## 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

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.				
		lentification Information							
For	calendar plan year 2009 or fisca	al plan year beginning 09/14/200	)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			
В -	This return/report is for:								
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
C	Check box if filing under:	Form 5558	automatio	extension	DFVC program				
		special extension (enter description							
Pa	rt II Basic Plan Inforr	nation—enter all requested inform	nation						
1a	Name of plan				1b	Three-digit			
TRO	ON CONSTRUCTION, LLC 401	(K) PLAN & TRUST				plan number			
						(PN)			
					1C	Effective date of plan 09/14/2009			
2a	Plan sponsor's name and addre	ess (employer, if for single-employer	r plan)		2b	Employer Identification Number			
	ON CONSTRUCTION		μ,			(EIN) 46-0478436			
					2c Plan sponsor's telephone num				
	STATE STREET LAND, WA 98033				24	425-785-4384  Business code (see instructions)			
					24	236110			
		address (if same as Plan sponsor, e		e")	3b	Administrator's EIN			
TRO	ON CONSTRUCTION	1006 STATE KIRKLAND,			30	46-0478436			
					30	Administrator's telephone number 425-785-4384			
		an sponsor has changed since the la		port filed for this plan, enter the	4b EIN				
1	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		4c PN				
5a	Total number of participants at	the beginning of the plan year			5a				
b		the end of the plan year			5a 5b	3			
C	· ·	ith account balances as of the end o			่อม	3			
					5с	1			
6a	Were all of the plan's assets d	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No			
b				ndent qualified public accountant (IQ		X Yes ☐ No			
	•			ions.)SF and must instead use Form 55		Yes   No			
Pa	rt III Financial Informa		01111 3300-	or and must instead use Form 55	00.				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
-	Total plan assets		. 7a	(a) beginning of Tear		10000			
b	. otal plan doodlo					10000			
C	•	7b from line 7a)		(	)	10000			
8	Income, Expenses, and Transf			(a) Amount		(b) Total			
а	Contributions received or recei			(a) randant		(2) 1013.			
	(1) Employers		. 8a(1)	2626	5				
	(2) Participants		. 8a(2)	7374	ŀ.				
	(3) Others (including rollovers)	)	. 8a(3)						
b	Other income (loss)		. 8b						
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			10000			
d	1 \	rollovers and insurance premiums	8d						
е	Certain deemed and/or correct	tive distributions (see instructions)	8e						
f	Administrative service provider	rs (salaries, fees, commissions)	8f						
g	Other expenses		. 8g						
h	Total expenses (add lines 8d, 8	8e, 8f, and 8g)				0			
i		e 8h from line 8c)				10000			
j		ee instructions)							

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Part IV	Dian	(`haract	Orietics
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If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a

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						
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.)		X								
С	Was the plan covered by a fidelity bond?		Χ								
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		X							
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							
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		X							
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	X No			
2	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	ERISA?.	. [	Yes	X No			
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
b	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 (enter a minus sign to the left of negative amount)			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										
3а	Has a resolution to terminate the plan been adopted during the plan year or any prior year?		<u></u>				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, or brought u of the PBGC?	nder 	the co	ntrol 		[	Yes	X No			
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to								
1	3c(1) Name of plan(s):	<b>13c(2)</b> EIN(s)				<b>13c(3)</b> PN(s)					
	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable					00F1-		مطبياد			
В о	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/r, it is true, correct, and complete.										

SIGN	Filed with authorized/valid electronic signature.	10/15/2010	JEFF SKILLINGSTAD			
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator			
SIGN	Filed with authorized/valid electronic signature.	10/15/2010	JEFF SKILLINGSTAD			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor			

## Form 5500-SF

of the Treasury venue Service

Employee Benef Security Administration

## 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 This Form is Open to Public

OMB Nos. 1210-0110

1210-0089

Inspection. Guaranty Corporation Pension Ben Complete all entries in accordance with the instructions to the Form 5500-SF. nnual Report Identification Information For the calendar plan year 2009 or fiscal plan year beginning 09/14/2009 and ending 12/31/2009 single-employer plan multiple-employer plan (not multiemployer) A This return report is for: one-participant plan B This return report is for: first return/report final return/report an amended return/report short plan year return/report (less than 12 months) DFVC program Form 5558 automatic extension C Check box If filing under: special extension (enter description) Part II asic Plan Information --- enter all requested information 1a Name of 1b Three-digit olan number TROON CONSTRUCTION, LLC 401(K) PLAN & TRUST 001 (PN) ▶ 1C Effective date of plan 09/14/2009 Plan sporsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number (EIN) 46-0478436 TROON CONSTRUCTION Plan sponsor's telephone number 1006 STATE STREET (425) 785-4384 2d Business code (see instructions) US KIRKLA WA 98033 236110 Plan adm nistrator's name and address (If same as plan employer, enter "Same") 3b Administrator's EIN Same 3c Administrator's telephone number 4b EIN e and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, El and the plan number from the last return. Sponsor's Name 4c PN 5a Total number of participants at the beginning of the plan year . . . 5a Total number of participants at the end of the plan year . . . . . . 5b Total num per of participants with account balances as of the end of the plan year (defined benefit plans do not complete his item) . 6a Were all f the plan's assets during the plan year invested in eligible assets? (See instructions.) X Yes No b Are you caiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) FR 2520.104-46? (See instructions on waiver eligibility and conditions.) under 29 X Yes No wered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. If you an Part III **Hinancial Information** Plan Assets and Liabilities (a) Beginning of Year (b) End of Year Total plan assets . а 7a 10,000 Total plan liabilities 7b 10,000 C Net plan assets (subtract line 7b from line 7a) 7c Income, Expenses, and Transfers for this Plan Year 8 (a) Amount (b) Total Contributions received or receivable from: (1) Empleyers . . . 2,626 8a(1) 7,374 8a(2) (3) Others (including rollovers). 8a(3) Other income (loss) 8b Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 10,000 Benefits paid (including direct rollovers and insurance premiums Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) . 8f 8g 0 Total expenses (add lines 8d, 8e, 8f, and 8g) . 8h 10,000 Net income (loss) (subject line 8h from line 8c) . . 81 Transfers to (from) the plan (see instructions) 8j

		Fon	n 5500-SF (2009)	Р	age <b>2-</b>	·····	_				
Par	t IV	1	lan Characteristics								
9 <b>a</b>	If th	e plar 2J	provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:								
Pai	rt V	Co	mpliance Questions								
10	D	uring	he plan year:		_		Yes	No	А	mount	
а			re a failure to transmit to the plan any participant contribution w	x							
b			2510.3-102? (See instructions and DOL's Voluntary Fiduciary ( ere any nonexempt transactions with any party-in-interest? (Do	10a							
-			0a.)	10b		х					
C	W	as th	plan covered by a fidelity bond?	10c		x					
d			e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud								
			nesty?					X			
6			ly fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, be services or other organization that provides some or all of the benefits under the plan? (See								
			ons.)		, , , , , , , , , , , , , , , , , , ,	10e		х			
f	H	as the	plan failed to provide any benefit when due under the plan? .			10f		х			
g			plan have any participant loans? (If "Yes," enter amount as of ye			10g		х			
h			an individual account plan, was there a blackout period? (See ii 1-3.)		CFR	10h		х			
i	If	10h v	n vas answered "Yes," check the box if you either provided the required notice or one of the ptiens to providing the notice applied under 29 CFR 2520.101-3								
Par			nsion Funding Compliance	<del></del>	· · · · · · · · · · · · · · · · · · ·	101	1				
11	ls	this a	a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and complete Schedule SB (Form								
12		500))				• •	• •		<u> </u>	Yes X No	
12			defined contribution plan subject to the minimum funding requir complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		412 of the Code or s	ectio	n 302	of ER	ISA?	∐Yes [X]NO	
а			vairer of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling								
	gr.	antine	the waiver		Mont	h		Day	Y	/ear	
			leted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.								
b		1	e minimum required contribution for this plan year e amount contributed by the employer to the plan for this plan ye				·	12c			
d		1	the amount in line 12c from the amount in line 12b. Enter the n				·  -				
	ne	gativ	amount)			•	٠ ــــ	12d			
9			minimum funding amount reported on line 12d be met by the fu	nding deadline? .	· · · · · ·	<u></u>	• •	<u>.</u>	Yes [	No N/A	
			lan Terminations and Transfers of Assets								
13a		as a r 'Yes,'	solution to terminate the plan been adopted during the plan yea enter the amount of any plan assets that reverted to the employ		?	• •	· 广	· ·		Yes X No	
b		••••	the plan assets distributed to participants or beneficiaries, trans	·	dan or brought unde	or the		13a			
-	of	the P	BGC?					я 		Yes X No	
С			this plan year, any assets or liabilities were transferred from this sets or liabilities were transferred. (See instructions.)	s plan to another pl	an(s), identify the pla	an(s)	to				
	13c(	1) Na	ne of plan(s):				1 <b>3</b> c	(2) El	N(s)	13c(3) PN(s)	
Cauti	on:	A pe	alty for the late or incomplete filing of this return/report will	l be assessed unk	es reasonable cau	se is	estab	lished	d.	<u> </u>	
Under penaltie: SB or Scheduk		edule	of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a 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 correct, and complete.								
SIG	N		Jux Mass . The	ا ج	JEFF SKILLING	STA	D			······································	
HE		Sigr	ature of plan administrator	ate 10/15/10	Enter name of indiv			g as r	olan administ	rator	
SIG	N	$\subseteq$	My Mullet	<i>f f</i>	JEFF SKILLING						
HE		Sign	ature of employer/plan sponsor	ate/0/15/10	Enter name of indiv			g as e	employer or p	olan sponsor	
		1		7 - 7 -	***************************************						