## 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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-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:	multiple-e	mployer plan (not multiemployer)	ployer) one-participant plan					
В	This return/report is for:	final retur	•						
	an amended return/report	short plar	year return/report (less than 12 mo	nths)	_				
С	Check box if filing under: Form 5558	automatic	extension		DFVC program				
	special extension (enter description	on)							
P	art II Basic Plan Information—enter all requested inform	ation			<u>,                                      </u>				
	Name of plan			1b	Three-digit				
BOV	/ERS CONSTRUCTION INC DAVIS BACON PENSION PLAN AND	TRUST			plan number (PN) 001				
				1c	Effective date of plan				
					07/25/2008				
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number				
BOA	VERS CONSTRUCTION INC			20	(LIIV)				
	BOX 166			20	Plan sponsor's telephone number 360-249-4953				
MOr	ITESANO, WA 98563			2d	Business code (see instructions)				
32	Plan administrator's name and address (if some as Plan anoncer a	ntor "Como	\n\ \n\	3h	236200 Administrator's EIN				
BOV	Plan administrator's name and address (if same as Plan sponsor, e PO BOX 166	6		35	91-1691737				
	MONTESAN	O, WA 985	063	3с	Administrator's telephone number 360-249-4953				
4	If 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	EIN				
	name, EIN, and the plan number from the last return/report. Sponso		, ,						
	Total consists of a self-density of the best self-density of the above			4c					
	Total number of participants at the beginning of the plan year			5a	39				
b		5b	29						
С	Total number of participants with account balances as of the end of complete this item)	5c	29						
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		Yes No				
b	- ,				X Yes ☐ No				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility of you answered "No" to either 6a or 6b, the plan cannot use For the plan cannot use		•						
Pa	art III Financial Information	01111 0000	or and made motoda add rollin od	<del></del>					
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year				
а	Total plan assets	. 7a	4071	4	33873				
b	Total plan liabilities	. 7b		0	0				
C	Net plan assets (subtract line 7b from line 7a)	. 7c	4071	4	33873				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
а	Contributions received or receivable from:  (1) Employers	. 8a(1)	1654	7					
	(2) Participants	8a(2)		0					
	(3) Others (including rollovers)	. 8a(3)		0					
b	Other income (loss)	8b	548	В					
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			22035				
d	Benefits paid (including direct rollovers and insurance premiums		2007						
	to provide benefits)	. 8d	2887						
e	Certain deemed and/or corrective distributions (see instructions)	. 8e		0					
f	Administrative service providers (salaries, fees, commissions)			0					
g	Other expenses	. 8g		0	28876				
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)				-6841				
! :	Net income (loss) (subtract line 8h from line 8c)				-0041				
J	Transfers to (from) the plan (see instructions)	· 8j							

	Form 5500-SF 2010 Page <b>2-</b>									
ar	t IV Plan Characteristics									
a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara	acteris	tic Co	des in	the instructions:					
	2C 2F 2G 2T 3D	otoriot	io Cor	daa in t	the inetructions:					
U	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:									
art	V Compliance Questions				_					
)	During the plan year:		Yes	No	Amount					
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)	10a		X						
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X						
С	Was the plan covered by a fidelity bond?	10c	X		5000					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X						
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.)	10e	X		455					
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	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h	X							
i	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	X							
art	VI Pension Funding Compliance									
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))									
2	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.)									
а	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									
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		L	12b						
С	Enter the amount contributed by the employer to the plan for this plan year			12c						

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

d 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) ......

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(3) PN(s)

12d

N/A

No

No

Yes

Yes X 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.	06/14/2011	DAN SWEENEY
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

## 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

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	Part Mannual Report Identification Information  For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010									
		•		not multiemployer)		nt plan				
		final retu		not malaemployer)		iit piaii				
P	This return/report is for:   first return/report   an amended return/report	1	•	nest (loca than 12 ma	ndba)					
_	H	<u>.</u>	-	port (less than 12 mo	uuns)	[] DEVO				
C	Check box if filing under: Form 5558	•	c extension			DFVC progra	m			
<b>/B</b>	special extension (enter description)									
	art II Basic Plan Information—enter all requested inform Name of plan	ation			1h	Three-digit				
ıa	BOWERS CONSTRUCTION INC DAVIS BACON				10	plan number				
	PENSION PLAN AND TRUST				Ľ.	(PN) •	001			
					1c	1c Effective date of plan 07/25/2008				
22	Plan sponsor's name and address (employer if for single-employer	nlen)			2h	2b Employer Identification Number				
	Plan sponsor's name and address (employer, if for single-employer BOWERS CONSTRUCTION INC	Pillin				(EIN) 91-169				
					2c		elephone number			
	PO BOX 166				24	(360) 249-4 Business code (	. ,			
	MONTESANO		WA	98563	Zu	236200	see mstructions)			
3a	Plan administrator's name and address (if same as Plan sponsor, e	nter "Sam	∍")	10 10 1	3b	Administrator's E	IN			
					30	Administrator's t	elephone number			
					00	Administrator 5 to	elephone namber			
	If the name and/or EIN of the plan sponsor has changed since the la		port filed for thi	s plan, enter the	4b	EIN				
	name, EIN, and the plan number from the last return/report. Sponso	rs name			4c	PN				
5a	Total number of participants at the beginning of the plan year				5a					
b	Total number of participants at the end of the plan year				5b					
C	Total number of participants with account balances as of the end of complete this item)				5c		29			
6a			********	X Yes No						
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.)									
Pa	it III Financial Information									
7	Plan Assets and Liabilities	And the second	(a) Be	ginning of Year		(b) End	of Year			
а	Total plan assets	7a		40,71	4		33,873			
þ	Total plan liabilities	7b			0		0			
С	Net plan assets (subtract line 7b from line 7a)	7c		40,71	. 4		33,873			
8	Income, Expenses, and Transfers for this Plan Year	TO SERVE	(a	) Amount	(b) Total		otal			
а	Contributions received or receivable from: (1) Employers	8a(1)		16,54	7					
	(2) Participants	8a(2)		<del></del>	o					
	(3) Others (including rollovers)	8a(3)			ᅵ					
b		8b		5,48	8 .	an Sanggan kang	erine i kan indistribution and projection and second			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	and the second of the second o	and the second s	- 13 - 13		22,035			
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	<b>8</b> d		28,87	6					
е	Certain deemed and/or corrective distributions (see instructions)	8e			0					
f	Administrative service providers (salaries, fees, commissions)	8f			0					
g	Other expenses	8g			0	Argeria Sy	s and the second of the second			
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		egymenyel in er er er i fartering er er General gestellter er e			28,876			
Ī	Net income (loss) (subtract line 8h from line 8c)			raine at the first and have the encounter at the state of the second	<u> </u>	241 500 m. 100 m	(6,841)			
ì	Transfers to (from) the plan (see instructions)	Ri				AND THE PROPERTY OF THE STORY	n e le grap l'instituté, la regionarie de La companyation de la companyation			

Form 5500-SF 2010

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Par	t 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:  2C 2F 2G 2T 3D									
b	if th	e plan provides welfare benefits, enter the applicable welfare feature cod	es from the List of Plan C	haracteris	tic Cot	des in t	he instruction	ns:	gare company ching a Marin	
Parl	V	Compliance Questions								
10		ring the plan year:			Yes	No	A	mount		
a	W.	is there a failure to transmit to the plan any participant contributions within CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Corr	the time period describe	d in 10a		Х				
b	We	ere there any nonexempt transactions with any party-in-interest? (Do not in line 10a.)	nclude transactions repor	ted		х				
_		as the plan covered by a fidelity bond?		10c	х			***************************************	5,000	
C		I the plan have a loss, whether or not reimbursed by the plan's fidelity box		ned				THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAMED IN COLUMN T		
d	or :	dishonesty?	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10d		Х				
e	ins ins	ere any fees or commissions paid to any brokers, agents, or other persons arrance service or other organization that provides some or all of the bene structions.)	fits under the plan? (See		Х			45		
f	Ha	s the plan failed to provide any benefit when due under the plan?		10f		Χ			····	
g	Dic	t the plan have any participant loans? (If "Yes," enter amount as of year e	nd.)	10g		Х				
	lf t	his is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR		x		THE PERSON NAMED OF THE PE			
i	lf 1	Oh was answered "Yes," check the box if you either provided the required ceptions to providing the notice applied under 29 CFR 2520.101-3	i notice or one of the		х					
ennaman En in l'E	<del>(444-)(mission)</del>	The second secon			duran de la composición dela composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición de	Andrew Control	Santa de la compansión de		PORTOCOMON PROPERTY CONTESTS	
Part 11	ls l	his a defined benefit plan subject to minimum funding requirements? (If "	es," see instructions and	complete	Sched	tule SE	3 (Form	☐ Yes	No	
44		(20)) this a defined contribution plan subject to the minimum funding requirement						<u></u>	X No	
12		this a defined contribution plan subject to the milliation funding requirement "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ing the pooling 41% of the	~000 OI OI	, (1010)	0001	sai (10) (1)	ii	<b>L</b> J	
	If a	t waiver of the minimum funding standard for a prior year is being amortize	.,	Month	, and (	enter th Day	ne date of the	e letter ruf 'ear	ing	
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (For			r		Τ	والمراجع وا	an Account corners Letters	
b	En	ter the minimum required contribution for this plan year		.,		12b				
c	En	ter the amount contributed by the employer to the plan for this plan year			-	12c			**************************************	
d	ne	btract the amount in line 12c from the amount in line 12b. Enter the result gative amount)	************************************			12d		ī r	——————————————————————————————————————	
е	Wi	If the minimum funding amount reported on line 12d be met by the funding	deadline?				Yes	No	N/A	
Part	VII	Plan Terminations and Transfers of Assets					<del>THIN TO COMPANY THE PROPERTY OF THE PROPERTY </del>			
13a		is a resolution to terminate the plan been adopted during the plan year or			1	 13a	1	Yes	X No	
	If "	Yes," enter the amount of any plan assets that reverted to the employer to are all the plan assets distributed to participants or beneficiaries, transfern	115 Year.	unht unda	r the c		1			
	O	the PBGC?	***************************			******		Yes	X No	
	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.)								P35 475	
·····	13c(	1) Name of plan(s):			13c(2) EIN(s) 13c(3) F			PIV(S)		
						March House Head				
								<u> </u>		
Cau	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.										
[		AM 6/	09/11 577	A 81	7/174		<del></del>		·//·	
SIGN				istrator	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
<u> </u>	SIGN Date Enter name of individual signing as plan administrator  (9/9/1/ TWF BOWERS						A TOTAL STREET, A STREET, ASSESSMENT OF THE	inceriament and the standing		
HE		Signature of employeriplan sponsor Date	Enter name	e of individ	lual siç	jning a	s employer o	or plan sp	onsor	
		,								