instead use Form 55			ш	- Ц
Pa		Financial Infor								
7		sets and Liabilities				(a) Beginning of Year		(b) End	of Year	
		an assets			. 7a	17891	2	(5) =114	0. 100.	238625
b										
C	•			from line 7a)		17891	2			238625
8					. 70		_	/h) =	Fatal	200020
_		tions received or re		rs for this Plan Year		(a) Amount		(D)	Γotal	
а				able IIOIII.	. 8a(1)					
	` ,	•								
b	` '	` •	,			5971;	3			
C		, ,		a(2), 8a(3), and 8b)		3371.				59713
d				llovers and insurance premiums	00					00710
u					8d					
е		ŕ		re distributions (see instructions)						
f				(salaries, fees, commissions)						
g		·								
h		•		e, 8f, and 8g)						0
;				8h from line 8c)						59713
i				e instructions)						337.13
j		to (om) the plan	. ,500		· 8j	1				

Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIERISII	

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

.										
Part '		Compliance Questions					•••	T		
		ng the plan year:	Maria di agina ana	to the continue of the		Yes	No		Amount	
	29	there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	y Correction Progra	am)	10a		X			
		e there any nonexempt transactions with any party-in-interest? (Done 10a.)			10b		X			
С	Wa	s the plan covered by a fidelity bond?			10c	X			130	0000
d		the plan have a loss, whether or not reimbursed by the plan's fideli shonesty?	•	•	10d		X			
	insu	e any fees or commissions paid to any brokers, agents, or other perance service or other organization that provides some or all of the uctions.)	e benefits under the	e plan? (See	10e		Х			
f	Has	the plan failed to provide any benefit when due under the plan?			10f	X			1(0672
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		Χ			
h	If thi	s is an individual account plan, was there a blackout period? (See 0.101-3.)	instructions and 29	9 CFR	10h		Χ			
i	If 10	h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or on	e of the	10i		X			
Part \	/I	Pension Funding Compliance								
		s a defined benefit plan subject to minimum funding requirements:							Yes X	No
12	Is th	is a defined contribution plan subject to the minimum funding requ	uirements of section	n 412 of the Code	or se	ction 3	802 of	ERISA?	Yes X	No
	(If "Y	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	e.)							
		vaiver of the minimum funding standard for a prior year is being an								i
	_	ting the waiveromplete lines 3, 9, and 10 of Schedule MB			th		Day		Year	_
		r the minimum required contribution for this plan year				Γ	12b			
		r the amount contributed by the employer to the plan for this plan y				··· ⊢	12c			
d	Subt	ract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	us sign to the left	of a		12d			
	_	the minimum funding amount reported on line 12d be met by the fu						Yes	No X I	N/A
Part \	/II	Plan Terminations and Transfers of Assets								
13a	Has	a resolution to terminate the plan been adopted during the plan year	ear or any prior yea	r?					Yes X	No
	lf "Y	es," enter the amount of any plan assets that reverted to the emplo	oyer this year				13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, tran					ntrol 		Yes	No
		ring this plan year, any assets or liabilities were transferred from the hassets or liabilities were transferred. (See instructions.)	his plan to another	plan(s), identify th	ne pla	n(s) to				
13	c(1)	Name of plan(s):				130	(2) El	N(s)	13c(3) PN	۷(s)
Cautio	on: A	A penalty for the late or incomplete filing of this return/report v	will be assessed u	ınless reasonab	le cau	se is	establ	lished.		
Under SB or	pen Sch	alties of perjury and other penalties set forth in the instructions, I deedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	leclare that I have e	examined this retu	ırn/rep	ort, in	cludin	g, if applic		
SIGN	Fi	led with authorized/valid electronic signature.	08/25/2010	FRANK HARRISO	NC					
HERE		Signature of plan administrator	Date	Enter name of ir	ndividi	ıal sinı	nina a	s nlan adr	ninistrator	

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

FAX

WESTWATER CONSTRUCTION COMPANY

Tom Caplis' Office 16209 SE 173rd Place Renton, WA 98058

Phone: 425-277-3137 Fax: 425-254-8920 Email: t-caplis@comcast.net

TO: UYITECH

4252548920

Date: 7-22-10

Attn: Compliance

Fax: 1-601-510 - 3510

- 1. Copy of your email w/ notes
- 2. Signed Firm 5500
- Signed Form 5558

Form 8007 Wesn't included w/ your enail 50 I assume you don't need that

You Cylis

PAGE 02/05

SmartZone Communications Center

Page 1 of 1

SmartZone Communications Center

t-capiis@comcast.ne

+ Font size -

2009 5500-Westwater

From: Monica Davis <monica.davis@dyatech.com>

Thu Jul 22 2010 1:34:22 PM

Subject: 2009 5500-Westwater

1 attachment

To: t-caplis@comcast.net

Cc: 'Support' <support@dyatech.com>

Reply To: monica davis <monica.davis@dyatech.com>

Please find attached your Retirement Plan Form 5500. Please sign the form and return to Dyatech via email or fax by July 26, 2010.

Please note the following attachments:

- Form 5500 Must be signed by Employer and returned to Dyatech via email (<u>compliance@dyatech.com</u>) or fax (601-510-3510) by July 26, 2010.
- Form 8007 In order for Dyatech to file your Form 5500, please complete, sign, and return to Dyatech along with your Form 5500 via email (<u>compliance@dyatech.com</u>) or fax (601-510-3510) by **July 26, 2010**. If you have already completed Form 8007 and returned it to Dyatech, please disregard.

Please review all Forms and Schedules to verify accuracy.

Thank you for your business and if you have any questions, please feel free to contact us at 866-651-4222, ext. 400 or via email at compliance@dyatech.com.

CONFIDENTIALITY NOTICE: This e-mail message, including any attachments, is for the sole use of the intended recipient(s). The information contained in this message may be private and confidential, and may also be subject to the work product doctrine. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender by reply e-mail and destroy all copies of the original message.



Westwater Construction.pdf

1 MB

Not Included

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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.

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	rt I Annual Report Identification Information	1 /01 /0	000 and ending	12/31/20	09
Fore	Calorida Pior your 2000 or xour pior y	1/01/2			
Ат	This return/report is for: 🛛 single-employer plan	multiple-e	mployer plan (not multiemployer)	one-participa	ant plan
B 1	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plan	year return/report (less than 12 mon	ths)	
C (Check box if filing under: Form 5558	automatic	extension	☐ DFVC progr	am
•	special extension (enter description)	n)		-	
- Da	rt II Basic Plan Information—enter all requested information				
	Name of plan	2		1b Three-digit	
	WESTWATER CONSTRUCTION CO 401K PLAN		\	plan number	
				(PN) •	002
				1c Effective date	
				12/14/200	· · · · · · · · · · · · · · · · · · ·
2a	Plan sponsor's name and address (employer, if for single-employer WESTWATER CONSTRUCTION CO.	plan)		2b Employer identification (EIN) 91-14	
			·	2c Plan sponsor's	telephone number
	16209 SE 173RD PL			(425)277-	
			MB 00050	2d Business code 236110	(see instructions)
	RENTON Plan administrator's name and address (if same as Plan sponsor, e	nter "Sami	WA 98058	3b Administrator's	EIN
Ja	SAME		,		
					telephone number
			(Pt. J. P. vil. 1	(425) 277-	-3137
4	f the name and/or EiN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso	st return/re or's name	port filed for this plan, enter the	4b EIN	
			<u></u>	4c PN	
5a	Total number of participants at the beginning of the plan year			5a	14
b	Total number of participants at the end of the plan year			5b	14
С	Total number of participants with account balances as of the end o	f the plan y	rear (defined benefit plans do not		
	complete this item)			5c	
	18/ all af the planta execute during the plan year invested in pligib	1			
	Were all of the plan's assets during the plan year invested in eligib				X Yes No
D	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public accountant (IQ	PA)	⊠ Yes No
D		an indepe and condit	ndent qualified public accountant (IQ ions.)	PA)	
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe and condit	ndent qualified public accountant (IQ ions.)	PA)	
	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	an indepe and condit	ndent qualified public accountant (IQ ions.)	PA) 00.	
Pa	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information	an indepe and condit orm 5500	ndent qualified public accountant (IQ ions.) SF and must instead use Form 55	PA) 00. (b) En	X Yes No
Pa 7	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities	an indepe and condit orm 5500-	ndent qualified public accountant (IQ ions.)SF and must instead use Form 55 (a) Beginning of Year	PA) 00. (b) En	Yes No
Pa 7 a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Firt III Financial Information Plan Assets and Liabilities Total plan assets	an indepe and condit orm 5500- 7a 7b	ndent qualified public accountant (IQ ions.)SF and must instead use Form 55 (a) Beginning of Year	(b) En	Yes No
Pa 7 a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	an indepe and condit orm 5500- 7a 7b	ndent qualified public accountant (IQ ions.)	(b) En	Yes No d of Year 238, 625
Pa 7 a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indepe and condit orm 5500- 7a 7b 7c	(a) Beginning of Year 178, 91	(b) En	Yes No d of Year 238, 625
Pa 7 a b c	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a). Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	an indepe and condit orm 5500- 7a 7b 7c	(a) Beginning of Year 178, 91	(b) En 2 (b) (b) (c)	Yes No d of Year 238, 625
Pa 7 a b c	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fort illi Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2)	(a) Beginning of Year 178, 91	(b) En 2 (b) (b) (c)	Yes No d of Year 238, 625
Pa 7 a b c	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	an indepe and condit orm 5500- . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(a) Beginning of Year 178, 91 (a) Amount	(b) En 2 (b)	Yes No d of Year 238, 625
Pa 7 a b c	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indepe and condit orm 5500- 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(a) Beginning of Year 178, 91	(b) En 2 (b)	X Yes No No No No No No No N
Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	an indepe and condit orm 5500- 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3)	(a) Beginning of Year 178, 91 (a) Amount	(b) En 2 (b)	Yes No d of Year 238, 625
Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(a) Beginning of Year 178, 91 (a) Amount	(b) En 2 (b)	X Yes No No No No No No No N
Pa 7 a b c 8 a	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 178, 91 (a) Amount	(b) En 2 (b)	X Yes No No No No No No No N
Pa 7 a b c 8 a b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(a) Beginning of Year 178, 91 (a) Amount	(b) En 2 (b)	X Yes No No No No No No No N
Pa 7 a b c 8 a b c d e	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(a) Beginning of Year 178, 91 (a) Amount	(b) En 2 (b)	X Yes No No No No No No No N
Pa 7 a b c 8 a b c d	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	an indepe and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(a) Beginning of Year 178, 91 (a) Amount	(b) En 2 (b)	X Yes No No No No No No No N
Pa 7 a b c 8 a b c d e f g	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	an indepe and condit orm 5500- . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e . 8f . 8g	(a) Beginning of Year 178, 91 (a) Amount	(b) En 2 (b)	X Yes No No No No No No No N
Pa 7 a b c 8 a b c d e f g	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	an indeperand condition orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(a) Beginning of Year 178, 91 (a) Amount	(b) En 2 (b)	Yes No No No No No No No N

Form 5500-SF 2009

Page:	2-		
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Par	l IV	Plan Characteristics							
9a	If the	plan provides pension benefits, enter the applicable pension feat	ure codes from the I	ist of Plan Chara	cteris	tic Co	des in	the instructio	ns:
	X	2E 2F 2G 2J 2K 3D plan provides welfare benefits, enter the applicable welfare feature.	ure codes from the I	iet of Plan Charac	cterist	ic Cod	es in f	he instruction	ıs:
b	it the	s plan provides welfare benefits, enter the applicable welfare feat	ile codes nom the L	ist of Francisca	JIGI IJ				
Part	Ý	Compliance Questions							
<u> 10</u>		ing the plan year:				Yes	No	A	mount
a		ing the plan year. s there a failure to transmit to the plan any participant contribution	s within the time per	iod described in			-		
_	29	CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	ry Correction Progra	m) [10a		Х		
b	We	re there any nonexempt transactions with any party-in-interest? (D	Do not include transa	ctions reported	406		X		
		line 10a.)		i	10b				
C		as the plan covered by a fidelity bond?			10c	X			130,000
d	or c	the plan have a loss, whether or not reimbursed by the plan's fide tishonesty?			10d		Х		
е	We	re any fees or commissions paid to any brokers, agents, or other I	persons by an insura	ance carrier,					
		urance service or other organization that provides some or all of the			10e		Х		
f		s the plan failed to provide any benefit when due under the plan?			10f	Х			10,672
_		·				'A			10,072
g		the plan have any participant loans? (If "Yes," enter amount as of			10g		X	Allahar er Kristani	
n		nis is an individual account plan, was there a blackout period? (Se			10h		Х		energies de l'Oraș de l'Article
i		Oh was answered "Yes," check the box if you either provided the r							ng pagalang pa
	exc	eptions to providing the notice applied under 29 CFR 2520.101-3			10i		Χ	# 4P.S +	
Part		Pension Funding Compliance							
11		his a defined benefit plan subject to minimum funding requirement							☐ Yes ☒ No
40		00))							Yes X No
12		this a defined contribution plan subject to the minimum funding red		1 412 of the Code	OF SE	ction .	302 OT	ERISA?	☐ tes 전 to
2		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl waiver of the minimum funding standard for a prior year is being a		n vear see instru	rtions	and e	nter th	ne date of the	letter ruling
a	gra	nting the waiver.		Mon	th	, апа с	Day	Y	ear
lf	you	completed line 12a, complete lines 3, 9, and 10 of Schedule M	IB (Form 5500), and	i skip to line 13.		-		,	
b	Ent	er the minimum required contribution for this plan year					12b		
C	En	er the amount contributed by the employer to the plan for this plan	ı year				12c		
d		otract the amount in line 12c from the amount in line 12b. Enter the				1	12d		
_	•	pative amount)						Yes	No X N/A
		the minimum funding amount reported on line 12d be met by the	tunding deadline?		******			165	NO A NA
		Plan Terminations and Transfers of Assets							
13a	Ha	s a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					Yes X No
		es," enter the amount of any plan assets that reverted to the emp					13a		
b		re all the plan assets distributed to participants or beneficiaries, tra					ontrol		☐ Yes 🏻 No
С		uring this plan year, any assets or liabilities were transferred from)		L C
		ich assets or liabilities were transferred. (See instructions.)		,		(.,			
	13c(*	I) Name of plan(s):				13	c(2) E	IN(s)	13c(3) PN(s)
					_				
Ca	tion	A penalty for the late or incomplete filing of this return/report	t will be accepted	unlaga reggensk	<u> </u>	una la		liahad	
		nalties of perjury and other penalties set forth in the instructions, I							le a Schedule
SB	or Sc	hedule MB completed and signed by an enrolled actuary, as well a							
belie	f, C	s true, correct, and complete							
SIG	N.	+C YCank	7-22-10	THOMAS CAP	LIS				
HEF		Signature of plan administrator	Date	Enter name of in	ndivid	ual sig	ning a	s plan admin	istrator
SIG		4 Carl	7-22-10						
HEF		Signature of employer/plan sponsor	Date	Enter name of in		ual sig	ning a	s employer o	r plan sponsor

Form **5558**(Rev. January 2008)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

File With IRS Only

Name of filer, plan administrat	tor, or plan sponsor (see instructions)	1	B File	's identifi	ina number le	ee instruction	s).
WESTWATER CONSTRU			_	-	tification number		φ,.
	suite no. (If a P.O. box, see instructions)			loyor lacin		O. (E.I.).	
16209 SE 173RD PL	, and 1, at	<u></u>	91-	442609			
City or town, state, and ZIP c	ode	[Soc	al security	number (SSN)		
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RENTON	WA 980	58			D1		_
Plan ı	name		Pla			year endin	_
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1 WESTWATER CONSTRU	CHON CO 401K PLAN		0 0	2	12	31	2009
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till Extension of Ti	me to File Form 5500 or Forn	n 5500-EZ (see	instru	ctions)			
	matically approved to the date sho n 5500 or 5500-EZ for which this ex due date.						
months and months	and date.						A
You must attach a copy	of this Form 5558 to each Form 5500	and 5500-EZ filed	d after	he due o	date for the i	plans listed i	n C abov
	of this Form 5558 to each Form 5500				iate for the p	plans listed i	n C abov
	of this Form 5558 to each Form 5500 d if you are requesting an extension to				late for the p	plans listed i	n C abov
e. A signature is not required	d if you are requesting an extension to	file Form 5500 or F			date for the p	plans listed i	in G abov
e. A signature is not required		file Form 5500 or F			date for the p	plans listed i	n C abov
e. A signature is not required	d if you are requesting an extension to me to File Form 5330 (see inst	file Form 5500 or F	Form 55		date for the p	plans listed i	n G abov
e. A signature is not required int III Extension of Ti	d if you are requesting an extension to	file Form 5500 or F	Form 55		date for the p	plans listed i	in G abov
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