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).

2000

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance 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/	2009			
Α -	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ınt plan		
B This return/report is for: first return/report final return/report									
		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 progra	am		
		special extension (enter description	on)						
Pa	rt II Basic Plan Infori	mation—enter all requested inform	ation						
	Name of plan				1b	Three-digit			
E. KE	ENT HALVORSON, INC DAVIS	-BACON PENSION PLAN AND TRU	IST			plan number	002		
					10	(PN)			
					10	Effective date of 09/21/1			
2a	Plan sponsor's name and addr	ess (employer, if for single-employer	plan)		2b	Employer Identi	fication Nu	mber	
E. KE	ENT HALVORSON, INC					(EIN) 91-127			
0040	WILLOWS RD NE STE 200				2c	Plan sponsor's 425-88		number	
	MOND, WA 98008				2d	Business code		ctions)	
						237990)		
	Plan administrator's name and ENT HALVORSON, INC	address (if same as Plan sponsor, e 9840 WILLO			3b	Administrator's			
L. KL	INT HALVORSON, INC	REDMOND,			3c	91-1278481 3c Administrator's telephone numbe			
					425-885-1983				
		an sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
ı	name, EIN, and the plan numbe	er from the last return/report. Sponso	ors name		4c	PN			
5a	Total number of participants a	t the beginning of the plan year			5a			3	
		t the end of the plan year			5b			2	
С	Total number of participants w	ith account balances as of the end o	f the plan y	vear (defined benefit plans do not	0.0				
					5c			2	
				(See instructions.)			× Yes	s No	
b				ndent qualified public accountant (IQI ions.)			X Yes	s П No	
				SF and must instead use Form 550			Ц	. П	
Pa	rt III Financial Inform								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year		
а	Total plan assets		7a	13651	1 141			14184	
b	Total plan liabilities		. 7b	C	0			0	
С	Net plan assets (subtract line	7b from line 7a)	. 7с	13651	1			14184	
8	Income, Expenses, and Trans	fers for this Plan Year		(a) Amount	(b) Total				
а	Contributions received or rece		90(4)		,				
	• • • •		. 8a(1)		-				
)			0				
h	, ,)		1158					
C	, ,	8a(2), 8a(3), and 8b)		1100	50			1158	
d		rollovers and insurance premiums						1100	
-			. 8d	625	5				
е	Certain deemed and/or correc	tive distributions (see instructions)	. 8e	С)				
f	Administrative service provide	providers (salaries, fees, commissions))				
g	Other expenses		. 8g	C)				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					625	
i		e 8h from line 8c)						533	
j	Transfers to (from) the plan (se	ee instructions)	. 8i						

D (IV/	DI	O 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	t
а	Was there a failure to transmit to the plan any participant contributions within the 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corrections)	10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include on line 10a.)	· ·	10b		X			
С	Was the plan covered by a fidelity bond?		10c	X				5000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, the or dishonesty?		10d		Χ			
е	Were any fees or commissions paid to any brokers, agents, or other persons by insurance service or other organization that provides some or all of the benefits unstructions.)	inder the plan? (See	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 year end.).		10q		X			
h	If this is an individual account plan, was there a blackout period? (See instruction 2520.101-3.)		10h	X				
i	If 10h was answered "Yes," check the box if you either provided the required not exceptions to providing the notice applied under 29 CFR 2520.101-3		10i	X				
art '	VI Pension Funding Compliance							
	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," 5500))						Ye	es X No
12	Is this a defined contribution plan subject to the minimum funding requirements of	of section 412 of the Cod	e or se	ction 3	302 of	ERISA?	Ye	es X No
а	(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 granting the waiver	Moi	nth					
	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			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (entengative amount)	er a minus sign to the left	of a		12d			
е	Will the minimum funding amount reported on line 12d be met by the funding dea				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	orior year?					Ye	es X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this ye	ar			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to of the PBGC?	another plan, or brought	under	the co	ntrol		Ye	es X No
С	If during this plan year, any assets or liabilities were transferred from this plan to which assets or liabilities were transferred. (See instructions.)	another plan(s), identify	the pla	n(s) to				
1;	13c(1) Name of plan(s):				c(2) EI	N(s)	13c	(3) PN(s)
Cauti	ion: A penalty for the late or incomplete filing of this return/report will be ass	essed unless reasonal	ole cau	ıse is	establ	ished.		
SB or	er penalties of perjury and other penalties set forth in the instructions, I declare that r Schedule MB completed and signed by an enrolled actuary, as well as the electric, it is true, correct, and complete.							
9104	Filed with authorized/valid electronic signature. 10/06/2010	DANIEL B SWE	ENEY					
SIGN HERI		Enter name of	individual 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

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).

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public

_	Pension Banafil Guaranty Corporation			ode (ine code).		Ins	pection	
2 3			rdance wi	th the instructions to the Form 5	00-SF.	<u> </u>		
F	Part Annual Report Id or calendar plan year 2009 or fisca	Entineation information	01/01/:	2009 and ending		12/31/200	9.	
				employer plan (not multiemployer)	one-participant plan			
_		first return/report	4			[] otte-participat	it piati	
В	This return/report is for:	<u> </u>	긒	irn/report	461			
_		an amended return/report	╡	in year return/report (less than 12 m	ionins)	П а лио		
C	Check box if filing under:	<u>-</u>		c extension		DFVC prograi	n	
		special extension (enter descript						
		nation—enter all requested inform	nation		Lati			
78	Name of plan E. KENT HALVORSON.	INC DAVIS-BACON PENS	TON PLA	M	15	Three-digit plan number		
	AND TRUST	THE DIVIS BROOM PERS	TON ILL	114		(PN)	002	
	AND IKOSI				1c	Effective date of		
	,					09/21/1998		
2 a	Plan sponsor's name and addre	ss (employer, if for single-employer INC	r plan)		2b	Employer Identifi		
	•				20	(EIN) 91-1278	elephone number	
	9840 WILLOWS RD NE	STE 200			1	(425) 885-1		
					2d	Business code (s	see Instructions)	
30	REDMOND	uddenna /ff mann na Dlan an anna		WA 98008	126	237990		
-Ja	SAME	iddress (if same as Plan sponsor, e	enter Sam	e)	30	Administrator's E	:HV	
					3c	Administrator's te	elephone number	
	ten				 			
4	if the name and/or Eliv of the plan name. EIN, and the plan number	sponsor has changed since the la from the last return/report. Sponso	ast return/re or's name	eport filed for this plan, enter the	4b	EIN		
			or o traine		4c	PN		
5a	Total number of participants at t	he beginning of the plan year		1227401-1-10174210-1017-1018-1044-1044-1044-104-104-104-104-104-104-	. 5a		3	
b Total number of participants at the end of the plan year				. 5b		2		
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not								
_				***************************************		<u> </u>	2	
				(See instructions.)			X Yes No	
D	under 29 CFR 2520,104-46? (Se	: annual examination and report of se instructions on waiver eligibility	and condit	ndent qualified public accountant (I	QPA)		X Yes No	
	If you answered "No" to either	r 6a or 6b, the plan cannot use F		SF and must instead use Form 5				
`Pá	artill Financial Informat	iion						
7	Plan Assets and Liabilities		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	(a) Beginning of Year		(b) End ∈	of Year	
а	Total plan assets		. 7a	13,6	51		14,184	
þ	Total plan liabilities		. 7b		0		. 0	
<u>C</u>		from line 7a)		13,6	51		14,184	
8	Income, Expenses, and Transfer		ing to place the control of the cont	(a) Amount		(b) T	otal	
а	Contributions received or receive		99/4		0			
			8a(1)		0			
	• • •				0			
b		***************************************		1 1	—,'			
C		a(2), 8a(3), and 8b)	8b 8c	1,1		<u> Ny Santana ao amin'ny faritr'i Austral ao ao amin'ny faritr'i Austria ao amin'ny faritr'i Austria ao amin'n</u>	1,158	
d	Benefits paid (including direct rol		00		150	28.4		
4	to provide benefits)	manamana madiance bresiliana	84	6	25		realista de la compania de la compa La compania de la co	
e	Certain deemed and/or corrective	e distributions (see instructions)	8e	, , , , , , , , , , , , , , , , , , ,	0			
f	Administrative service providers	(salaries, fees, commissions)	8f		0			
g	Other expenses	38770370066330455304356333464306667;j6c(*7586(+70770)40	8 g		0			
h	Total expenses (add lines 8d, 8e	, 8f, and 8g)	8h	The first of the course of the parties of the state of	-්ල ගු-		625	
i	Net income (loss) (subtract line 8	3h from Ilne 8c)	8i				533	
ı	Transfers to (from) the plan (see	instructions\	l		ol :	医水油毒素 医乳腺管 医克里克	ta internation and the	

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***********			-3						
Pai	t IV Plan Characteristics	· · · · · · · · · · · · · · · · · · ·	**************************************			····			
9a									
b	2C 2F 2G 2T 3D								
IJ	in the plan provides wehate benefits, enter the applicable wehate lies	iture codes from the	tist of Man Chara	C(U I)S	ac Cuc	ies m	me manucuc)BS,	
Par	V Compliance Questions					···········		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
10	During the plan year:				Yes	No		mount	
a	Was there a failure to transmit to the plan any participant contribution								
i.	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								
Û	Were there any nonexempt transactions with any party-in-interest? (in on line 10a.)			10b		X			
c	Was the plan covered by a fidelity bond?		-	10c	Х			·····	5,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fide							· · · · · · · · · · · · · · · · · · ·	3,000
~	or distinctesty?			10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of the instructions.)	he benefits under th	e plan? (See	10e	х				
f	Has the plan failed to provide any benefit when due under the plan?		,			X		····	
	Did the plan have any participant loans? (If "Yes," enter amount as o		ļ	10f					
g h	If this is an individual account plan, was there a blackout period? (Se	•		10g		X		· · · · · · · · · · · · · · · · · · ·	
•••	2520.101-3.)			10h	х	1			
į	If 10h was answered "Yes," check the box if you either provided the r								************
	exceptions to providing the notice applied under 29 CFR 2520.101-3	.4/200/449021/*E4025E./##3/		101	X			· · · · · · · · · · · · · · · · · · ·	······································
Part	<u></u>		***************************************						,
11	ls this a defined benefit plan subject to minimum funding requirement 5500))	is? (If "Yes," see ins	tructions and comp	plete	Sched	ule S8	i (Form	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding rec							Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl If a waiver of the minimum funding standard for a prior year is being a		n vear see instruc	tions.	and e	nter th	ne date of the	e letter rulir	าต
	granting the waiver.		Mont						
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule M	• • • • • • • • • • • • • • • • • • • •	•		Г	40%			
	Enter the minimum required contribution for this plan year				·′′	12b			
	Enter the amount contributed by the employer to the plan for this plan Subtract the amount in line 12c from the amount in line 12b. Enter the				···	12c			
u	negative amount)	riesur (enter a min	us sign to the left t) i a		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 lerminate the plan been adopted during the plan y	ear or any prior yea	r?			11774	_	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the empl				Г	13a			
b	Were all the plan assets distributed to participants or beneficiaries, tra of the PBGC?	ansferred to another	plan, or brought u	ndér	the co	ntrol		Yes	No No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	lhis plan to another	plan(s), identify th	e plar	n(s) to			ייי נ	
1	lc(1) Name of plan(s):			13c(2) EIN(s)			N(s)	13c(3)	PN(s)
					,			 	
Cautio	on: A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonabl	e cau	se is e	establ	Ished.		
Under SB or	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 pelief, it is true, correct, and completed a function of the best of my knowledge and pelief, it is true, correct, and completed a function of the best of my knowledge and pelief.								
יייום	Leux Hallons	.							
SIGN HERE	Will Eggs And					ning as	a plan admin	istrator	
OLON!	Though Hall was		Transfer of H	_,,,,,,			L		
SIGN	ror to								
	Signature of employer/plan sponsor Date 10 - 2 - C Enter name of					iniy as	anipicyer u	" Man shot	1001