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).

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

P	Complete all entries i	n accordance w	ith the instructions to the Form 550	0-SF.	-
	art I Annual Report Identification Informat				
For	calendar plan year 2010 or fiscal plan year beginning	1/01/2010	and ending	12/31/2	2010
Α.	This return/report is for: Single-employer plan	multiple	-employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final ret	urn/report		
	an amended return/report	short pl	an year return/report (less than 12 mo	nths)	
С	Check box if filing under:	automa	tic extension		DFVC program
_	special extension (enter o	lescription)			
Do		. ,			
	Irt II Basic Plan Information—enter all requeste	d information		1h	Three-digit
	Name of plan ORTHWEST CONST INC PROFIT SHARING PLAN			וו	plan number
1 3 1	OKTIWEST CONSTINCT KOITI SHAKINGT EAN				(PN) • 001
				1c	Effective date of plan
					01/01/1995
	Plan sponsor's name and address (employer, if for single-e	mployer plan)		2b	Employer Identification Number
PS N	ORTHWEST CONST INC				(EIN) 91-1659492
3091	SCOON ROAD			2c	Plan sponsor's telephone number 509-839-3378
	NYSIDE, WA 98944-0000			2d	Business code (see instructions)
					236200
3a	Plan administrator's name and address (if same as Plan sp		ne")	3b	Administrator's EIN
PS N	ORTHWEST CONST INC 3091 SUN	I SCOON ROAD INYSIDE, WA 98	944-0000		91-1659492
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3c	Administrator's telephone number 509-839-3378
4 1	f the name and/or EIN of the plan sponsor has changed since	ce the last return	report filed for this plan, enter the	4h	EIN
	name, EIN, and the plan number from the last return/report.			40	EIIN
	·			4c	PN
5a	Total number of participants at the beginning of the plan ye	ear		5a	4
b	Total number of participants at the end of the plan year			5b	3
С	Total number of participants with account balances as of the	ne end of the plar	year (defined benefit plans do not		
	complete this item)			5c	3
6a	Were all of the plan's assets during the plan year invested	in eligible assets	s? (See instructions.)		Yes No
b	Are you claiming a waiver of the annual examination and re	eport of an indep	endent qualified public accountant (IQ	PA)	X vos □ No
	under 29 CFR 2520.104-46? (See instructions on waiver e				^ Yes [] No
Pa	If you answered "No" to either 6a or 6b, the plan canno rt III Financial Information	ot use Form 550	0-3F and must mstead use Form 33		
7	Plan Assets and Liabilities		(a) Paginning of Year		(b) End of Year
-	Total plan assets	7-	(a) Beginning of Year	5	326629
	Total plan according	7a		0	
b	Total plan liabilities		29595		326629
<u>C</u>	Net plan assets (subtract line 7b from line 7a)	7c			
8	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) Total
а	(1) Employers	8a(1)	3179	5	
	(2) Participants		2710	0	
	(3) Others (including rollovers)				
b	Other income (loss)	```	2523	7	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				31122
d	Benefits paid (including direct rollovers and insurance pren				
-	to provide benefits)		441	8	
е	Certain deemed and/or corrective distributions (see instruc	tions) 8e			
f	Administrative service providers (salaries, fees, commission	ns) 8f			
g	Other expenses	8g			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				448
i	Net income (loss) (subtract line 8h from line 8c)	8i			30674
i	Transfers to (from) the plan (see instructions)				

Fo	orm 5500-SF 2010	Page 2- 1	
Part IV	Plan Characteristics		

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2A 2E 2J 2K 2R 3D

If the plan provides welfare ben

D	ir the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Co	des in	ine instr	uctions	:	
art	٧	Compliance Questions							
0	Dur	ing the plan year:		Yes	No		Am	ount	
а		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	Wa	as the plan covered by a fidelity bond?	10c	X					40000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
е	insı	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				
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		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		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		Pension Funding Compliance			<u>I</u>				
11	Is th	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 0))					Г	Yes	X No
2		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	, 01 00	Otion	002 01	LICION		1	ш
а	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruc- nting the waiver							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Ente	er the minimum required contribution for this plan year			12b				
С	Ente	er the amount contributed by the employer to the plan for this plan year			12c				
d		stract 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		No	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
		es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought ne PBGC?	under 	the co	ntrol			Yes	X No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify tl ch assets or liabilities were transferred. (See instructions.)	ne pla	n(s) to	1				
1	3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
			1						
	•	A constitution that the second		• .	4-1-1				
		A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab					licable	a Saha	adule
SB o	r Śch	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/ ledule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ litrue, correct, and complete.							
SIGI	y F	iled with authorized/valid electronic signature. 06/03/2011 PENSION FILER	S						

SIGN	Filed with authorized/valid electronic signature.	06/03/2011	PENSION FILERS
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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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

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******	art Annual Report Identification Information	1-1					
For	the calendar plan year 2010 or fiscal plan year beginning	01/01	L/2010	and ending	12,	/31/2010	
A	This return/report is for: 🛛 🕱 single-employer plan	multiple-er	πρίογει plan (πο	t multiemployer)		one-participar	nt plan
В	This return/report is for: first return/report	final return	/report				
	ап amended return/report	short plan	year return/repo	rt (less than 12 mont	hs)		
C	Check box if filing under: Form 5558	automatic -	extension		Г	DFVC program	m
	special extension (enter descript	ion)			<u> </u>	, ,	
D.	Intil Basic Plan Information enter all requested in						
	Name of plan	iiormațion.			1b 1	hree-digit	
					p	lan number	
	PS NORTHWEST CONST INC PROFIT SHARING PLAN					PN) ► ffective date of	001
						1/01/1995	pian
2a	Plan sponsor's name and address (employer, if for single-employer	plan)			2b E	mployer Identifi	ication Number
	PS NORTHWEST CONST INC				$\overline{}$	EIN) 91-165	
	3091 SCOON ROAD					lan sponsor's te 509) 839-3	elephone number 37я
							see instructions)
US	SUNNYSIDE WA 98944-0000				2	36200	
Ja	Plan administrator's name and address (If same as plan employer, SAME	enter "Same")			3D A	dministrator's E	:IN
					3C A	dministrator's te	elephone number
4	If the name and/or EIN of the plan sponsor has changed since the I name, EIN and the plan number from the last return/report. Sponso	ast return/repor	rt filed for this pla	in, enter the	4b ∈	IN	
	Tame, 2117 and the part railines from the last retaining part expense				4c F	'n	
5a	Total number of participants at the beginning of the plan year $\ \ .$				5a		4
b	Total number of participants at the end of the plan year				5b		3
С	Total number of participants with account balances as of the end of complete this item)				5c		3
бa	Were all of the plan's assets during the plan year invested in eligible						X Yes No
þ	Are you claiming a waiver of the annual examination and report of a			` '			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either 6a or 6b, the plan cannot use Fo						X Yes ∐No
64	Financial Information	3111 3300-3F at	no must instead	use Form 5500.			
7	Plan Assets and Liabilities		(a) Ber	inning of Year		(b) End	of Vear
a	Total plan assets	7a	(0) 20	295,955		(b) Ella	
b	Total plan liabilities	7b	<u>-</u>	293,933			326,629
r	Net plan assets (subtract line 7b from line 7a)	7c		295,955			326,629
 R	Income, Expenses, and Transfers for this Plan Year	/ (+		•
a	Contributions received or receivable from:	(12) (1) (1) (1)	Įa įa	Amount	72.387	(b) T	otai
	(1) Employers	8a(1)		3,175	-/:00/-0		115 2.00 (200 C) (200
	(2) Participants	8a(2)		2,710			
	(3) Others (including rollovers)	Ba(3)					
þ	Other income (loss)	8ь		25,237			
ç	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					31,122
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)			440			
e	Certain deemed and/or corrective distributions (see instructions)	· · 8d		448			
f	Administrative service providers (salaries, fees, commissions)				\dashv		
g	Other expenses	8f			\dashv		
	·	· · 8g	1 - 1 - may may may		[:	AAG
h i	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			-	<u> </u>	448 30,674
i	Net income (loss) (subject line 8h from line 8c)	<u>8i</u>	aseso La Grad				30,074
	CLAUSINGS OF FILED THE DIGHT ISSES (DCTFTICTIONS)	ı Xı					and the second second of

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Pai	IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension	feature codes from the Lis	t of Plan Characteris	tic Co	des in 1	he ins	tructions:		
h	2A 2E 2J 2K 2R 3D If the plan provides welfare benefits, enter the applicable welfare f	feature codes from the List	of Plan Characteristi	c Cod	es in th	e instr	uctions:		
₽a	rt V Compliance Questions								
10	During the plan year:			Щ	Yes	No	Aı	mount	
а	Was there a failure to transmit to the plan any participant contrib	-		10a		х			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fid Were there any nonexempt transactions with any party-in-intere			100					
	оп line 10a.)			10b		х			
С	Was the plan covered by a fidelity bond?			10c	х			40	,000
d	Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?	-	-	10d		х			
е	Were any fees or commisions paid to any brokers, agents, or ot insurance services or other organization that provides some or a instructions.)	all of the benefits under the	plan? (See	10e		x			
f	·			10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount	as of year end.)		10q		х			
h		•	CFR			х			
i	If 10h was answered "Yes," check the box if you either provided exceptions to providing the notice applied under 29 CFR 2520.1	I the required notice or one		10i			146665.1		
Pai	t VI Pension Funding Compliance						CONTRACTOR AND	***************************************	Account Name
11	Is this a defined benefit plan subject to minimum funding require 5500))							Yes X]No
12	Is this a defined contribution plan subject to the minimum fundin	g requirements of section	412 of the Code or se	ection	302 of	ERISA	?	Yes X	No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as app	olicable.)							
а	If a walver of the minimum funding standard for a prior year is be	-	-					_	
1f	granting the waiver you completed line 12a, complete lines 3, 9, and 10 of Schedu			^{trı} —		Day.	'	ear	_
b		,	•		. F	12b			
С	Enter the amount contributed by the employer to the plan for this	s plaп year			. \Box	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Ent negative amount)				. [-	12d			•
е	Will the minimum funding amount reported on line 12d be met b	y the funding deadline?					Yes [Noi	N/A
Par	t VII Plan Terminations and Transfers of Ass	ets							
13a	Has a resolution to terminate the plan been adopted during the plan been a	plan year or any prior year'	?		٠ <u> </u>			Yes x]No
	If "Yes," enter the amount of any plan assets that reverted to the	e employer this year .	. <i></i>	•		1 3 a			
b	 Were all the plan assets distributed to participants or beneficiarie of the PBGC? If during this plan year, any assets or liabilities were transferred 							Yes X]No
	which assets or liabilities were transferred. (See instructions.)							1	
	13c(1) Name of plan(s):				13c	(2) Ell	V (s)	13c(3) PN(s)
Caut	tion: A penalty for the late or incomplete filing of this return/re	port will be assessed unl	ess reasonable cau	se is	establi	shed.			
5B o	er penalties of perjury and other penalties set forth in the instruction or Schedule MB completed and signed by an enrolled actuary, as w								
oelie	f, it is lifue, correct, and complete	F. 21 11	D_	_	7		,		
	SN Jan Ma	5-31-11	Taul A.	د	•		hrev		
	RE orgnature of olan administrator	Date 5-31-11	Enter name of ind	<u>ividua</u> ممسح	7	- 1	$\overline{}$	31	
2004:0:	Signature of amployer/plan sponsor		TAGL A.	<u>ٔ د</u>		<u>Sch</u>		PV Side	WT]
	Signature of employer/plan sponsor	I Date	 Enter name of ind 	ividue	I Stanto	7 20 0	mplaverara	ian sponsor	

Page **2-**[

Form 5500-SF 2010