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 in according to the complete are considered in the con	dance wit	h the instructions to the Form 550	O-SF.	1			
	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 02/01/2010	0	and ending 1	2/31/2	2010			
Α .	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan			
	This return/report is for:							
_	an amended return/report		n year return/report (less than 12 mor	nthe)				
_		•	extension	11113)	□ pc/0			
C	Check box if filing under: Form 5558		DFVC program					
	special extension (enter description	on)						
Pa	Irt II Basic Plan Information—enter all requested information	ation						
	Name of plan			1b	Three-digit			
HUG	HES TECH NW, INC DAVIS-BACON PENSION PLAN AND TRUST	•			plan number 001			
				4.	(PN) •			
				10	Effective date of plan 02/01/2010			
22	Plan sponsor's name and address (employer, if for single-employer	nlan)		2h	Employer Identification Number			
	HES TECH NW, INC	piari)		20	(EIN) 06-1861497			
				2c	Plan sponsor's telephone number			
	OX 5348 MERTON, WA 98312				360-479-3400			
DIVL	VIETOTY, WA 30012			2d	Business code (see instructions)			
		. "0	"	26	236200			
HUG	Plan administrator's name and address (if same as Plan sponsor, e HES TECH NW, INC PO BOX 534		€")	30	Administrator's EIN 06-1861497			
	BREMERTO	N, WA 983	312	3c	C Administrator's telephone number			
					360-479-3400			
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b EIN				
- 1	name, EIN, and the plan number from the last return/report. Sponso	r's name		40	DN			
	Total accept an of a self-line stand that have been fallenged as a fine of the self-record			4c				
	Total number of participants at the beginning of the plan year			5a	0			
b	Total number of participants at the end of the plan year			5b	5			
С	Total number of participants with account balances as of the end of		•	5 0	5			
	complete this item)			5c	□ □ □			
	Were all of the plan's assets during the plan year invested in eligib		,		Yes No			
D	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				X Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Fo							
Pa	rt III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
а	Total plan assets	. 7a	, , <u>, , , , , , , , , , , , , , , , , </u>		13043			
b	Total plan liabilities	7b	C)	0			
С	Net plan assets (subtract line 7b from line 7a)	7c	C)	13043			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from:		(a) Amount		(b) Total			
_	(1) Employers	. 8a(1)	41191					
	(2) Participants	8a(2)	C					
	(3) Others (including rollovers)		C					
b	Other income (loss)		3923	<u> </u>				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				45114			
d	Benefits paid (including direct rollovers and insurance premiums							
_	to provide benefits)	. 8d	32071					
е	Certain deemed and/or corrective distributions (see instructions)	. 8e	C					
f	Administrative service providers (salaries, fees, commissions)	. 8f	C					
g	Other expenses		C					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				32071			
i	Net income (loss) (subtract line 8h from line 8c)				13043			
i	Transfers to (from) the plan (see instructions)							
			1					

	F	Form 5500-SF 2010 Page 2-							
ar	t IV	Plan Characteristics							
		e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha	racteris	stic Co	des in	the instru	ctions:		
		e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	des in t	he instruc	tions:		
art	V	Compliance Questions							
)	Duri	ing the plan year:		Yes	No		Amour	ıt	
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	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 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, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	X					1132
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	X					
art	VI	Pension Funding Compliance							
1		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 0))					Y	es	X No
2	Is th	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Coc	e or se	ction 3	302 of E	ERISA?	Y	es	No
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a v gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruting the waiver	ictions nth	and e	nter th Day ₋	e date of	the letter Year _	rulir	ng
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		г	1				
b	Ente	er the minimum required contribution for this plan year		⊢	12b 12c	 			
_	Enter the amount contributed by the employer to the plan for this plan year					<u> </u>			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the lef ative amount)		[12d	<u> </u>	·		
е	Will	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

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.

13a

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(3) PN(s)

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.	06/22/2011	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

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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 I Annual Report Identification Information								
Fo	calendar plan year 2010 or fiscal plan year beginning	02/01/	2010 and ending		12/31/2010				
Α	This return/report is for: Single-employer plan	multiple	employer plan (not multiemployer)		one-participant plan				
В	This return/report is for: X first return/report	final retu	rn/report	_					
	an amended return/report	short pla	ın year return/report (less than 12 moi	nths)					
C	Check box if filing under: Form 5558	4	c extension	•	DFVC program				
•	special extension (enter description)	3			O or to brestern				
	art II Basic Plan Information—enter all requested inform								
	Name of plan	Iauun		1h	Three-digit				
•	HUGHES TECH NW, INC DAVIS-BACON PENSION				plan number				
	PLAN AND TRUST				(PN) ▶ 001				
				10	Effective date of plan				
					02/01/2010				
Za	Plan sponsor's name and address (employer, if for single-employer HUGHES TECH NW, INC	r plan)		2b Employer Identification Number (EIN) 06-1861497					
				2c	Plan sponsor's telephone number				
	PO BOX 5348				(360) 479-3400				
				2 d	Business code (see instructions) 236200				
30	BREMERTON Plan administrator's name and address (if same as Plan sponsor, e	ntor "Com	WA 98312	35	Administrator's EIN				
Ja	THE Administrator's name and address (it same as Film sponsor, e	mei San	-	JU	Administrator a Env				
				3c	Administrator's telephone number				
		·							
	f the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Sponso		eport filed for this plan, enter the	4b	EIN				
	maille, Litt, and the plan mailliber how are less returns epons. Opense	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		4c	PN				
5a	Total number of participants at the beginning of the plan year			5a	0				
b	Total number of participants at the end of the plan year	***************************************	5b	5					
C	Total number of participants with account balances as of the end of				_				
	complete this item)			5c	5				
6a					Yes No				
þ	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes ∏ No				
	If you answered "No" to either 6a or 6b, the plan cannot use Fe								
Pa	rt III Financial Information			•					
7	Plan Assets and Liabilities	-	(a) Beginning of Year		(b) End of Year				
а	Total plan assels	. 7a			13,043				
b	Total plan liabilities	7b		ם כ	0				
C	Net plan assets (subtract line 7b from line 7a)	7c		0	13,043				
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total				
a	Contributions received or receivable from:		41 10	,[
	(1) Employers	8a(1)	41,19	7					
	(2) Participants			2					
	(3) Others (including rollovers)	8a(3)		2					
Þ	Other income (loss)	8ь	3,92	1 —	AE 114				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		╄-	45,114				
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	32,071	וַן					
e	Certain deemed and/or corrective distributions (see instructions)	89		2					
f	Administrative service providers (salaries, fees, commissions)	8f	(2					
g	Other expenses	8g	()					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			32,071				
i	Net income (loss) (subtract line 8h from line 8c)	8i			13,043				
i	Transfers to (from) the plan (see instructions)	gi		1					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

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Page	2-		

Par	Part IV Plan Characteristics								
9a	if the plan provides pension benefits, enter the applicable pension fe	eature codes from th	e List of Plan Chara	acteris	stic Co	ides in	n the instr	uctions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	sature codes from the	e List of Plan Chara	cterisi	itic Cor	des in	the instr	uctions:	
Pari	t V Compilance Questions								
10	During the plan year:				Yes	No	1	Amour	nt
	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial Contributions)	ciary Correction Prog	gram)	10a		х			
þ	Were there any nonexempt transactions with any party-in-interest? on line 10a.)			10b		х			
C	Was the plan covered by a fidelity bond?	.======================================)-//	10c	х	<u> </u>			5,000
þ	or dishonesty?			10d		х			
·	Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	the benefits under th	ihe pian? (See	10a	x				1,132
f	Has the plan failed to provide any benefit when due under the plan?	?		10f		х			
g	Did the plan have any participant loans? (If "Yes," enter amount as	•	1	10g		Х			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)	*******************	29 CFR	10h	х				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3			10i	х				
	VI Pension Funding Compliance		· .						
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))	its? (if "Yes," see in:	structions and comp	riete S	schedi	ule SE	3 (Form	Пү	es 🕅 No
lf y	Is this a defined contribution plan subject to the minimum funding re- (if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable if a waiver of the minimum funding standard for a prior year is being granting the waiver. you completed line 12a, complete lines 3, 9, and 10 of Schedule Note the minimum required contribution for this plan year.	ble.) amortized in this pla MB (Form 5500), an	an year, see instructi Month nd skip to line 13.	tions, a h	and en	nter th	he date of	f the letter	rculing
	Enter the amount contributed by the employer to the plan for this plan				-	12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	he result (enter a min	nus sign to the left of	of a	"	12d			
	Will the minimum funding amount reported on line 12d be met by the						Yes	No	□ N/A
Part '	VII Plan Terminations and Transfers of Assets			_					
13a	Has a resolution to terminate the plan been adopted during the plan y	year or any prior ye:	ar?						es X No
	If "Yes," enter the amount of any plan assets that reverted to the emp				*****	13a			
	Were all the plan assets distributed to participants or beneficiaries, transferred from	nocnoann4a14444++124++4+++++++++++++++++++++++++	;41 a; 1 p+ 2 1 e 4 1 e	*******		itrol			es 🛛 No
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to anome:	plan(s), Identity the) planį					
1;	3c(1) Name of plan(s):				13c((2) EII	N(s)	13c/	(3) PN(s)
									
				_		_	_		
	on: A penalty for the late or incomplete filing of this return/report								
Under SB or	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a , it is true, correct, and complete.	declare that I have e	examined this return	π/repo	ort. incl	cluding	g, if applic	:able, a So / knowleds	chedule ge and
SIGN		6/17/11	SHETLA	- 7	Hu	6H	HER		
HERE		Date	Enter name of indi	_				ninistrator	
SIGN		6-17-11	MARK	_4	tus 1	4			
HERE	Signature of employer/plan sponsor	Date	Enter name of indiv	ividue	ıl signi	ino as	emplove	r or plan r	sponsor