## 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

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	<ul> <li>Complete all entries in accor</li> </ul>	dance wit	h the instructions to the Form 550	0-SF.	•			
	Part I Annual Report Identification Information								
For	For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010								
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
В	This return/report is for:	first return/report	final retur	_					
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)				
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
Da	Part II Basic Plan Information—enter all requested information								
	Name of plan	iation—enter all requested inform	ialion		1h	Three-digit			
	PORT DOZING AND DEVELOP	MENT 401K PLAN			10	plan number			
OL/ (	OTT BOLING AND BEVELOT	MENT TOTAL EAST				(PN) ▶ 001			
		1c	Effective date of plan						
						01/01/1989			
		ss (employer, if for single-employer	r plan)		2b	Employer Identification Number			
SEA	PORT DOZING AND DEVELOP	MENT INC			(EIN) 91-1435322				
1043	RENTON-ISSAQUAH RD. SE				2C	Plan sponsor's telephone number 425-427-0149			
	QUAH, WA 98027				2d	Business code (see instructions)			
					1	238100			
3a	Plan administrator's name and a	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
SEA	PORT DOZING AND DEVELOP	ISSAQUAH,		QÚAH RD. SE	0 -	91-1435322			
		3C	Administrator's telephone number 425-427-0149						
4	the name and/or EIN of the plar	eport filed for this plan, enter the	4b EIN						
		from the last return/report. Sponso		,					
					4c	PN			
5a	Total number of participants at t	the beginning of the plan year			5a	15			
b	Total number of participants at t	the end of the plan year			5b	12			
С	Total number of participants wit	h account balances as of the end o	of the plan y	vear (defined benefit plans do not		11			
	complete this item)				5c	11			
	6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)								
b	<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)								
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.								
Pa	Part III Financial Information								
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
=	Total plan assets		72	521946	3	552243			
b	. o.a. p.a acco.c	assets							
C		o from line 7a)		521946	3	552243			
8			7с	(5) A == 5 == 4		(b) Total			
а	Income, Expenses, and Transfe Contributions received or receiv			(a) Amount		(b) Total			
u			8a(1)						
	(2) Participants		8a(2)	14736	3				
	(3) Others (including rollovers).								
b	,		- ` '	26022	2				
С	` ,	8a(2), 8a(3), and 8b)				40758			
d	, , ,	ollovers and insurance premiums							
	to provide benefits)		8d	2785					
е	Certain deemed and/or corrective	ve distributions (see instructions)	8e	3821	_				
f	Administrative service providers	s (salaries, fees, commissions)	. 8f	3855	5				
g	Other expenses		8g						
h	Total expenses (add lines 8d, 8	e, 8f, and 8g)				10461			
i		8h from line 8c)				30297			
i		e instructions)							

Form 5500-SF 2010	Page <b>2-</b>

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

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

	II UIC	e plant provides wellare benefits, enter the applicable wellare realtire codes from the cist of Flant Chara-	icicns	110 000	203 111	uie iiisuu	Clions.			
art	٧	Compliance Questions								
0	Dur	ing the plan year:		Yes	No		Amo	unt		
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)			X					
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		10b		X					
С	Wa	s the plan covered by a fidelity bond?	10c	X					175000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?				X					
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X					786	
f	Has	the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X					2883	
h		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			X					
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					[	Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No									
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)									
	<b>a</b> 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									
lf y	ou c	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_		1				
b	<b>b</b> Enter the minimum required contribution for this plan year				12b					
	C Enter the amount contributed by the employer to the plan for this plan year									
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative amount)			12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	10	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?						Yes	X No	
	If "Y	es," 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 under the control of the PBGC?							X No		
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	ne pla	n(s) to						
1	3c(1)	Name of plan(s):		13	c(2) El	IN(s)	1	13c(3)	PN(s)	
							$\top$			
Cauti	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	estab	lished.				
Jnde BB o	r per Sch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ true, correct, and complete.	urn/re <sub>l</sub>	oort, in	cludin	g, if appli				

SIGN	Filed with authorized/valid electronic signature.	04/15/2011	GEORGE BALES				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	04/15/2011	GEORGE BALES				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				