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

F	art I Annual Report Io	lentification Information					
For	calendar plan year 2009 or fisc		2009	and ending	12/31/2	2009	
A	This return/report is for:	x single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan	
В	This return/report is for:	first return/report	x final return	n/report		_	
		an amended return/report	short plan	year return/report (less than 12 mg	nths)		
C	Check box if filing under:	Form 5558		extension		DFVC program	
		special extension (enter descri	ш				
Ps	art II Basic Plan Inforr	nation —enter all requested info	. /				
	Name of plan	ilation—enter all requested inic	mation		1b	Three-digit	
	O CONSTRUCTION 401K RET	IREMENT PLAN				plan number	
						(PN) • 001	
					1c	Effective date of plan 01/01/2006	
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	yer plan)		2b	Employer Identification Number	
	O CONSTRUCTION CORPORA					(EIN) 20-1391173	
					2c	Plan sponsor's telephone numb	er
SUIT					2d	425-233-6140 Business code (see instructions	:)
BELL	EVUE, WA 98005					238900	')
		address (if same as Plan sponso		,	3b	Administrator's EIN	
SAC	O CONSTRUCTION CORPORA	ATION 1802 136 SUITE 1	TH PLACE NE		20	20-1391173	
		BELLEVU	JE, WA 98005		36	Administrator's telephone numb 425-233-6140	ei
		an sponsor has changed since the		port filed for this plan, enter the	4b	EIN	
1	name, EIN, and the plan numbe	er from the last return/report. Spor	nsor's name		40	PN	
5a	Total number of participants at	the heginning of the plan year			5a		12
		the end of the plan year					
		, ,			5b		0
С	Total number of participants w	ith account balances as of the end	d of the plan ye		5c		0
	Total number of participants w complete this item)	ith account balances as of the en	d of the plan ye	ear (defined benefit plans do not	5c	X Yes	
6a	Total number of participants w complete this item) Were all of the plan's assets of the you claiming a waiver of the	ith account balances as of the enduring the plan year invested in eline annual examination and report	d of the plan you	ear (defined benefit plans do not(See instructions.)	5c		0 No
6a	Total number of participants w complete this item)	ith account balances as of the enduring the plan year invested in eline annual examination and report See instructions on waiver eligibil	gible assets? of an indepenity and condition	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ	5c		0
6a b	Total number of participants w complete this item)	ith account balances as of the enduring the plan year invested in eline annual examination and report See instructions on waiver eligibiler 6a or 6b, the plan cannot use	gible assets? of an indepenity and condition	ear (defined benefit plans do not(See instructions.)	5c		0 No
6a b	Total number of participants w complete this item)	ith account balances as of the enduring the plan year invested in eline annual examination and report See instructions on waiver eligibiler 6a or 6b, the plan cannot use	gible assets? of an indepenity and condition	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55	5c	X Yes [0 No
6a b	Total number of participants w complete this item)	during the plan year invested in eline annual examination and report See instructions on waiver eligibilitier 6a or 6b, the plan cannot use ation	d of the plan your gible assets? of an independity and condition a Form 5500-S	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55	5c		0 No
6a b	Total number of participants w complete this item)	ith account balances as of the enduring the plan year invested in eline annual examination and report See instructions on waiver eligibiler 6a or 6b, the plan cannot use	d of the plan your gible assets? of an independity and condition a Form 5500-S	(See instructions.)	5c	X Yes [0 No No
6a b	Total number of participants w complete this item)	during the plan year invested in eline annual examination and report See instructions on waiver eligibilitier 6a or 6b, the plan cannot use ation	gible assets? of an indepenity and condition e Form 5500-5	(See instructions.)	5c PPA)	X Yes [0 No No
6a b	Total number of participants w complete this item)	during the plan year invested in elime annual examination and report See instructions on waiver eligibilitier 6a or 6b, the plan cannot use ation	gible assets? of an indepenity and condition e Form 5500-5	(See instructions.)	5c PPA)	X Yes [0 No No
6a b Pa 7 a b c	Total number of participants w complete this item)	during the plan year invested in eline annual examination and report See instructions on waiver eligibilitier 6a or 6b, the plan cannot use ation 7b from line 7a)	d of the plan your gible assets? of an independity and condition a Form 5500-S	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 7313 (a) Amount	5c (PA) (600.	(b) End of Year	0 No No
6a b Pa 7 a b c 8	Total number of participants w complete this item)	during the plan year invested in eline annual examination and report See instructions on waiver eligibilitier 6a or 6b, the plan cannot use ation 7b from line 7a)	d of the plan your gible assets? of an independity and condition a Form 5500-S	(See instructions.)	5c (PA) (600.	(b) End of Year	0 No No
6a b Pa 7 a b c 8	Total number of participants w complete this item)	during the plan year invested in elime annual examination and report See instructions on waiver eligibilitier 6a or 6b, the plan cannot use ation 7b from line 7a)	gible assets? of an indepenity and condition e Form 5500-5 7a 7b 7c 8a(1) 8a(2)	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) SF and must instead use Form 55 (a) Beginning of Year 7313 (a) Amount	5c (PA) (300.	(b) End of Year	0 No No
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6a b Pa 7 a b c 8	Total number of participants w complete this item)	during the plan year invested in elime annual examination and report See instructions on waiver eligibiliter 6a or 6b, the plan cannot use ation 7b from line 7a)	d of the plan your plan in the plan your plan independity and condition in the plan in the	(See instructions.)	5c PPA) 300.	(b) End of Year (b) Total	0 No No
Pa b c 8 a b c	Total number of participants w complete this item)	during the plan year invested in eline annual examination and report See instructions on waiver eligibiliter 6a or 6b, the plan cannot use ation To from line 7a)	d of the plan your plan in the plan your plan independity and condition in the plan in the	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) (a) Beginning of Year 7313 (a) Amount 1078	5c PPA) 300.	(b) End of Year	0 No No
Ga b Pa 7 a b c 8 a b	Total number of participants w complete this item)	during the plan year invested in elime annual examination and report See instructions on waiver eligibiliter 6a or 6b, the plan cannot use ation 7b from line 7a)	d of the plan your gible assets? of an independity and condition a Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8b 8c 8c 8c	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) (a) Beginning of Year 7313 (a) Amount 1078	5c PPA) 600.	(b) End of Year (b) Total	0 No No
Pa b c 8 a b c	Total number of participants w complete this item)	during the plan year invested in elime annual examination and report See instructions on waiver eligibiliter 6a or 6b, the plan cannot use ation To from line 7a) fers for this Plan Year invable from: 8a(2), 8a(3), and 8b) rollovers and insurance premiums	d of the plan your gible assets? of an independity and condition as Form 5500-5 and 7b and 7c and 8a(1) and 8a(2) and 8b as 8c and 8d	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) (a) Beginning of Year 7313 (a) Amount 1078 1225	5c PPA) 600.	(b) End of Year (b) Total	0 No No
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Pa b c d e f	Total number of participants w complete this item)	during the plan year invested in elime annual examination and report See instructions on waiver eligibiliter 6a or 6b, the plan cannot use ation To from line 7a)	gible assets? of an indepenity and condition a Form 5500-S 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d	ear (defined benefit plans do not (See instructions.) dent qualified public accountant (IQ ons.) (a) Beginning of Year 7313 (a) Amount 1078 1225	5c PPA) 500.	(b) End of Year (b) Total	0 No No 0

B 4 11/	-	~ !	
Part IV	Plan	Charact	teristics

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

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		An	nount	
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	X					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		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.)	10e	X					472
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.)	10h		Х				
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						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					. [Yes	× No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	RISA?.	. [Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver. Month ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a		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?		<u></u>				X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?	nder	the co	ntrol 			X Yes	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EIN	N(s)		13c(3) PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e cau	se is	establi	shed.			
Jnde SB o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/reschedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/rest it is true, correct, and complete.	rn/rep	ort, in	cluding	, if appli			
	and the second s							

SIGN	Filed with authorized/valid electronic signature.	10/04/2010	LINDA SCHUYLEMAN
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Filed with authorized/valid electronic signature.	10/04/2010	LINDA SCHUYLEMAN
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor