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.

2010

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information			10/01/				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	-	and ending	12/31/	2010 			
Α	This return/report is for:	multiple-e	employer plan (not multiemployer)		one-participa	int plan		
В	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plan	year return/report (less than 12 m	onths)				
С	Check box if filing under: Form 5558		DFVC progra	am				
	special extension (enter description	on)						
Pa	Irt II Basic Plan Information—enter all requested inform	ation						
1a	Name of plan			1b	Three-digit			
WES	TTEK 401(K) PLAN				plan number	001		
				10	(PN) Feffective date o	f plan		
				'C	01/15/1			
2a	Plan sponsor's name and address (employer, if for single-employer	· plan)		2b	Employer Identi	fication Number		
WES	TTEK, L.L.C.				(EIN) 91-173			
8585	- 154TH AVE. N.E.			2c	Plan sponsor's t	telephone number		
	MOND, WA 98052			2d	Business code (
					541519			
	Plan administrator's name and address (if same as Plan sponsor, e TTEK, L.L.C. 8585 - 154Th			3b	Administrator's 91-173			
VVLS	REDMOND,			30		telephone number		
				30	425-86	1-8271		
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	4b EIN			
	name, EIN, and the plan number from the last return/report. Sponso	or's name		40	PN			
	Total number of participants at the beginning of the plan year				FIN	17		
	Total number of participants at the beginning of the plan year			5a 5b				
	Total number of participants at the end of the plan year					17		
C	C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					15		
6a	Were all of the plan's assets during the plan year invested in eligib	ole assets?	(See instructions.)			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		•			Yes No		
Pa	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	OTIII 5500-	or and must mistead use roim o	300.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Year		
a	Total plan assets	. 7a	44814	14	(3) 2.10	596640		
b	Total plan liabilities							
С	Net plan assets (subtract line 7b from line 7a)		44814	14		596640		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) 1	Γotal		
а	Contributions received or receivable from:		, ,					
	(1) Employers	. 8a(1)	700					
	(2) Participants	` '	786	10				
	(3) Others (including rollovers)	` ,	0000					
b	Other income (loss)		6988	36		140406		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				148496		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)							
f	Administrative service providers (salaries, fees, commissions)							
g	Other expenses							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)							
i	Net income (loss) (subtract line 8h from line 8c)					148496		
i	Transfers to (from) the plan (see instructions)							

Fo	orm 5500-SF 2010	Page 2-
Part IV	Plan Characteristics	
On If the r	lan provides popoion bonefita	enter the applicable pancies feeture ender from the Liet of Plan Characteristic Codes in the instructions:

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

D	II th	le plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan C	naracteris	iic Co	des in	tne instruction	ons:		
Part	٧	Compliance Questions							
10	Du	ring the plan year:		Yes	No	,	Amo	unt	
а		as there a failure to transmit to the plan any participant contributions within the time period describe 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	d in 10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions repor line 10a.)	ted 10b		Х				
С	Wa	as the plan covered by a fidelity bond?	10c	X					59664
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fradishonesty?	10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e	X					2979
f	Ha	s 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		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		Х				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI	Pension Funding Compliance	ı.	1	1	1			
11	ls ti	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and					П	Yes	No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the 0					Ħ	Yes	X No
		'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		, ou. o	002 0.		ш		
а	If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in							
ı¢ v	-	inting the waivercomplete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			Day		Year		
				Γ	12b				
		ter the minimum required contribution for this plan year		T	12c				
c d		ter the amount contributed by the employer to the plan for this plan yearbtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the		····					
u		gative amount)gative amount in the amount in the amount in the result (enter a minus sign to the		L	12d	<u> </u>			_
е	Will	I the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		r		 		Yes	X No
		Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brouthe PBGC?	ight under	the c	ontrol			Yes	X No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden ich assets or liabilities were transferred. (See instructions.)	tify the pla	ın(s) to)				
1	3c(1	1) Name of plan(s):		13	sc(2) El	N(s)	1	3c(3)	PN(s)
							+		
Caut	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reason	nable ca	use is	establ	ished.			
SB o	r Ścł	nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this hedule MB completed and signed by an enrolled actuary, as well as the electronic version of this restrue, correct, and complete.							
SIGI	F	Filed with authorized/valid electronic signature. 06/22/2011 TIMOTHY T.	WELLS						

SIGN	Filed with authorized/valid electronic signature.	06/22/2011	TIMOTHY T. WELLS
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

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

OMB Nos. 1210-0110 1210-0089

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Pai						
For c	alendar plan year 2010 or fiscal plan year beginning	-	and ending			
АТ			ployer plan (not multiemployer)		one-participant plan	
Вт	his return/report is for: first return/report fif	inal return/	report			
	an amended return/report s					
C c	heck box if filing under: Form 5558	extension		DFVC program		
08 S	special extension (enter description)			Wall to the same of the same o	
Pai	t II Basic Plan Information—enter all requested informat	ion				
1a 1	Name of plan			1b	Three-digit	
WEST	TEK 401(K) PLAN				plan number (PN) 001	
				1c	Effective date of plan	
					01/15/1999	
2a	Plan sponsor's name and address (employer, if for single-employer p	lan)			Employer Identification Number	
	ITEK, L.L.C.				(EIN) 91-1733531	
0505	- 154TH AVE. N.E.			20	Plan sponsor's telephone number 425-861-8271	
	- 164 FF AVE. N.E. MOND WA 98052			2d	Business code (see instructions)	
		A Mario			541519	
	Plan administrator's name and address (if same as Plan sponsor, en	ler "Same')	3b	Administrator's EIN 91-1733531	
SAME				3с	Administrator's telephone number 425-861-8271	
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		
name, EIN, and the plan number from the last return/report. Sponsor's name						
					PN	
5a Total number of participants at the beginning of the plan year			5a	17		
b Total number of participants at the end of the plan year				5b	17	
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)					15	
6a	Were all of the plan's assets during the plan year invested in eligible	e assels?	See instructions.)		Yes No	
b	Are you claiming a waiver of the annual examination and report of a	n indepen	dent qualified public accountant (IQ	PA)		
	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	na conditions	SF and must instead use Form 55	 00.		
Pa	rt III Financial Information	5500-	or wire made motore and rount of			
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
a	Total plan assets	7a	448144	1	596640	
	Total plan liabilities	7b			78	
	Net plan assets (subtract line 7b from line 7a)	7c	448144	1	596640	
8	Income, Expenses, and Transfers for this Plan Year	i d	(a) Amount		(b) Total	
	Contributions received or receivable from:			V		
	(1) Employers	8a(1)	7004	\exists		
	(2) Participants		78610	-		
	(3) Others (including rollovers)	of the same of the	6988			
b	Other income (loss)		0988	-	148496	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-	140490	
d	lo provide benefits)	8d		_		
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f	P Section 1 section 1			
g	Other expenses					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				//0/00	
i	Net income (loss) (subtract line 8h from line 8c)				148496	
j	Transfers to (from) the plan (see instructions)	. 8j		6		

	FFAA	 001	
Form			

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Part IV	Plan Characteristics		
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- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2T 3D
- b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

			- Property		-						
Part	<u>V</u>	Compliance Questions									
10		ng the plan year:	James Sales Sales	3		Yes	No	4	mount		
а	Was 29	s there a failure to transmit to the plan any participant contribution CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducia	s within the time per ry Correction Progra	riod described in am)	10a		х				
b	b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte on line 10a.)						х				
С								-		59664	
d		the plan have a loss, whether or not reimbursed by the plan's fide			10c	X				39004	
	or di	ishonesty?			10d		Х				
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.)							2979			
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 of	f year end.)	************	10g		Х				
h	2520	is is an individual account plan, was there a blackout period? (Se 0.101-3.)		***************************************	10h		х				
i	If 10 exce	th was answered "Yes," check the box if you either provided the reptions to providing the notice applied under 29 CFR 2520.101-3	equired notice or on	e of the	10i			1. 121		1	
Part		Pension Funding Compliance									
11											
12		nis a defined contribution plan subject to the minimum funding rec							Yes		
3.50		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable		1412 of the Code	01 50	Guon S	002 01 6	ENIOA?	Птез	M NO	
а	Ifav	waiver of the minimum funding standard for a prior year is being a	mortized in this plan	n year, see instruc	ctions,	and e	nter the	e date of the	letter ru	ling	
	gran	ting the waiver		Mon	th		Day_	Y	ear		
		completed line 12a, complete lines 3, 9, and 10 of Schedule M				-					
		r the minimum required contribution for this plan year					12b				
C	Ente	er the amount contributed by the employer to the plan for this plan	year			_	12c				
	nega	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	•••••			··· L	12d				
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	=100000								
13a	Has	a resolution to terminate the plan been adopted during the plan y	ear or any prior yea	r?					Yes	No No	
		es," enler the amount of any plan assets that reverted to the emp				_	13a				
b	Wer	e all the plan assets distributed to participants or beneficiaries, tra	ansferred to another	plan, or brought	under	the co	ntrol		☐ Yes	X No	
С	lf du	ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)									
1	3c(1)	Name of plan(s):			13c(2) EIN(s)			13c(3	PN(s)		
				S 35011.74 (205					8		
										11-	
Cauti	on: A	A penalty for the late or incomplete filing of this return/report	will be assessed u	unless reasonab	le çau	se is	establi	shed.		1	
Unde SB or	r pen Sche	alties of perjury and other penalties set forth in the instructions, I edule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.	declare that I have	examined this retu	ım/rer	ort in	cluding	if applicab	le, a Sch owledge	edule and	
SIGN	ı X	Tit	16/21/2011	TIMOTHY T. W	ELLS	,					
HER		Signature of plan administrator	Date	Enter name of in	ndividu	al sio	nino as	plan admin	strator		
SIGN						orgi		Process additions	-114101		
HER	- 1	Signature of employer/plan sponsor	Date	Enter name of in	Alvia.	ial ole	nine e-	omnle:			
		and the state of t		THE HAIRE OF II	MINITUL	ıaı sıyl	miy as	employer o	pian sp	UNSOF	