### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**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.

Short Form Annual Return/Report of Small Employee

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	art I 📗 Annu	al Report I	dentification Inforn	nation				
For	calendar plan ye	ar 2010 or fis	cal plan year beginning	01/01/201	10	and ending	12/31/2	2010
Α	This return/report	t is for:	single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/repor		first return/report	Ē	final retur	n/report		
			an amended return/re	port	short plar	n year return/report (less than 12 m	nonths)	
_	Check box if filing	n under:	☐ Form 5558	, L	i :	extension	,	DFVC program
C	Check box ii iiiiii	g under.	special extension (en	L or descripti	<u>-1</u>	CALCITOTOTT		_ Di vo program
-	nut II Doois	Diam Info	<u> </u>		,			
		Plan Intor	mation—enter all requ	ested inform	nation		1h	Three-digit
	Name of plan STWATER CONS	TRUCTION C	CO 401Κ PLΔN				ID	nlan number
VVLC	TWATER OON	TROOTION	O TOTAL LAN					(PN) • 002
							1c	Effective date of plan
								12/14/2005
	Plan sponsor's r		lress (employer, if for sing	le-employe	r plan)		2b	Employer Identification Number
VVES	STWATER CONS	TRUCTION	.0.				20	(EIN) 91-1442609 Plan sponsor's telephone number
	9 SE 173RD PL						20	425-277-3137
REN	TON, WA 98058						2d	Business code (see instructions)
							-	236110
3a WES	Plan administrat STWATER CONS	or's name and TRUCTION C	d address (if same as Plai	n sponsor, 6 1 <mark>6209 SE</mark> 1		9")	30	Administrator's EIN 91-1442609
			F	RENTON, V	VA 98058		3c	Administrator's telephone number
								425-277-3137
						eport filed for this plan, enter the	4b	EIN
	name, EIN, and t	ne pian numb	er from the last return/rep	ort. Spons	ors name		4c	PN
5a	Total number of	participants a	at the beginning of the pla	n vear				14
b								11
С						vear (defined benefit plans do not	0.0	
						(11)	5c	9
6a	Were all of the	plan's assets	during the plan year inves	sted in eligil	ble assets?	(See instructions.)		Yes No
b						ndent qualified public accountant (l		X Yes ☐ No
			,			ions.) SF and must instead use Form		Tes No
Pa		cial Inform		illiot use i	01111 3300	or and must mistead use roim.	, <del>,,,,,</del>	
7	Plan Assets and					(a) Beginning of Year		(b) End of Year
а					7a	2386	25	9987
	Total plan liabili				7b			
С	Net plan assets	(subtract line	7b from line 7a)			2386	25	9987
8			sfers for this Plan Year			(a) Amount		(b) Total
а	Contributions re	ceived or rec	eivable from:				0	
	(1) Employers				8a(1)			
	. ,				` '	000	0	
	(3) Others (incl	uding rollover	s)		8a(3)		53	
b	,	,				-2166	91	04.4000
C			, 8a(2), 8a(3), and 8b)		8c			-214638
d			t rollovers and insurance p		8d	139	45	
е			ctive distributions (see ins					
f			ers (salaries, fees, commi	,				
g g		•		,			55	
9 h	·		, 8e, 8f, and 8g)					14000
i			ne 8h from line 8c)					-228638
i	•	, ,	see instructions)					

	F	orm 5500-SF 2010 Page <b>2-</b>								
Par	t IV	Plan Characteristics								
Эа	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char PF 2G 2J 2K 3D	acteris	stic Co	des in	the instru	ction	s:		
b	If the	plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	acteris	tic Cod	des in t	he instruc	ctions	3:		
art	٧	Compliance Questions								
0	Durir	g the plan year:		Yes	No		Am	ount		
а		there a failure to transmit to the plan any participant contributions within the time period described in FR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X					
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported to 10a.)	10b		X					
С	Was	the plan covered by a fidelity bond?	10c		X					
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?	10d		X					
е	insur	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e		X					
f	Has	he plan failed to provide any benefit when due under the plan?	10f		X					
g	Did t	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					99	987
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR .101-3.)	10h		X					
i		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i		X					
art	VI	Pension Funding Compliance								
11		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con						Yes	X	No
2	Is thi	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection 3	302 of I	ERISA?		Yes	X	No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru ing the waiver							ıling	_
lf y	you co	empleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_						
b	Enter	the minimum required contribution for this plan year			12b	<u> </u>				
С	Enter	the amount contributed by the employer to the plan for this plan year			12c	<u> </u>				
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ive amount)			12d	<u></u>			<u> </u>	
е	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	<sup>X</sup> N	I/A
art	VII	Plan Terminations and Transfers of Assets								
3а	Has a	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.....

Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....

If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to

which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s)

13c(1) Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

Yes No

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

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.

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	Filed with authorized/valid electronic signature.	05/23/2011	THOMAS CAPLIS
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

B This return/report is for:    an amended return/report   short plan year return/report (less than 12 months)   special extension (enter description)    Part   Basic Plan Information—enter all requested information    1a Name of plan   WESTWATER CONSTRUCTION CO 401K PLAN     2a Plan sponsor's name and address (employer, if for single-employer plan)   WESTWATER CONSTRUCTION CO 401K PLAN     2a Plan sponsor's name and address (employer, if for single-employer plan)   2c Plan sponsor (425) 2     16209 SE 173RD PL   RENTON   WA 98058   236110	orogram  t oer 002 date of plan
B This return/report is for:    an amended return/report   short plan year return/report (less than 12 months)   special extension (enter description)    Part   Basic Plan Information—enter all requested information    1a Name of plan   WESTWATER CONSTRUCTION CO 401K PLAN     2a Plan sponsor's name and address (employer, if for single-employer plan)   WESTWATER CONSTRUCTION CO 401K PLAN     2a Plan sponsor's name and address (employer, if for single-employer plan)   2c Plan sponsor (425) 2     16209 SE 173RD PL   RENTON   WA 98058   236110	orogram  t
an amended return/report	ot 002 date of plan 2005 identification Number -1442609
C Check box if filing under:  Form 5558  □ automatic extension  □ DFVC p  special extension (enter description)  Part II Basic Plan Information—enter all requested information  1a Name of plan WESTWATER CONSTRUCTION CO 401K PLAN  1b Three-digit plan numb (PN) ▶  1c Effective d 12/14/  2a Plan sponsor's name and address (employer, if for single-employer plan) WESTWATER CONSTRUCTION CO.  2b Employer (EIN) 91-  2c Plan spons (425) 2  2d Business c 236110	ot 002 date of plan 2005 identification Number -1442609
special extension (enter description)  Part II Basic Plan Information—enter all requested information  1a Name of plan WESTWATER CONSTRUCTION CO 401K PLAN  1b Three-digit plan numb (PN) 1c Effective d 12/14/ 2a Plan sponsor's name and address (employer, if for single-employer plan) WESTWATER CONSTRUCTION CO.  2b Employer (EIN) 91- 2c Plan spons (425) 2 2d Business c 236110	ot 002 date of plan 2005 identification Number -1442609
special extension (enter description)  Part II Basic Plan Information—enter all requested information  1a Name of plan WESTWATER CONSTRUCTION CO 401K PLAN  1c Effective of 12/14/  2a Plan sponsor's name and address (employer, if for single-employer plan) WESTWATER CONSTRUCTION CO.  2b Employer of (EiN) 91- (EiN) 91- 2c Plan sponsor of (425) 2 2d Business of (425) 2 2d Business of (336110)	date of plan 2005 Identification Number -1442609
1a Name of plan WESTWATER CONSTRUCTION CO 401K PLAN  1c Effective of 12/14/  2a Plan sponsor's name and address (employer, if for single-employer plan) WESTWATER CONSTRUCTION CO.  2b Employer of (EiN) 91- 2c Plan sponsor (425) 2  2d Business of 236110	date of plan 2005 Identification Number -1442609
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### CONSTRUCTION CO.   1c	002 date of plan 2005 identification Number -1442609
1c   Effective d   12/14/2     2a   Plan sponsor's name and address (employer, if for single-employer plan)   2b   Employer   (EIN) 91-   2c   Plan spons (425) 2   2d   Business (425) 2   2d   Business (236110)   26   26   26   26   26   26   26   2	2005 Identification Number -1442609
2a Plan sponsor's name and address (employer, if for single-employer plan)       2b Employer (EiN) 91-         2c Plan spons (425) 2       2c Plan spons (425) 2         2d Business 0       236110	Identification Number -1442609
WESTWATER CONSTRUCTION CO.   (EIN) 91-	-1442609
2c Plan spons (425) 2  16209 SE 173RD PL  RENTON WA 98058  2c Plan spons (425) 2  2d Business of 236110	
16209 SE 173RD PL  RENTON  (425)2  2d Business of 236110	
RENTON WA 98058 236110	77-3137
RENTON NA 90030	code (see instructions)
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")  3b Administra	· · · · · · · · · · · · · · · · · · ·
3c Administra	ator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN	·
name, EIN, and the plan number from the last return/report. Sponsor's name	
4c PN	
5a Total number of participants at the beginning of the plan year	
b Total number of participants at the end of the plan year	
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	<u>_</u>
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
h Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)	a. n.
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	🚹 100 🗌 110
Part III Financial Information	*
	) End of Year
<b>a</b> Total plan assets	9,987
b Total plan liabilities	
c Net plan assets (subtract line 7b from line 7a)	9,98
8 Income, Expenses, and Transfers for this Plan Year (a) Amount	(b) Total
a Contributions received or receivable from:	
(1) Employers   8a(1)	
(1) Employers 8a(1) 0 (2) Participants 8a(2) 0	
(2) Participants 8a(2) 0	
(2) Participants	
(2) Participants       8a(2)       0         (3) Others (including rollovers)       8a(3)       2,053	(214,638)
(2) Participants       8a(2)       0         (3) Others (including rollovers)       8a(3)       2,053         b Other income (loss)       8b       (216,691)         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c         d Benefits paid (including direct rollovers and insurance premiums       13,045	(214,638)
(2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 2,053 b Other income (loss) 8b (216,691) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits). 8d 13,945	(214,638)
(2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 2,053  b Other income (loss) 8b (216,691)  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 13,945  e Certain deemed and/or corrective distributions (see instructions) 8e	(214,638)
(2) Participants 8a(2) 0  (3) Others (including rollovers) 8a(3) 2,053  b Other income (loss) 8b (216, 691)  c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 13,945  e Certain deemed and/or corrective distributions (see instructions) 8e  f Administrative service providers (salaries, fees, commissions) 8f	(214,638
(2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 2,053 b Other income (loss) 8b (216, 691) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 13,945 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g 55	(214,638)
(2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 2,053 b Other income (loss) 8b (216, 691) c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 13,945 e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g 55	

SIGN HERE

Signature of employer/plan sponsor

Page 2 Form 5500-SF 2010 **Plan Characteristics** Part IV If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2J2K 30 If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Compliance Questions Part V Yes No **Amount** During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in X 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X 10b 10c X Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud X 10d e 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 X 10e Has the plan failed to provide any benefit when due under the plan? ..... X 10f Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... X 10g If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 10h 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..... 10i Pension Funding Compliance Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?.. (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. ..... Month Day If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. b 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 to the left of a 12d negative amount) ...... N/A Yes No Will the minimum funding amount reported on line 12d be met by the funding deadline?... Part VII Plan Terminations and Transfers of Assets 13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... If "Yes." enter the amount of any plan assets that reverted to the employer this year..... b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control Yes X c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(3) PN(s) 13c(2) EIN(s) 13c(1) Name of plan(s): Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established. 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 THOMAS CAPLIS SIGN Enter name of individual signing as plan administrator HERE Signature of plan administrator Date

Date

THOMAS CAPLIS

Enter name of individual signing as employer or plan sponsor