## 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

	ension Benefit Guaranty Corporation	▶ Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.					
		dentification Information								
For	calendar plan year 2009 or fisc	cal plan year beginning 01/01/200	)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	year return/report (less than 12 mor	nths)					
C	Check box if filing under:		X DFVC program							
	<b>3</b> · · · ·	special extension (enter descripti	ion)							
Da	rt II Basic Plan Infor	mation—enter all requested inform								
	Name of plan	mation—enter all requested inform	lation		1h	Three-digit				
		EXCAVATION DAVIS-BACON PENS	SION PLAN	AND TRUST	15	plan number				
	tr commoditi Edmbitto de		710111 27 111	AND INCO.		(PN) • 001				
					1c	Effective date of plan				
						05/15/2006				
		ress (employer, if for single-employe	r plan)		2b	Employer Identification Number				
HARI	RY JOHNSON PLUMBING & E	_	(EIN) 91-0977148							
A	DUOCELL ODEEK DD	2c	Plan sponsor's telephone number							
	RUSSELL CREEK RD LA WALLA, WA 99362	2d	509-529-2015  Business code (see instructions)							
			238220							
	Plan administrator's name and	3b	Administrator's EIN							
HARI	RY JOHNSON PLUMBING & E	EXCAVATION 5774 RUSS WALLA WA				91-0977148				
		WALLA WA	LLA, WA 33	9302	3с	Administrator's telephone number 509-529-2015				
<b>1</b> 1	f the name and/or FIN of the ni	an sponsor has changed since the la	et return/re	port filed for this plan, enter the	4h	509-529-2015 EIN				
		er from the last return/report. Spons		port med for this plant, effect the	40	EIIN				
					4c	PN				
5a	Total number of participants a	at the beginning of the plan year			5a	7				
b	Total number of participants a	at the end of the plan year			5b	5				
С	Total number of participants v	vith account balances as of the end of	of the plan y	vear (defined benefit plans do not						
	complete this item)				5c	5				
6a	Were all of the plan's assets	during the plan year invested in eligi	ble assets?	(See instructions.)		X Yes No				
b				ndent qualified public accountant (IQI		X Yes ☐ No				
				ions.)SF and must instead use Form 55		Yes   No				
Pa	rt III Financial Inform		01111 3300-	or and must misteau use i orm 55	<del>00.</del>					
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year				
-	Total plan assets		7a	37317	7	22161				
b	. ota. pia.: accoto iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii			01011		0				
C	•	7b from line 7a)		37317		22161				
			7с							
8	Income, Expenses, and Trans Contributions received or received			(a) Amount		(b) Total				
а			8a(1)	199	9					
	• • • •		- ' '	(	)					
		s)		(	0					
b	• • •	-,		2675	575					
C	` ,	, 8a(2), 8a(3), and 8b)		25.0		2874				
d		rollovers and insurance premiums	00			2011				
•			8d	18030	)					
е	Certain deemed and/or correct	ctive distributions (see instructions)	8e	(	)					
f	Administrative service provide	ers (salaries, fees, commissions)	8f	C	)					
g	Other expenses		8g	C						
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				18030				
i		ne 8h from line 8c)				-15156				
j		see instructions)		(	)					

Part IV	Plan	Charac	teristics

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

D .	1 1110	plan provides wellare beliefits, effer the applicable wellare feat	ure codes from the	List of Flatt Chara	ICICIIS	iic Coi	ues III	uic ilisuu	Juons.		
Part	٧	Compliance Questions									
10	Dur	ng the plan year:		Yes	No		nt				
а		there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	10a		X						
b		e there any nonexempt transactions with any party-in-interest? (Ine 10a.)			10b		X				
С	Wa	s the plan covered by a fidelity bond?			10c	X				5000	
d		the plan have a loss, whether or not reimbursed by the plan's fide shonesty?			10d		X				
	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.)									5	
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	10g		X						
h		s is an individual account plan, was there a blackout period? (Sec. 0.101-3.)	10h	X							
i		h was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3.		10i	X						
Part '	۷I	Pension Funding Compliance									
11	ls th 550	s a defined benefit plan subject to minimum funding requirement	s? (If "Yes," see ins	tructions and com	plete	Sched	lule SE	3 (Form	. <u> </u>	es X No	
12	ls t	is a defined contribution plan subject to the minimum funding rec	quirements of sectio	n 412 of the Code	or se	ction 3	302 of	ERISA?	. T	es X No	
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicabl	,								
		vaiver of the minimum funding standard for a prior year is being a ting the waiver.									
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Day		Teal_		
		r the minimum required contribution for this plan year		-			12b				
		r the amount contributed by the employer to the plan for this plan				1	12c				
d	Sub	ract the amount in line 12c from the amount in line 12b. Enter the	e result (enter a min	us sign 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	
Part \	۷II	Plan Terminations and Transfers of Assets									
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					Y	es X No	
	If "Y	es," enter the amount of any plan assets that reverted to the emp	lover this year				13a			<b>1</b>	
	<b>b</b> Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?								Y	es X No	
		ring this plan year, any assets or liabilities were transferred from h assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify the	ne pla	n(s) to	1				
13	3c(1	Name of plan(s):				13	c(2) El	N(s)	130	<b>(3)</b> PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report	t will be assessed	unless reasonab	le cau	ıse is	establ	ished.			
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.				,		·	,		
SIGN	Filed with authorized/valid electronic signature.  05/19/2011  DAN SWEENEY										
SIGN HERE Signature of plan administrator Date Enter					of individual signing as plan administrator						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Первотога об (не Тлеаму) Этоган Вачения Заміся

- EIN 91-0977148 / เพื่อ01-/-และรูเละบุละ Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filled under sections 164 and 4088 of the Employee

OMB Nos. 1210-0110 1210-0089

2099

	Department of Lebor Professor Bernatis Boounty Administration Paradiant Biotech (Bushaniy Corporation	This Form is Open to Public inspection									
Part   Annual Report Identification Information											
Fo	For calandar plan year 2009 or fercal plan year beginning 01701/2009 and ending 1273172009										
Α	Tala return/report & for.	X single-employerplan [	mutiple	entployer plan (not multiemployer)	r) one-participant plan						
В	Thia returnireport is for:		_								
	i	art amerided rejum/report	ethort pk	an year raisan/report (less than 12 mo	(स्तीत						
C	Check box if Ding under:	Form 5558	automat	noisnetxe oil	☑ DFVC program						
	•	apacial extension (enter descript	toni								
P	art II Basic Plan Inform	metican—unler all requested inform	netion.			·········	· ·				
	Name of plan	•			16	Three-digit	·				
	HARRY JOHNSON PLUM	BIKG & EXCAVATION				plan number					
	DAVIS-BACON PENSION	F PLAN AND TRUST			<u> </u>	(PN)	001				
					10	10 Effective date of plan 05/15/2006					
2a	Pign sprogen/e asme and orida	ers (employed if for shorts, amployed	r elen)	<del></del>	2h	Employer Identi					
23 Fire a Control of the Control of					-	EIN) 91-097	7148				
					2ŭ		elephone number 2015				
	5774 RUSSELL CREEK	RD			-						
	WALLA WALLA			WA 99362	-24-	Buelnese codo ( 238220	see (nstructions) —				
3в.		address (if same as Plan spansor,	arder "Serr		3b	Administratore i	SIN				
	643			,							
					3C Administrator's telephone number						
A	If the name and for EAI of the pic	in sponsor has changed eince the fa	Nad politicalia	and flaf facility the potentia	41.						
•	name, EUI, and the plan numbe	r from the last rejum/report. Spons	ats rama	Ehror wen for Wat Siell' einer Die	4D	45 EIN					
_					4c	4c PN					
52	Total number of participants at	the beginning of the plan year			5a						
ь	Total number of participants at	lba end of the plan year	·	п. шк	5b		5				
C	Total number of participants wi	ifa account balances as of the end o	f the plan	yeer (delined benefit plans do not		1					
				All the state of t	<u>6c</u>	<u> </u>	5 5 v- M v-				
- 63 h	Are vote claiming a waiter of the	numg trie pien year invested in etgi.	DIE 895ELSY Familiadana	) (See Instructions,)वर्षात्रकार । ordeni qualified public accountent (iQ			⊠ Yos [] No				
_	under 29 CFR 2520.104-467 (	See instructions on waiver alightilly	Brid cond	бола.)	 		X Yes No				
_	If you enswered "No" to pill:	a <u>r 6a or 65, the plan cannot use F</u>		SF and must instead use Form 550							
	rtili: Financial Informs	ıtion					··-				
7	Plan Assets and Liabillies			(5) Beginning of Year	4	(b) End	of Year				
	Total plan assets		. 7a	37,31	<u> 7</u>		22,161				
			. <u>. 76</u>		<u> </u>		0				
_ <u>c</u>	Net plan assets (subtract line 7)	<u> b from IIno 7а)</u>	. 7c	37,31	7		22, 1 <u>81</u>				
8	Income, Expenses, and Transfe			(a) Amount		(Б),Т	0121				
a	Confidentians received or received (1). Emphysers	uzblę Grop: 	Ba(1)	19			1 1 1 1 1 1				
			,		7		·				
			8a(3)		레	: -:					
is.				2,67	뷝						
	·	36(2), 84(3), and 6b)	_	2,01			2,874				
		soleh dalah aria 60)	. Re	· · ·	<del></del>		. 2,014				
~		others but had with braining	. 8d	18,030	٥						
0	Certain desired and/or correcti	ve distributions (see instrucțions)	89		o] -						
f	Adminiatratīras servica providors	s (salarios, foes, convelsatoris)	. af		3						
g	Other exportses	d	₿g		<b>i</b>						
h		a, Bí, and 8g)	Bh	<u>, , , , , , , , , , , , , , , , , , , </u>			18,030				
1		9h from line 6o)					(15,156)				
_1	Transfers to (from) the plan (see	o instructions)	. 4		1	. :					

	Farm 5600-SF 2009 Page 2-[		_					
	t IV Pian Characteristics			***1	<u> </u>			
₽a	if the plant provides pension benefits, enter the applicable panelion feature codes from the List of Pipn Chan 2C 2F 2G 2T 3D	actens	ite Go	vd <b>as</b> in	athe ma	Aruchov	160	
b	If the plan provides welfare benefits, enter the applicable walfare feeture codes from the List of Plan Chans	ıcleriş	jis Ço	des in	the idal	truction	s:	
Pari				<del>_</del>		_		
10	Coving the plan year:	ل	Yes	No	1	An	Rount	
-	Was there a feiture to transmit to the plan any participant contributions within the time period described in 29 CFR 2210.3-1022 (See Instructions and DOL's Voluntary Educiary Correction Program)	102	$\tilde{\Gamma}^{-1}$	×				
b	Whom there are nonexempt transactions will any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x	_			
C	Was the plan covered by a fidesty bond?	10a	х			_	_	5,000
d	Did the plan have a leas, whether or not reinbursed by the plan's fidelity band, that was caused by Rayd or dishonasty?	104		ĸ				
6	Word any face or commissions paid to early 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 Institutions.)	109	x					5
f	Has the plan failed to provide any benefit when due under the plan?	10F		×				
g	Did the plan have any participant loans? (If "Yes," anter amount so of year end.)	100		Ж				
h	If this is an influktural account plan, was there a blackoot period? (See tristructions and 29 CFR 2620-191-3.)	tah	·· х			- :	7, 99 *** <u>- 7,-</u>	
	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice approad under 29 CFR 2620.101-3	101	х		Ĩ.		·	
	VI Pension Funding Compliance	_	_	_	_			
11	is this a defined barroft plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5930)).				inamana	·	Yes	⊠ Na
12	is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code  (ISTVer Committee 52cm 42b, 42cm 42b, 42cm 42b, between the contribution).	07 667	ction 3	102 of	ERI <b>S</b> A?	? [	Yes	XI No
	(IFTY's: "complete 12a or 12b, 12c, 12d, and 12e betrw, as applicable.) If a waiver of the minimum funding standard for a piter year is being amentized in this plan year, see instruc granting the waiver.	<b>մի</b>	and e	ıntar U Day	es date	of the I	etter rui	ilng
-	ou completed line 12s, complete lines 3, 9, and 10 of Schedulo MB (Form 5500), and ekip to line 13.		_					<del></del>
	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				
	Stitured (the amount in fine 12c from the amount in the 12b. Enter the result (enter a minus sign to the tart o negative amount)		L	120		<u> </u>		-
	Will the minimum funding emount reported on the 12d be met by the funding deadline?	<u>/=1.1</u>	<u></u>	)	Yes	<u>. 11.</u>	No	N/A
	Alt Plan Terminations and Transfers of Assets					<del></del>		-
	Has a resolution to terminate the plant been adopted during the pion year or any prior year?					L	Yes	X No
— <u>k</u>	If "Yes," enter the amount of any plan assets that reverted to the employer this year.	<u></u> /	- 1	135	4			
100	Word of the plan assets distributed to participants or beneficiaries, transferred to enother plan, or brought u	****			ш		٦	
	of the PBGC?		lhe col	ontrol	<u> </u>	[	] Yes	M No
c	of the PBGC? If during this plan year, any essets or field(thes were transfected from this plan to another plan(s), identify the which essets or fabilities were transferred. (See [respections.]		ihe cor n(a) to	onirei 	<u></u>	]		
c	of the PBGC?		ihe cor n(a) to	ontrol	N(s)	] <del> </del>	18c(3)	
c	of the PBGC? If during this plan year, any essets or field(thes were transfected from this plan to another plan(s), identify the which essets or fabilities were transferred. (See [respections.]		ihe cor n(a) to	onirei 	N(s)	]		
C 1:	of the PBGC2. If during this plan year, any essats or feblibles were transferred from this plan to another plan(s), identify the which essats or fabribles were transferred. (See [ps/asgions.) le[1] Name of plan(s):	ne plen	ihe cor n(a) to 13c	onirei 		]		
C 1:	of the PRGC?.  If during this plan year, any essets or feelibles were transferred from this plan to another plan(s), identify the which essets or feelibles were transferred. (See [ps/esgions.) le(1) Name of plan(s):  [6(1) Name of plan(s):  [7(1) Name of plan(s):  [8(2) Name of plan(s):  [8(3) Name of plan(s):  [8(3) Name of plan(s):	e caus	13c	onirei	lished.		13:(3)	PN(s)
C 1: Csuth Under 88 or	of the PBGC2. If during this plan year, any essats or feblibles were transferred from this plan to another plan(s), identify the which essats or fabribles were transferred. (See [ps/asgions.) le[1] Name of plan(s):	e caus	n(a) to	establication	lished.	olicable	13c(3)	(PN(s)
C 1: Csuth Under 88 or	of the PBGC2.  If during this plan year, any seads or febilities were transferred from this plan to another glon(s), identify the which assets or febilities were transferred. (See [refrections.)  In [1] Name of plants:  In [2] Name of plants:  In [3] Name of plants:  In [4] Page of plants:  In [4] Page of page of the late or incomplete filing of this return/report will be assessed unless reasonable generated by an exception of the return of page of page of the plants of the plants of page of the plants of the plants of the plants of page of the plants of t	e caus	n(a) to	establication	lished.	olicable	13c(3)	PN(s)
Cauth Under SB or belief,	of the PBGC?.  If during this plan year, any seads or fiethlities were transferred from this plan to another glon(s), identify the which assets or facilities were transferred. (See [rs/regions.)  In (1) Name of plan(s):  On: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable generalise of pergury and other penalties set forth in the instructions, if declare that I have examined the following the filing of the confidence of pergury and other penalties set forth in the instructions, if declare that I have examined the following the filing of the confidence of pergury and other penalties set forth in the instructions, if declare that I have examined the following the filing of the confidence of the declare that I have examined the following the confidence of the declare that I have examined the following the filing of the confidence of the declare that I have examined the following that the declare that I have examined the following that the confidence of the	e taus	ine con n(a) to 13c scg  s c exad, into	establi nekliding to the p	lished. ig, if app best of n	picable, my knov	18c(3)	PN(s)
Cauth Under 88 or belief,	of the PBGC?.  If during this plan year, any sessis or feblibles were transferred from this plan to another glan(s), identify the which assets or fabilities were transferred. (See [rs/regions.)  In [1] Name of plan(s):  On: A penalty for the late or incomplete filing of this return/report will be assessed unjess reasonable genetiles of parting and other penalties est forth in the instructions, it declare that I have examined the return as the discrete and complete.	e taus	ine con n(a) to 13c scg  s c exad, into	establication in the property of the property	lished. ig, if app best of n	pTcable, my knov SSSS administ	18c(3)	PN(s)