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

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accord	rdance wit	h the instructions to the Form 550	0-SF.				
		dentification Information							
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200)9	and ending 1	2/31/2	2009			
Α.	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:								
		an amended return/report	short plar	n year return/report (less than 12 mor	nths)				
C	Check box if filing under:	X Form 5558	automatio	extension		DFVC program			
		special extension (enter descripti							
Pa	rt II Basic Plan Infori	mation—enter all requested inform	nation						
	Name of plan				1b	Three-digit			
	ORTHWEST CONST INC PRO	OFIT SHARING PLAN				plan number			
						(PN) P			
					1c	Effective date of plan 01/01/1995			
2a	Plan enoneor's name and addr	ress (employer, if for single-employer	r nlan)		2h	Employer Identification Number			
	ORTHWEST CONST INC	ess (employer, il for single-employer	ι ριαιι)		(EIN) 91-1659492				
					2c	Plan sponsor's telephone numb	er		
	SCOON ROAD					509-839-3378			
SUNI	NYSIDE, WA 98944-0000				2d	Business code (see instructions 236200	s)		
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
	ORTHWEST CONST INC	3091 SCOO	N ROAD			91-1659492			
		SUNNYSIDE	=, VVA 9694	44-0000	3с	Administrator's telephone numb	er		
4 1	the name and/or FIN of the pla	an sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b EIN				
		er from the last return/report. Sponso		pertined for the plant, error the					
						PN			
5a			5a	ı					
b	· ·		5b		4				
С		vith account balances as of the end c			5c		4		
6a	•			(See instructions.)		X Yes	No		
	Are you claiming a waiver of the	he annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)				
	· · · · · · · · · · · · · · · · · · ·			ions.)		Yes [No		
Da			orm 5500-	SF and must instead use Form 55	00.				
	rt III Financial Inform	ation		I	1				
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year			
	Total plan assets		<u>7a</u>	239825	-	2959			
b	'			000000		0056	0		
<u>c</u>		7b from line 7a)	7с	239825)	2959	155		
8	Income, Expenses, and Trans			(a) Amount		(b) Total			
а	Contributions received or rece (1) Employers	elvable from:	8a(1)	3698	3				
	.,			2400)				
		3)							
b	` ` ` ` ` `	·	- ' '	50032	2				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			56′	130		
d	, , ,	rollovers and insurance premiums							
			8d		4				
e		tive distributions (see instructions)			4				
f		rs (salaries, fees, commissions)			4				
g	·		_						
h		8e, 8f, and 8g)					0		
į		e 8h from line 8c)				56′	130		
J	ransters to (from) the plan (se	rs to (from) the plan (see instructions)							

Part IV	Plan	Charact	teristics

SIGN HERE

Signature of employer/plan sponsor

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

D	II th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	list of Plan Charac	cteris	iic Co	des in	tne instruct	ions:		
Part	٧	Compliance Questions									
10	During the plan year:						No		Amount		
а	a 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)						X				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X				
С	Wa	as the plan covered by a fidelity bond?			10c	X				40000	
d											
	• 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				
f	Ha	s 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 y	year end.)		10q		X				
		nis is an individual account plan, was there a blackout period? (See 20.101-3.)			10h		X				
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i						
Part \	VI	Pension Funding Compliance									
		nis a defined benefit plan subject to minimum funding requirements?							Yes	X No	
12		his a defined contribution plan subject to the minimum funding requi							Yes		
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		0 0 0000	0. 00	0					
а	If a	waiver of the minimum funding standard for a prior year is being am	nortized in this plar						ne letter ru Year	-	
If y	ou	completed line 12a, complete lines 3, 9, and 10 of Schedule MB	3 (Form 5500), and	skip to line 13.		_		T			
b	Ent	er the minimum required contribution for this plan year					12b				
		er the amount contributed by the employer to the plan for this plan y					12c				
	d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)						12d				
	e 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	ear or any prior yea	r?				T	Yes	X No	
		es," enter the amount of any plan assets that reverted to the emplo					13a				
	of t	re all the plan assets distributed to participants or beneficiaries, tran he PBGC?							Yes	X No	
		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	e pla	n(s) to)		1		
13	3c(1) Name of plan(s):			13c(2) EIN(s) 13c(3)) PN(s)		
	_					_	_				
Cautio	on:	A penalty for the late or incomplete filing of this return/report w	will be assessed u	ınless reasonabl	e cau	ise is	establ	ished.			
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.									
SIGN Filed with authorized/valid electronic signature. 09/14/2010 ASSOCIATED PENSION CO					NSUL	TANTS					
	UEDE				ndividual signing as plan administrator						

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
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.

	Complete all entries in acco	idance with	the moducti	7113 to the 1 offit 55	00 01 .				
	art Annual Report Identification Information the calendar plan year 2009 or fiscal plan year beginning	2009-	01-01	and ending	200	9-12-31			
	F			ot multiemployer)	П	one-participant plan			
		final return/i		, , , , , , , , , , , , , , , , , , ,					
В	This return/report is for: first return/report	뒥	•	ert (loos than 12 mani	the\				
	an amended return/report	╡ ′′	•	ort (less than 12 mont	s <i>)</i>	DFVC program			
C	Check box if filing under: x Form 5558	automatic e.	xtension			DrvC plogram			
	special extension (enter description	n)							
-	art II Basic Plan Information enter all requested info	rmation.			1b 7	nree-digit			
1a	Name of plan					an number			
	PS NORTHWEST CONST INC PROFIT SHARING PLAN		PN) ▶ 001						
			1c Effective date of plan 1995-01-01						
22	Plan sponsor's name and address (employer, if for single-employer p	Discourse and address (amplesor if for single amplesor plan)							
Za	PS NORTHWEST CONST INC	ion,			1	mployer Identification Number EIN) 91-1659492			
						2c Plan sponsor's telephone number			
	3091 SCOON ROAD					509) 839-3378 usiness code (see instructions)			
US	SUNNYSIDE WA 98944-0000				2	36200			
3a	Plan administrator's name and address (If same as plan employer, er	nter "Same")			3b A	dministrator's EIN			
	SAME								
					3c A	3c Administrator's telephone number			
4	If the name and/or EIN of the plan sponsor has changed since the la		t filed for this	olan, enter the	4b ∈	IN			
	name, EIN and the plan number from the last return. Sponsor's Nam	е	Ī			4c PN			
<u>5</u> a	Total number of participants at the beginning of the plan year				. 5a	3			
b	Total number of participants at the end of the plan year				. 5b	4			
С	Total number of participants with account balances as of the end of the	he plan year (d	defined benefit	plans do not	50	,			
<u></u>	complete this item)					X Yes No			
oa b	Are you claiming a waiver of the annual examination and report of an				• • •				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility ar	nd conditions.)				XYes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo	rm 5500-SF a	nd must inst	ead use Form 5500.					
Pa	art III Financial Information								
7	Plan Assets and Liabilities		(a) B	eginning of Year		(b) End of Year			
a	Total plan assets	· 7a		239,825		295,955			
b	Total plan liabilities	. 7b		0		0			
c	Net plan assets (subtract line 7b from line 7a)	. 7c		239,825	<u> </u>	295,955			
8	Income, Expenses, and Transfers for this Plan Year	8		(a) Amount	Section 25	(b) Total			
а	Contributions received or receivable from: (1) Employers	. 8a(1)		3,698					
	(2) Participants	. 8a(2)		2,400	0.000				
	(3) Others (including rollovers)	. 8a(3)							
b	Other income (loss)	. 8b		50,032		8.5			
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				56,130			
ď									
	to provide benefits)	· 8d							
е	Certain deemed and/or corrective distributions (see instructions)	. 8e							
f	Administrative service providers (salaries, fees, commissions)	. 8f							
g	Other expenses	· 8g		han Ba B B Babbaghan had a w					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	. 8h				0			
i	Net income (loss) (subject line 8h from line 8c)	. 8i	eren eren eren eren eren eren eren eren			56,130			
i	Transfers to (from) the plan (see instructions)	. 8j							

	Form 5500-SF (2009)	Pag	e 2-		_				
Part	V Plan Characteristics								
9a 1	the plan provides pension benefits, enter the applicable pension feature 2A 2E 2J 2K 2R 3D the plan provides welfare benefits, enter the applicable welfare feature								
n_u	V Compliance Questions								
Part 10	During the plan year:				Yes	No	Ame	ount	
	Was there a failure to transmit to the plan any participant contribution	within the time period de	escribed in	100		x			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Were there any nonexempt transactions with any party-in-interest? (Do	(Correction Program)		10a					
b	on line 10a.)			10b		Х			
С	Was the plan covered by a fidelity bond?			10c	х			4	10,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fideli	ity bond, that was cause	ed by fraud			x			
	or dishonesty?			10d		^			
е	Were any fees or commisions paid to any brokers, agents, or other pe insurance services or other organization that provides some or all of the	rsons by an insurance of	carrier,						
	instructions.)	· · · · · · · ·		10e		X			
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			10g		_x_			_
h	If this is an individual account plan, was there a blackout period? (See	instructions and 29 CF	R 	10h		x			
i	2520.101-3.) If 10h was answered "Yes," check the box if you either provided the re								
	exceptions to providing the notice applied under 29 CFR 2520.101-3	<u>;</u>	<u> </u>	10i	<u> </u>				
Pari	VI Pension Funding Compliance			Cala	C	ים (רב			
11	Is this a defined benefit plan subject to minimum funding requirement 5500))	s? (If "Yes." see instruc	tions and complete	Scn	edule s			Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requ	uirements of section 41	2 of the Code or s	ection	1 302 o	f ERIS	A?	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable	e.)							
а	If a waiver of the minimum funding standard for a prior year is being a granting the waiver	amortized in this plan ye	ar, see instruction:	s, and	denter	the da Dav	te of the letter Ye	ruling ear	
lf ·	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M	B (Form 5500), and si	cip to line 13.	_					
b	Enter the minimum required contribution for this plan year					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 negative amount)	e result (enter a minus	sign to the left of a			12d			
_	negative amount)						Yes]No [N/A
e Pari	NAME OF THE PROPERTY OF THE PR	Tolland Socialities							
2112(1980)	Has a resolution to terminate the plan been adopted during the plan y	ear or any prior year?			<u>.</u>			Yes	X No
104	If "Yes," enter the amount of any plan assets that reverted to the emp	loyer this year				13a			
b	Were all the plan assets distributed to participants or beneficiaries, tra	ansferred to another pla	n, or brought unde	er the	control	ł		Yes	▼ No
	of the PBGC?	this plan to another pla	n(s), identify the pl	· lan(s)	 to	• •		□ i.es	<u>Z</u> NO
С	which assets or liabilities were transferred. (See instructions.)	this plan to allother pla						,	
	3c(1) Name of plan(s):				13	3c(2) E	EIN(s)	13c(3)	PN(s)
				+					
Caut	on: A penalty for the late or incomplete filing of this return/repor	t will be assessed un	less reasonable (cause	e is est	tablish	ned.		
Under condition of parity and other panalties set forth in the instructions. I declare that I have examined this return/report, including, if applicable, a Schedule									
SBo	Schedule MB completed and signed by an enrolled actuary, as well as	s the electronic version	of this return/report	t, and	to the	best o	t my knowledg	je and	
	it is true, gorrect, and complete.	9-7-40	Paul	4.	5	to	schru		
SI	N /	Date	Enter name of in	dividu					
	X last XII.	9-7-12	Paul A				chron		
SI	RE Signature of employer/plan sponsor	Date	Enter name of in					lan sponso	or
	orginature or emproyemplan sponsor								