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 Benefit Guaranty Corporation	Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.		pcollon	
Pa	art I Annual Report Identi	fication Information						
For	calendar plan year 2009 or fiscal plar)9	and ending 1	2/31/2	2009		
A	This return/report is for:	gle-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan	
	· —	t return/report	final retur				·	
		amended return/report	<u> </u>	n year return/report (less than 12 mo	nthe)			
•		·	<u> </u>		111113)			
C	eneem sem ii iiiing anaem	rm 5558	4	extension		☐ DFVC progra	ım	
	spe	ecial extension (enter descripti	on)					
Pa	rt II Basic Plan Information	n—enter all requested inform	nation					
	Name of plan				1b	Three-digit		
PRO	JECT DEVELOPMENT CONSULTING	G, INC DEFINED BENEFIT P	ENSION PL	_AN		plan number	001	
					4 -	(PN) •		
					10	Effective date o		
22	Dian ananger's name and address (o	employer if for single amploye	r plan)		2h	Employer Identi		mbor
	Plan sponsor's name and address (e JECT DEVELOPMENT CONSULTING		r pian)		20	(EIN) 20-066		nbei
		o,o.			2c	Plan sponsor's		number
18222	2 - 145TH COURT NE					425-48		
WOO	DDINVILLE, WA 98072				2d	Business code (tions)
					-	541990		
	Plan administrator's name and addre				30	Administrator's 20-066		
TIXOC	JECT DEVELOT WENT CONSOCTING	WOODINVI			30	Administrator's		number
						425-48		Idilibei
4 If	f the name and/or EIN of the plan spo	onsor has changed since the la	ast return/re	port filed for this plan, enter the	4b	EIN		
r	name, EIN, and the plan number from	the last return/report. Spons	or's name		4			
					4c	PN		
oa	Total number of participants at the b				5a			2
b	Total number of participants at the e	nd of the plan year			5b			2
С	Total number of participants with acc			` .	F			
	complete this item)				5c		V v	
	Were all of the plan's assets during						X Yes	No
b	Are you claiming a waiver of the annunder 29 CFR 2520.104-46? (See in						X Yes	No
	If you answered "No" to either 6a						<u> </u>	
Pa	rt III Financial Information							
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		7a	818850)	(2.7		865207
b	Total plan liabilities			()			0
С	Net plan assets (subtract line 7b from			818850)			865207
8	Income, Expenses, and Transfers fo	<u>'</u>	70	(a) Amount		(b) 1		
	Contributions received or receivable			(a) Amount		(5)	Otal	
_	(1) Employers		8a(1))			
	(2) Participants		8a(2))			
	(3) Others (including rollovers)		8a(3)	()			
b	Other income (loss)			46357	7			
С	Total income (add lines 8a(1), 8a(2),							46357
d	Benefits paid (including direct rollove							
	to provide benefits)		8d	()			
е	Certain deemed and/or corrective dis	stributions (see instructions)	8e)			
f	Administrative service providers (sal-	aries, fees, commissions)	8f)			
g	Other expenses	······································	8g)			
h	Total expenses (add lines 8d, 8e, 8f,							0
i	Net income (loss) (subtract line 8h fr	= :						46357
i	Transfers to (from) the plan (see inst			()			
•	, , , , , , , , , , , , , , , , , , , ,	•	ı OJ		,			

Part IV	Dlan	Charac	torictics
Part IV	Plan	Charac	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:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	The plant provides monare solution, since the appropriate monare realities contains about monare and appropriate monare solution and appropriate monare solutions.	Trian Characteris						
art	V Compliance Questions							
0	During the plan year:		Yes	No		Amou	nt	
а	Was there a failure to transmit to the plan any participant contributions within the time period de 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions on line 10a.)	•		X				
С	Was the plan covered by a fidelity bond?	10c		Χ				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused or dishonesty?			X				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance of insurance service or other organization that provides some or all of the benefits under the plant instructions.)	? (See		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.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	₹						
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							
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructio 5500))					X	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412	of the Code or se	ection 3	302 of I	ERISA?		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 granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip	Month						
				12b				
	Enter the minimum required contribution for this plan year			12c				
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign negative amount)	n to the left of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		-		Yes	No		N/A
art								
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	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, of the PBGC?			ontrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s which assets or liabilities were transferred. (See instructions.)	s), identify the pla	n(s) to)				
1	3c(1) Name of plan(s):		13	c(2) EI	N(s)	13	c(3) [PN(s)
auti	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless	s reasonable ca	use is	establ	ished.			
ВВ о	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examing r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of f, it is true, correct, and complete.							
SIGI	Filed with authorized/valid electronic signature. 10/08/2010 BRUC	CE THOMPSON						
HER		er name of individ	ual sig	ning as	s plan adn	ninistrat	or	

Date

Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

Eor	calo	ndar plan year 2009	or fiscal plan i		01/01/2009	ent to Form	3300 01		dina 12/31/	2009	
				, car zegg	71/01/2009			and en	ullig 12/31/	2009	
		nd off amounts to n									
	Caut	ion: A penalty of \$1,	000 will be as:	sessed for late filing	of this report	unless reaso	nable ca	use is establisl	ned.		
		e of plan CT DEVELOPMENT (CONSULTING	G, INC DEFINED BEN	NEFIT PENS	ION PLAN		B Three-d plan nur	igit nber (PN)	•	001
										1	
CF	lan s	sponsor's name as sh	nown on line 2	a of Form 5500 or 55	500-SF			D Employe	dentificatio	n Number (E	IN)
		T DEVELOPMENT (`	,
								20-0665694			
Ет	уре (of plan: X Single	Multiple-A	Multiple-B	F	Prior year pla	n size: 🔀	100 or fewer	101-500	More th	an 500
Pa	rt I	Basic Inform	ation								
1		ter the valuation date		Month 01	Day01	Year 2	009				
2		sets:	•	World	<u> </u>			<u> </u>			
_									20		040050
	а								2a		818850
	b	Actuarial value							2b		818850
3	Fur	nding target/participa	nt count break	kdown			(1) N	lumber of partic	ipants	(2) F	unding Target
	а	For retired participa	ants and bene	ficiaries receiving pa	yment	3a			0		0
	b	For terminated ves	ted participan	ts		3b			0		0
	С	For active participa	ants:								
		(1) Non-vested be	enefits			3c(1)					0
		()				2 (2)					355106
		` '							2		355106
	d	` '				- ` .			2		355106
_									_		
4	IT tr	ne plan is at-risk, che	ck the box and	d complete items (a)	and (b)	•••••		-∐			
	а	Funding target disre	egarding pres	cribed at-risk assump	otions				4a		
	b			ssumptions, but disre					4b		
5	Fffe	ective interest rate		•	•	•			5		6.39 %
6	_	get normal cost							6		0
		nt by Enrolled Actua									
-	o the	best of my knowledge, the i	information supplie d regulations. In m	y opinion, each other assur							ed assumption was applied in nd such other assumptions, in
	IGN ER									09/28/20	10
			Signa	ature of actuary						Date	
KEN	NET	H R. GERMANN, AS	A, MAAA							08-0575	0
			Type or p	rint name of actuary					Most red	ent enrollme	nt number
MILL	IMAI	N, INC.	71 1	,						317-639-1	
				Firm name					alanhona n		ling area code)
111	MON	IUMENT CIRCLE	'	i iiiii iiaiiie					elephone no	illipei (illiciac	iiig area code)
SUIT)1 POLIS, IN 46204-512	28								
ושאוו	-ti N/A	1 OLIO, IIN 40204-312	20								
			Add	lress of the firm				_			
		ary has not fully refle	ected any regu	lation or ruling promi	ulgated unde	er the statute i	n comple	eting this sched	ule, check th	ne box and se	ее П
instru	ction	าร									_

Page 2-	1	
----------------	---	--

Pa	art II	Begin	ning of year	carryov	er and prefunding bal	ances						
							(a) (Carryover balance		(b) F	Prefundi	ng balance
7			0 ,		cable adjustments (Item 13			48	84159			0
8	Portion	used to	offset prior year's	funding re	quirement (Item 35 from prio	r year)			0			0
9	Amount	remainir	ng (Item 7 minus i	tem 8)				48	34159			0
10	Interest	on item	9 using prior year	's actual re	eturn of <u>4.08</u> %			,	19754			
11	Prior yea	ar's exce	ess contributions t	o be adde	d to prefunding balance:							
	a Exce	ess contr	ibutions (Item 38	from prior	year)							0
	b Inter	est on (a	a) using prior year	's effective	e rate of5.96 %							0
					year to add to prefunding bala							0
	_				palance							0
12					eemed elections				0			0
					+ item 10 + item 11d – item			50	03913			0
	art III		ding percenta			,						
											14	88.68 %
					ge						15	230.59 %
	Prior yea	ar's fund	ling percentage fo	r purposes	s of determining whether car	yover/prefun	ding balar	nces may be used			16	225.27 %
17			<u> </u>		is less than 70 percent of the					-	17	<u> </u>
						, ranang targ	,01,011010	don porcomago				70
	art IV		tributions and	•		Income.						
10	(a) Date		(b) Amount p		rear by employer(s) and emp (c) Amount paid by	(a) Da	ato I	(b) Amount pa	id by	10	-) Amou	nt paid by
(N	1M-DD-Y		employer(employees	(MM-DD-		employer(s		,,		oyees
												,
						Totals ▶	18(b)		0	18(c)		0
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation d	ate after th	ne beginning of the	year:			
	a Contr	ibutions	allocated toward	unpaid mir	nimum required contribution f	rom prior yea	ars		19a			0
	b Contr	ibutions	made to avoid res	strictions a	djusted to valuation date				19b			0
	C Contri	ibutions a	allocated toward mi	nimum req	uired contribution for current y	ear adjusted t	to valuation	date	19c			0
20	Quarterl	y contrib	outions and liquidit	y shortfalls	s:							
	a Did th	ne plan h	ave a "funding sh	ortfall" for	the prior year?							Yes X No
	b If 20a	is "Yes,	" were required qu	uarterly ins	stallments for the current year	r made in a t	imely man	ner?			<u>_</u>	Yes No
	C If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap	plicable:						
		(4)			Liquidity shortfall as of er	nd of Quarter					(4) 4:1	
		(1) 1s	ST		(2) 2nd		(3)	3rd			(4) 4th	1

Pa	rt V Assumptio	ns used to determine f	unding target and targ	et no	rmal cost		
21	Discount rate:						
	a Segment rates:	1st segment: 5.64 %	2nd segment: 6.40 %		3rd segment: 6.56 %		N/A, full yield curve used
	b Applicable month	(enter code)				21b	0
22	Weighted average ret	tirement age				22	65
23	Mortality table(s) (see	e instructions)	escribed - combined	Prescri	ibed - separate	Substitu	te
Pa	rt VI Miscellane	ous items					
24	•		uarial assumptions for the curr				· ·
25	Has a method change	e been made for the current pla	an year? If "Yes," see instructi	ions reg	garding required attac	hment	Yes X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see ins	truction	ns regarding required	attachmen	Yes X No
27	, ,	` ",	nding rules, enter applicable co			27	
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contributio	ns fo	r prior years		
28	Unpaid minimum requ	uired contribution for all prior y	ears			28	0
29	' '		unpaid minimum required cor		' '	29	0
30	Remaining amount of	unpaid minimum required cor	ntributions (item 28 minus item	29)		30	0
Pa	rt VIII Minimum	required contribution	for current vear				
31		•	ructions)			31	0
32	Amortization installme	, , , , , , , , , , , , , , , , , , , ,	,		Outstanding Bala	ince	Installment
					-	0	0
	b Waiver amortizatio	on installment				0	0
33			ter the date of the ruling letter			33	
34			er/prefunding balances (item 3			34	0
			Carryover balance		Prefunding balar	nce	Total balance
35	Balances used to offs	et funding requirement		0		0	0
36	Additional cash requir	rement (item 34 minus item 35)			36	0
37	Contributions allocate	ed toward minimum required co	ontribution for current year adju	usted to	valuation date	37	0
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38	0
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36 c	over ite	m 37)	39	0
40	Unpaid minimum requ	uired contribution for all years.				40	0

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

File as	an attachme	nt to Form	5500 or 5	5500-SF.	1		
For calendar plan year 2009 or fiscal plan year beginning	01/0	1/2009		and endir	ng	12/3	31/2009
Round off amounts to nearest dollar.							
▶ Caution: A penalty of \$1,000 will be assessed for late filing of	of this report u	nless reas	onable cau	use is establishe	d.		
A Name of plan				B Three-digi		•	001
Project Development Consulting, Inc De	efined Be	enefit	Pensid	n Plan			
C Plan sponsor's name as shown on line 2a of Form 5500 or 55			2 0110 1 0	D Employer lo	lentification	n Number (FINI
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.2.117
Project Development Consulting, Inc .				20-0665	594		
E Type of plan: X Single Multiple-A Multiple-B	FP	rior year pla	an size: 🏻	100 or fewer	101-50	O More t	han 500
Part I Basic Information	<u> </u>					<u>'</u>	
1	Day ¹	Year	2009				
2 Assets:							
a Market value					2a		818,850
b Actuarial value	***************************************	*********			2b		818,850
3 Funding target/participant count breakdown			(1) No	umber of particip	ants	(2)	Funding Target
a For retired participants and beneficiaries receiving pay	/ment	3a			0		0
b For terminated vested participants		3b			0	•	0
C For active participants:	Ŀ					***************************************	***************************************
(1) Non-vested benefits		3c(1)					0
(2) Vested benefits		3c(2)			Γ		355,106
(3) Total active		3c(3)			2		355,106
d Total		3d			2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	355,106
4 If the plan is at-risk, check the box and complete items (a) a	and (b)						
a Funding target disregarding prescribed at-risk assumpt	tions			••••	4a		
b Funding target reflecting at-risk assumptions, but disre at-risk for fewer than five consecutive years and disreg	garding transi garding loadin	ition rule fo	r plans tha	at have been	4b		
5 Effective interest rate					5		6.39 %
6 Target normal cost		*****	***************************************		6		0
Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accon accordance with applicable law and regulations. In my opinion, each other assum combination, offer my best estimate of anticipated experience under the plan.	npanying schedule ption is reasonable	es, statements e (taking into a	and attachme	ents, if any, is complete experience of the plan a	e and accura nd reasonab	te. Each prescri le expectations)	bed assumption was applied in and such other assumptions, in
SIGN Kennt Referen						09/28/2	010
Signature of actuary			***************************************			Date	
Kenneth R. Germann, ASA, MAAA						08-057	50
Type or print name of actuary					Most red	cent enrollm	ent number
Milliman, Inc.					(3	317)639-	-1000
111 Monument Circle Suite 601				Tel	ephone n	umber (inclu	uding area code)
Indianapolis	IN 462	04-5128	₹				
Address of the firm	TH 402	O = O I C	·				
	lantadda - 4	ho otatut-	in agreed - 6	Can thin t! *			
f the actuary has not fully reflected any regulation or ruling promu- nstructions	igaled under t	ine statute	iii complet	ung this schedule	e, cneck t	ne box and	see [

Schedule	CD	(Earm	EEOO\	2000
Schedule	20	II-orm	ววบบา	ZUUS

Page **2-**____

Р	art II	Begiı	nning of year	carryov	er and prefunding ba	lances						
							(a) (Carryover balance		(b)	Prefund	ing balance
7					icable adjustments (Item 13			484	,159			0
8				***************************************	quirement (Item 35 from pri			303	7133			0
9					·····			484	,159			0
10			9 using prior year					***************************************	,754			
11					d to prefunding balance:	***************************************		-	, , , ,			
	,				year)				<u> </u>			0
					rate of5.96 %	- 1			F			0
					year to add to prefunding bal	1			r			0
					palance	1			r			0
12					eemed elections	- 1			0			0
				******	+ item 10 + item 11d - item			503	,913			0
	art III		ding percent			′			, 1			
ь									······		14	88.68 %
					ge						15	230.59 %
					s of determining whether car							230.39 %
	current	year's fu	ınding requiremer	nt		***********	*************				16	225.27 %
_17	If the cu	urrent va	lue of the assets of	of the plan	is less than 70 percent of th	e funding tar	get, enter s	such percentage			17	%
Р	art IV	Con	tributions an	d liquidi	ity shortfalls							
18	Contrib	utions m			ear by employer(s) and em	ployees:						
/ h	a) Dat M-DD-Y		(b) Amount p employer		(c) Amount paid by employees	(a) D (MM-DD-		(b) Amount pa		(4		unt paid by
	MVI-00-1	111)	employer	(3)	employees	(IVIIVI-DD	-1111)	employer(s	5)	1	emp	loyees

							· · · · · · · · · · · · · · · · · · ·					
						Totals ▶	18(b)			18(c)	1	0
19	Discoun	ted emp	lover contribution	s - see ins	tructions for small plan with			ne heginning of the		1 10(0)		
					imum required contribution			_	19a			
					djusted to valuation date			-	19b			0
					uired contribution for current y			F	19c			0
20			utions and liquidi			roar aajastoa	to valuation	, date	100			
				-	the prior year?				L		Г	Yes X No
					stallments for the current year						L	
					ete the following table as ap		anoy mai		Γ			Yes No
		103,	556 maduquon	and compl	Liquidity shortfall as of e		r of this pla	n year			-	
		(1) 1 s	it		(2) 2nd		(3)				(4) 4t	h

Pa	art V Assumptio	ns used to determine f	unding target and target r	ormal cost		
21	Discount rate:					
	a Segment rates:	1st segment:	2nd segment:	3rd segment		N/A, full yield curve used
		5.64 %	6.40 %	6.56 %	1	
		·	***************************************		21b	0
	·····		F	***************************************	. 22	65
_23	Mortality table(s) (see	e instructions) 🔀 Pre	scribed - combined Pres	scribed - separate	Substitut	е
Pa	rt VI Miscellane	ous items				
24	Has a change been mattachment	·	uarial assumptions for the current p	· · · · · ·		
25	Has a method change	been made for the current pla	an year? If "Yes," see instructions	regarding required atta	chment	Yes X No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruct	tions regarding required	attachment	Yes X No
27			iding rules, enter applicable code a		. 27	
Pa	rt VII Reconcilia	ation of unpaid minimu	m required contributions	for prior years		
28	Unpaid minimum requ	rired contribution for all prior ye	ears		. 28	0
29			unpaid minimum required contribu		. 29	0
30	Remaining amount of	unpaid minimum required con	tributions (item 28 minus item 29).	***************************************	. 30	0
Pa	rt VIII Minimum	required contribution f	or current vear			
			uctions)		. 31	0
	Amortization installme			Outstanding Bal	ance	Installment
	a Net shortfall amorti	zation installment	***************************************		0	0
	b Waiver amortizatio	n installment	***************************************		0	0
33			ter the date of the ruling letter gran		33	
34			r/prefunding balances (item 31 + it		34	0
			Carryover balance	Prefunding bala	ance	Total balance
35	Balances used to offse	et funding requirement	0		0	0
36	Additional cash require	ement (item 34 minus item 35)		***************************************	. 36	0
37	Contributions allocate	d toward minimum required co	ntribution for current year adjusted	to valuation date	37	0
38			ar (see instructions)		38	0
39			ar (excess, if any, of item 36 over		+	0
40						0

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Project Development Consulting, Inc. Defined Benefit Pension Plan

EIN 20-0665694

Plan No. 001

Age	# lives	Ret Rate	# Retiring	Product	(Age x #Ret)
65	100.00	1.00	100.00	6500.00	

6500.00 Total of Product column 65 Weighted Average Retirement Age Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Project Development Consulting, Inc. Defined Benefit Pension Plan

EIN: 20-0665694

PIN: 001

Appendix A

Description of the Actuarial Cost Method

The true cost of a pension plan will ultimately be determined by the excess of benefits actually paid and the expenses incurred in its administration over investment income earned on monies set aside for its funding. Thus, the ultimate cost of a plan cannot be known until the last payment has been made to its last participant. The actuarial cost method is the technique adopted by the actuary for establishing the amount and incidence of annual actuarial costs. The actuarial cost method determines the portion of the ultimate cost of a pension plan which should be allocated to each plan year (known as the normal cost). The cost method is thus a budgeting tool which helps to ensure that the pension plan will be adequately and systematically funded.

The annual costs for a pension plan can be determined using any one of several actuarial cost methods. The methods differ in how much of the ultimate cost of the plan is assigned to each prior year, the current year and to each future year. Although the ultimate cost for a pension plan will be determined not by the cost method, but by the benefits and expenses which become payable and the earnings which are obtained on the investments of the plan, the pattern of annual contributions from year to year and the rate of funding for the benefits will vary with the choice of actuarial cost method. In addition, the choice of actuarial assumptions for a given actuarial cost method will affect the current level of contributions and pattern of future contributions.

The actuarial cost method used in the valuation of this Plan is known as the <u>projected unit credit cost method</u>. Under this cost method a projected retirement benefit at assumed retirement age is computed for each participant using anticipated future pay increases. The normal cost for each participant is computed as the present value of the pro-rata portion of the participant's projected benefit which is accrued or earned during the plan year being valued. The normal cost for the plan is the total of the individually computed normal costs for all participants including the costs for any death or disability benefits under the plan.

The accrued liability at any point in time for an active participant is the present value of that portion of the projected benefit which has been accrued up to the valuation date. For persons receiving benefits or entitled to a deferred vested retirement income, the accrued liability is equal to the present value of their future benefit payments. The accrued liability for the plan is the total of the individually computed accrued liability amounts for all participants. The unfunded liability for the plan is the excess of the accrued liability over the assets which have been accumulated for the plan. This unfunded accrued liability may be liquidated over a period of between five and thirty years (forty years for plans in existence on January 1, 1974) at the convenience of the employer with fixed or variable payments, subject to certain minimum payments on a cumulative basis needed to satisfy the minimum contribution requirements for the plan.



Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Project Development Consulting, Inc. Defined Benefit Pension Plan

EIN: 20-0665694

PIN: 001

Appendix A (Continued)

Description of the Actuarial Cost Method

It should be noted that under this cost method the accrued liability as of any date may not equal the actuarially computed value of accrued or accumulated plan benefits as of that date. The accrued liability is the present value of the pro-rata accrued portion of the projected benefit at normal retirement, where the projected benefit is based on future service and the earnings progression assumption for future pay increases. The actuarially computed value of accrued or accumulated plan benefits is the present value of retirement benefits which have been accrued or earned to date based only upon service and earnings to date.

The funding cost of the Plan is derived by making certain specific assumptions as to rates of interest, mortality, turnover, etc. which are assumed to hold for many years into the future. Since actual experience may differ somewhat from the assumptions, the costs determined by the valuation must be regarded as estimates of the true costs of the Plan.

For purposes of applying the actuarial cost method, plan assets are valued at <u>market value</u>.



Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Project Development Consulting, Inc. Defined Benefit Pension Plan

EIN: 20-0665694

PIN: 001

Appendix B

Summary of Actuarial Assumptions

Investment Return:

	2008	2009
Segment 1 (0-5 years)	5.72%	5.64%
Segment 2 (5-10 years)	5.92%	6.40%
Segment 1 (20+ years)	6.09%	6.56%

1. Earnings Progression: 3.0% per annum, compounded annually.

2. Explicit Provision for Expenses: Administrative expenses are assumed to

be paid by the plan sponsor outside of the

Fund.

3. Mortality Rates: 2009 combined mortality tables for

annuitants and non-annuitants.

4. Withdrawal Rates: None.

5. Retirement Rates: It is assumed that eligible employees will

retire at their Normal Retirement Date.

6. Marriages Rates:

a. Percent Married: 100% of male and female participants are

assumed to be married

b. Age Difference: Males are assumed to be 3 years older

than their spouses.

7. Election Form: It is assumed that 100% of future retirees

will elect an annuity payable in the normal

form.

Project Development Consulting, Inc. Defined Benefit Pension Plan

EIN: 20-0665694

PIN: 001

Appendix C

Summary of Plan Provisions

1. Definitions

a. Accrued Benefit

The Accrued Benefit for each Participant is determined using the same formula which is used to compute such Participant's Normal Retirement Benefit taking into account the Participant's Years of Benefit Service and Average Monthly Compensation through the date of determination.

b. Average Compensation

"Average Compensation" means 1/36th of the aggregate Compensation received by an Employee during his or her three consecutive Plan Years as an Employee which give rise to the highest aggregate. If a person has fewer than three consecutive full Plan Years as an Employee, his or her Average Compensation shall be the aggregate Compensation received by him or her as an Employee divided by his or he years and fractions thereof as an Employee.

c. Compensation

"Compensation" means the wages as defined in Code Section 3401(a) and all other payments of compensation by the Employer, received during the Plan Year by an Employee after he or she becomes a Participant for services rendered with respect to the Employer. Such amount shall include amounts contributed to a salary reduction agreement and which are not includible in the gross income of the Participant under Code Section 125, and Employee contributions described in Code Section 414(h)(2) that are treated as Employer contributions.

In accordance with Internal Revenue Code Section 401(a)(17), annual Compensation in excess of the inflation-adjusted limit (\$245,000 for the Plan Year beginning January 1, 2009) is disregarded.

The Compensation Period is the 12-month period which begins each January 1 and ends each December 31.

d. Effective Date

The Effective Date of the Plan is January 1, 2003.



Project Development Consulting, Inc. Defined Benefit Pension Plan

EIN: 20-0665694

PIN: 001

Appendix C (Continued)

Summary of Plan Provisions

e. Eligible Employee

An Eligible Employee means any person classified as an Employee by the Company other than a non-resident alien, a member of a collective bargaining unit, an independent contractor or an employee of an Affiliated Employer.

f. Entry Date

Entry Date means the January 1st or July 1st which coincides with or next follows the date that the eligibility requirements are met.

g. Normal Retirement Age

A Participant's Normal Retirement Age is age 65 or the Participant's fifth anniversary of joining the Plan, if later.

h. Normal Retirement Date

A Participant's Normal Retirement is the January 1st nearest the day the Participant attains their Normal Retirement Age.

i. Plan Year

The Plan Year is the 12-month period beginning January 1 and ending December 31.

j. Vested Accrued Benefit

A Participant's Vested Accrued Benefit as of a given date is equal to the product of his Accrued Benefit multiplied by his Vested Percentage as of that same date.

k. Vested Schedule

A Participant's Vested Percentage will be determined in accordance with the following schedule:

Years of Vesting Service	Vesting Percentage	
1 year of service	0%	
2 years of service	20%	
3 years of service	40%	
4 years of service	60%	
5 years of service	80%	
6 or more years	100%	

Project Development Consulting, Inc. Defined Benefit Pension Plan

EIN: 20-0665694

PIN: 001

Appendix C (Continued)

Summary of Plan Provisions

I. Year of Service

i. For Eligibility Purposes

Years of Service for purposes of eligibility to participate in the Plan are referred to as Years of Eligibility Service and are determined using the Hours of Service Method.

A Year of Eligibility Service is credited for each Employment Year during which an Employee is credited with at least 1,000 Hours of Service.

ii. For Benefit Purposes

Years of Service for purposes of computing a Participant's Normal Retirement Benefit are referred to as Years of Benefit Service and are determined using the Hours of Service Method.

A Year of Benefit Service is credited for each Plan Year in which an Employee is credited with at least 1,000 Hours of Service. Only full Years of Service are credited.

2. Participation

- a. The date he or she attains age 21; and
- b. He or she has completed one year of service;

3. Normal Retirement

a. Normal Retirement Benefit

94% of his Average Monthly Compensation, reduced pro rata for less than 25 years of projected service.

b. Normal Benefit Form

Lifetime Pension – Monthly pension benefit payable for the lifetime of the Participant with payments terminating upon the death of the Participant.



Project Development Consulting, Inc. Defined Benefit Pension Plan

EIN: 20-0665694

PIN: 001

Appendix C (Continued)

Summary of Plan Provisions

4. Late Retirement

An active Participant who continues his employment with the Employer beyond his Normal Retirement Date may begin to receive his Late Retirement Benefit to which he is entitled as of his Late Retirement Date.

a. Late Retirement Date

A Participant's Late Retirement Date is the first day of the month coincident with or next following the date he retires and requests the commencement of his Late Retirement Benefit after he has continued in the employ of the Employer beyond his Normal Retirement Date.

b. Late Retirement Benefit

A Participant's Late Retirement Benefit is equal to an amount which is the greater of (1) the Actuarial Equivalent of his Normal Retirement Benefit at his Normal Retirement Date, determined as of his Late Retirement Date or (2) the monthly benefit which is based on the Normal Retirement Benefit formula using the Participant's Years of Benefit Service and Compensation through his Late Retirement Date.

5. Pre-Retirement Death Benefit

A Participant's beneficiary will be entitled to receive a death benefit in the event of the death of a Participant prior to the commencement of a monthly pension benefit if:

- a. The Participant has a vested entitlement to benefits under the Plan,
- b. The Participant dies before his or her Annuity Starting Date under the Plan, and
- c. The Participant was married for a full year ending on his or her date of death.

The Participant's designated Beneficiary will be entitled to receive a death benefit equal to the proceeds payable from any life insurance policy on the Participant's life.

However, the death benefit shall not exceed 100 times the total expected monthly accrued benefit of the Participant at his or her Normal Retirement Date.



Project Development Consulting, Inc. Defined Benefit Pension Plan

EIN: 20-0665694

PIN: 001

Appendix C (Continued)

Summary of Plan Provisions

6. <u>Termination Benefit</u>

In the event of the termination of a Participant's employment for any reason other than death or retirement, the Participant will become entitled to receive a monthly pension benefit commencing on his Normal Retirement Date equal to his Vested Accrued Benefit.