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).

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation Complete all entries	in accordan	ce with	the instructions to the Form 5500	O-SF.					
	art I Annual Report Identification Informa	tion								
For	calendar plan year 2010 or fiscal plan year beginning	01/01/2011		and ending 0	1/31/2	2011				
A	This return/report is for:	mu	ıltiple-e	mployer plan (not multiemployer)		one-participa	ınt plan			
В	This return/report is for: first return/report	X fina	al returr	n/report		_				
	an amended return/repo	ort 🔻 sho	ort plan	year return/report (less than 12 mor	nths)					
C Check box if filing under: Form 5558 automatic extension						DFVC progra	am			
	special extension (enter									
Do		. ,								
	nt II Basic Plan Information—enter all request Name of plan	ted information	<u>n</u>		1h	Three-digit				
	TWATER CONSTRUCTION CO 401K PLAN				10	plan number	000			
0						(PN) •	002			
					1c	Effective date of	f plan			
						12/14/2	:005			
	Plan sponsor's name and address (employer, if for single-	employer plar	n)		2b	2b Employer Identification Number 91-1442609				
WES	TWATER CONSTRUCTION CO.				20	(EIN) 91-144 Plan sponsor's		numbor		
	9 SE 173RD PL				20	425-27	7-3137	iuiiibei		
REN	TON, WA 98058				2d	Business code		tions)		
						236110				
3a WES	Plan administrator's name and address (if same as Plan s TWATER CONSTRUCTION CO. 162	sponsor, enter 209 SE 173RE	"Same PL	")	36	Administrator's 91-144				
		NTON, WA 98			3c	Administrator's	telephone r	number		
					-	425-27	7-3137	idiliboi		
	f the name and/or EIN of the plan sponsor has changed sin			port filed for this plan, enter the	4b	EIN				
- 1	name, EIN, and the plan number from the last return/report	t. Sponsor's r	name		40	PN				
5a	Total number of participants at the beginning of the plan v	./ear			тс 5а					
_	5a Total number of participants at the beginning of the plan yearb Total number of participants at the end of the plan year									
				ł	5b			0		
С	Total number of participants with account balances as of complete this item)			` .	5с			0		
6a	Were all of the plan's assets during the plan year investe						X Yes	No		
	Are you claiming a waiver of the annual examination and	ū		`			<u>□</u>			
	under 29 CFR 2520.104-46? (See instructions on waiver	0 ,		<i>'</i>			^ Yes	No		
-	If you answered "No" to either 6a or 6b, the plan cann	not use Form	5500-9	SF and must instead use Form 550	00.					
	rt III Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year	(b) End of Year			0		
	Total plan assets		7a	9907				0		
b	Total plan liabilities		7b	9987	07					
<u>C</u>	Net plan assets (subtract line 7b from line 7a)		7c					0		
8	Income, Expenses, and Transfers for this Plan Year			(a) Amount	(b) Total					
а	Contributions received or receivable from: (1) Employers	8	Ba(1)	0						
	(2) Participants		3a(2)	0	-					
	(3) Others (including rollovers)		3a(3)		_					
b	Other income (loss)		8b	299569	69					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c					299569		
d	Benefits paid (including direct rollovers and insurance pre		00							
-	to provide benefits)		8d	308836						
е	Certain deemed and/or corrective distributions (see instru	uctions)	8e							
f	Administrative service providers (salaries, fees, commissi	ions)	8f	720						
g	Other expenses		8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8h					309556		
i	Net income (loss) (subtract line 8h from line 8c)		8i					-9987		
i	Transfers to (from) the plan (see instructions)		8i							

	F	Form 5500-SF 2010 Page 2-							
Dar	t IV	Plan Characteristics							
		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteris	stic Co	des in	the instru	ctions	<u> </u>	
		2F 2G 2J 2K 3D							
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	tic Cod	des in t	the instruc	ctions:		
art	V	Compliance Questions							
0		ing the plan year:		Yes	No		Amo	unt	
а	Was	s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X				
С	Was	s the plan covered by a fidelity bond?	10c		X				
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X				
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e		X				
f	Has	as the plan failed to provide any benefit when due under the plan?							
g	Did t	the plan have any participant loans? (If "Yes," enter amount as of year end.)			X				
h		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 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							
i									
art	VI	Pension Funding Compliance							
1	Is thi 5500	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	mplete	Sched	lule SB	(Form		Yes	X No
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ction 3	302 of I	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								
		er the minimum required contribution for this plan year		Г	12b				
		Enter the amount contributed by the employer to the plan for this plan year							
_	Subt	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)							
е	Will t	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	Ν	lo X	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?		<u>-</u>			X	Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough the PBGC?					X	Yes	No
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify					Ш	-	_

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):

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 belief, it is true, correct, and complete.

13c(2) EIN(s)

13c(3) PN(s)

SIGN	Filed with authorized/valid electronic signature.	05/23/2011	THOMAS CAPLIS
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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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).

Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

. Da	rt Annual Report Identification Information										
For	calendar plan year 2010 or fiscal plan year beginning 0	1/01/20)11 <u>a</u> n	d ending		01/31/2011					
	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)				plan				
	This return/report is for:	final return	ırn/report								
_	an amended return/report	short plan	year return/report (le	ss than 12 month	ıs)						
C	Check box if filing under: Form 5558	automatic	extension			DFVC program					
	special extension (enter description	n)									
#Pa	Part I Basic Plan Information enter all requested information										
1a	Name of plan					hree-digit					
	Westwater Construction Co 401k Plan			1		olan number PN)	002				
				-	· · ·	ffective date of p	 				
					12/14/2005						
2a	Plan sponsor's name and address (employer, if for single-employer Westwater Construction Co.	plan)		1	2b Employer Identification Number						
	westwater Construction Co.			<u> </u>	(EIN) 91-1442609 2c Plan sponsor's telephone number						
	1 COOA CE 172 J. D.					(425) 277-3					
	16209 SE 173rd Pl					Business code (se	ee instructions)				
	Renton	-to- "Come	WA 9805			dministrator's El	N				
3a	Plan administrator's name and address (if same as Plan sponsor, e	mer Same	;)	Ľ	010						
				;	3c A	Administrator's te	lephone number				
<i>A</i> 1	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan	enter the	4b E	EIN					
	name, EIN, and the plan number from the last return/report. Sponso	or's name	,		4c F		·				
F -	Total number of participants at the beginning of the plan year				40 г 5а						
	Total number of participants at the end of the plan year			_	5a 5b						
b	Total number of participants with account balances as of the end of				<u> </u>						
C	complete this item)				5c_						
6a							X Yes ∐ No				
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	an indepe	ndent qualified public	accountant (IQP	A)		☑ Yes ☐ No				
	If you answered "No" to either 6a or 6b, the plan cannot use F										
Pa	rt III Financial Information	-									
7	Plan Assets and Liabilities		(a) Beginnir		_	(b) End o	f Year				
а	Total plan assets	. 7a		9,987	<u> </u>		(
b	Total plan liabilities	. 7b									
С	Net plan assets (subtract line 7b from line 7a)			9,987	_						
8	Income, Expenses, and Transfers for this Plan Year	15.55	(a) Amo	ount	. Treithe	(b) To					
а	Contributions received or receivable from: (1) Employers	. 8a(1)_		0	130	The second second					
	(2) Participants	. 8a(2)		0	PROPERTY.						
	(3) Others (including rollovers)	. 8a(3)			100						
þ	Other income (loss)	. 8b		299,569	59						
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c					299,56				
d	Benefits paid (including direct rollovers and insurance premiums			308,836	12 12 12 12 12 12 12 12 12 12 12 12 12 1						
	to provide benefits)	. 8d		300,030							
e	Certain deemed and/or corrective distributions (see instructions)			720	10.00						
f	Administrative service providers (salaries, fees, commissions)			120							
g	Other expenses (odd lines 2d, 8e, 2f, 2rd 8g)	. 8g . 8h					309,55				
h i	Total expenses (add lines 8d, 8e, 8f, and 8g)						(9,987				
i	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)		a con 1860年(1974) (And the British of Berlin 1994) (B	and the second s	TO SECONDARY						
J		· 8j		· · · · · · · · · · · · · · · · · · ·	of the last	Discondiscon to the little of the little					

Form 5500-SF 2010

Page **2-**[

Par	t IV Plan Characteristics			in a filter Observation	-11- 0-	dea in t	ha instructio	ne:			
9a	If the plan provides pension benefits, enter	the applicable pension feat 2K 3D	ture codes from the l	list of Plan Character	SIIC CO	des III i	ine msuucuo	115.			
b	2E 2F 2G 2J If the plan provides welfare benefits, enter	the applicable welfare feat	ure codes from the L	ist of Plan Characteri	stic Coo	ies in ti	he instructior	ns:	-		
Part	t V- Compliance Questions										
10	During the plan year:				Yes	No	A	mount			
а	Was there a failure to transmit to the plan 29 CFR 2510.3-102? (See instructions a	m) 10a		х	222						
b	Were there any nonexempt transactions on line 10a.)	ctions reported 10t		Х		<u> </u>					
C	Was the plan covered by a fidelity bond?			100		Х					
d	and the state of t										
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.)										
f					r	Х					
a					, _	х					
g h	If this is an individual account plan, was t	here a blackout period? (Se	e instructions and 2	9 CFR		х	i e lete	e de la composition			
i	If 10h was answered "Yes," check the bo exceptions to providing the notice applied	x if you either provided the	required notice or on	e of the		х	26 (1) (6) -20 (1)				
Part	t VI Pension Funding Complian	NA. 40 0	900								
11	The contract of the contract o										
12	Is this a defined contribution plan subject							Yes	X No		
	(If "Yes." complete 12a or 12b, 12c, 12d,	and 12e below, as applicab	le.)								
а	If a waiver of the minimum funding stands	ard for a prior year is being	amortized in this pla	n year, see instruction	s, and	enter th	ne date of the	e letter ruli:	ng		
	granting the waiverf you completed line 12a, complete lines	2.0 and 40 of Cabadula I	ID /Corm 5500\ and	Monin _		Day		ear	_		
					Γ	12b					
a	Enter the minimum required contribution					12c					
C		loyer to the plan for this plan	n year	sign to the left of s	····· }						
d	пеgative amount)	***************************************			L	12d	│ │ Yes	No X	N/A		
	Will the minimum funding amount reporte	· · · · · · · · · · · · · · · · · · ·	funding deadline?				res	NO N	IV/A		
	t VII Plan Terminations and Tra					-		G	7		
13a	Has a resolution to terminate the plan been	en adopted during the plan	year or any prior yea	ır?			ī	X Yes	No		
b	If "Yes," enter the amount of any plan ass Were all the plan assets distributed to part of the PBGC?	rticipants or beneficiaries, tr	oloyer this year ansferred to anothe	plan, or brought und	er the c	13a ontrol		X Yes	☐ No		
C	If during this plan year, any assets or liab which assets or liabilities were transferred		this plan to another	plan(s), identify the p	lan(s) to	D	(400)				
	13c(1) Name of plan(s):				13c(2) ElN(s)			13c(3)	PN(s)		
			9 W								
	1.44							·			
Cau	ution: A penalty for the late or incomplete	filing of this return/repor	t will be assessed	uniess reasonable c	ause is	estab	lished.				
Unde SB c	der penalties of perjury and other penalties s or Schedule MB completed and signed by a ef, it is true, correct, and complete.	set forth in the instructions.	declare that I have	examined this return/	eport, i	ncludin	g, if applicab	ole, a Sche nowledge	dule and		
	5/20/// Thomas C				aplis						
	SIGN					individual signing as plan administrator					
gus isini	The state of the s					5 -1. Caplis					
#SIGN						individual signing as employer or plan sponsor					
845 (TT)	Signature of emproyer/plan spons	VI			J = 41	gg s					