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).

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 550	0-SF.	1			
		dentification Information							
For	calendar plan year 2010 or fisc	al plan year beginning 01/01/201	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			
В	This return/report is for:	first return/report	final retur	n/report					
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
С	Check box if filing under:	Form 5558	automatio	extension		DFVC program			
_		special extension (enter description	on)						
Do	ert II Pacia Plan Inform	_ ` ` .	,						
		mation—enter all requested inform	ation		1h	Three-digit			
	Name of plan O CONSTRUCTION COMPAN	Y PROFIT SHARING PLAN			טו	plan number			
01111	o concritocrion comi /iiv	THE THE STATE OF LAND				(PN) ▶ 001			
					1c	Effective date of plan			
						04/01/1989			
		ress (employer, if for single-employer	· plan)		2b	Employer Identification Number			
OHN	O CONSTRUCTION COMPAN	Y				(EIN) 91-0919645			
9416	MARTIN LUTHER KING JR. W	VAY S			2c	Plan sponsor's telephone number 206-325-1529			
	ITLE, WA 98118				2d	Business code (see instructions)			
					24	236200			
3a	Plan administrator's name and	address (if same as Plan sponsor, e	enter "Same	e")	3b	Administrator's EIN			
OHN	O CONSTRUCTION COMPAN	Y 9416 MARTI SEATTLE, V		R KING JR. WAY S.	_	91-0919645			
		, :			3c	Administrator's telephone number 206-325-1529			
4 1	f the name and/or FIN of the nic	an sponsor has changed since the la	et return/re	port filed for this plan, enter the	4b EIN				
		er from the last return/report. Sponso		port med for this plant, effect the	40	EIIN			
					4c	PN			
5a	Total number of participants a	t the beginning of the plan year			5a	42			
b	Total number of participants a	t the end of the plan year			5b	39			
С	Total number of participants w	rith account balances as of the end o	f the plan y	vear (defined benefit plans do not					
	complete this item)				5c	25			
6a	Were all of the plan's assets of	during the plan year invested in eligib	ole assets?	(See instructions.)		X Yes No			
b	Are you claiming a waiver of the	he annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)	X voc □ No			
		(See instructions on waiver eligibility ner 6a or 6b, the plan cannot use F				Yes No			
Pa	rt III Financial Inform		01111 5500-	SF and must instead use Form 55	υυ.				
7	Plan Assets and Liabilities			(a) Beginning of Veer		(b) End of Year			
=	Total plan assets		7-	(a) Beginning of Year	3	2058142			
	. ota. pia accoto		. 7a		+				
b	•	71. (1' 7-)		2108976		2058142			
<u></u>		7b from line 7a)	. 7с		-				
8	Income, Expenses, and Trans			(a) Amount		(b) Total			
а	Contributions received or rece (1) Employers	elvable from:	. 8a(1)						
	., .,			51041					
	• •	s)							
b	, ,			240345	5				
C	,	8a(2), 8a(3), and 8b)				291386			
d		rollovers and insurance premiums	. 60						
u			. 8d	331954	ŀ				
е		tive distributions (see instructions)		10266	5				
f		rs (salaries, fees, commissions)							
g									
h	•	8e, 8f, and 8g)				342220			
i		e 8h from line 8c)				-50834			
i		ee instructions)							
				1					

	Form 5500-SF 2010 Page 2-				
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:
	2E 2H 2J 2T 3D	_4! _ 4	:- 0	المدادة	h a linaturration ar
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics.	cterisi	ic Coc	ies in t	ne 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		158000
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	
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		0
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			
art	VI Pension Funding Compliance				
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and composition (If "Yes," see instruction (If "Yes," see instru	•			` \
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction 3	302 of E	ERISA? Yes No
	(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 amortized in this plan year, see instruction granting the waiver				
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			1	
b	Enter the minimum required contribution for this plan year			12b	
C	Enter the amount contributed by the employer to the plan for this plan year			12c	
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)			12d	

Part VII Plan Terminations and Transfers of Assets

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

e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....

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)

No

Yes

Yes X No

Yes

N/A

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.	06/24/2011	YOSHIO OHNO				
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

This Form is Open to Public Inspection

Part I Annual Report Identification Information											
_For	For calendar plan year 2010 or fiscal plan year beginning and ending										
A	This return/report is for:	X single-employer plan	multiple-	ple-employer plan (not multiemployer) one-participant plan							
В	This return/report is for:	first return/report	final retu	return/report							
		an amended return/report	short pla	year return/report (less than 12 mor	nths)						
С	Check box if filing under:	Form 5558	-	extension	ē.	DFVC progra	m				
special extension (enter description)						Fredum					
Pa	rt II Basic Plan Info	rmation—enter all requested inform									
	Name of plan	The same of the sa	i duori		1h	Three-digit					
	O CONSTRUCTION COMPA	NY PROFIT SHARING PLAN				plan number					
						(PN) D001					
•					1c	Effective date of plan 04/01/1989					
2a OHN	Plan sponsor's name and add O CONSTRUCTION COMPAI	fress (employer, if for single-employe	r plan)	77 81-5 CO S- 197 CO S	2b	2b Employer Identification Number (FIN) 91-0919645					
·					20	(EIN) 91-0919 Plan sponsor's to					
	MARTIN LUTHER KING JR. TTLE WA 98118	WAY S.				206-328	5-1529				
	Company of the Compan		100			Business code (236200					
SAM		d address (if same as Plan sponsor,	enter "Sam	e")	3b	Administrator's E 91-0919	EIN 9645				
					3с	Administrator's to 206-325	elephone number 5-1529				
4 1	f the name and/or EIN of the p	lan sponsor has changed since the la	ast return/re	port filed for this plan, enter the	4b	EIN					
	name, Eliv, and the plan numb	per from the last return/report. Spons	or's name		4c	: PN					
5a	Total number of participants	at the beginning of the plan year			5a	1 4					
b	Total number of participants	at the end of the plan year		••••••	5b						
C					5c						
6a		during the plan year invested in eligi									
b	Are you claiming a waiver of	the annual examination and report of	f an indepe	ident qualified public accountant (IO)	ZΔN		Yes No				
	under 29 CFR 2520.104-46?	(See instructions on waiver eligibility	and condit	ions.)			X Yes ☐ No				
li Da	If you answered "No" to eit	ther 6a or 6b, the plan cannot use I	Form 5500	SF and must instead use Form 55	00.						
1000	rt III Financial Inforn	nation	Call o starretheiro								
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End of Year					
a				2108976	6		2058142				
	Total plan liabilities		7b								
		7b from line 7a)	7с	2108976	205814						
8	Income, Expenses, and Tran		KERKER	(a) Amount		(b) Total					
а	Contributions received or rec (1) Employers	eivable from:	8a(1)								
				51041	108						
		s)									
b		8b 240345		5							
C		, 8a(2), 8a(3), and 8b)		BLO CHARLEST LAND CONTRACTOR	EPRESIA ETE		291386				
d	Benefits paid (including direct	t rollovers and insurance premiums		331954			291300				
е	- Vu			1888							
and the state of t				10266							
g		ers (salaries, lees, commissions)									
h		, 8e, 8f, and 8g)			1/500 Ny		0.40000				
1		ne 8h from line 8c)			E .		342220				
i		see instructions)			E EUR	No respective a parent	-50834				
For		nd OMB Control Numbers, see the instruct		- F500 OF	Hali						

Form	CEAR	CE	2040
T CHILL	221111	- 7	Z1111

Page	

NATIONAL PROPERTY.	OHE SACA C	, age 2							
-	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: 2E 2H 2J 2T 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feature	codes from the List of Plan Chara	acteris	tic Cod	des in	the instruction	ons:		
Part	V Compliance Questions		***						
10	During the plan year:			Yes	No		Amount		
а	Was there a failure to transmit to the plan any participant contributions was 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Control of the plan and Policy Control of the plan and Policy Control of the Poli	Correction Program)	10a		х				
b	Were there any nonexempt transactions with any party-in-interest? (Do ron line 10a.)	not include transactions reported	10b		х	7.40			
С	Was the plan covered by a fidelity bond?		10c	Х			158000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity or dishonesty?	bond, that was caused by fraud	10d		. x	-			
е		sons by an insurance carrier,	10e		х				
f	Has the plan failed to provide any benefit when due under the plan?		10f		Х		* *** <u>***</u>		
g	Did the plan have any participant loans? (If "Yes," enter amount as of ye	ar end.)	10g	X	33 1150	****	0		
h		structions and 29 CFR	10g		×				
i	If 10h was answered "Yes," check the box if you either provided the requexceptions to providing the notice applied under 29 CFR 2520.101-3	ired notice or one of the	10ii		6/16/	, s			
Part			101			SHALL SHALL OF	edia prosenta e tradescenta		
11	Is this a defined benefit plan subject to minimum funding requirements? (5500))	(If "Yes," see instructions and com	plete	Sched	ule SE	(Form	∏ Yes ∏ No		
12	Is this a defined contribution plan subject to the minimum funding require	amonic of cooling 442 of the Code		-41					
HELOTE .	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	ements of section 412 of the Code	or se	ction a	SUZ OF	ERISA?	Yes X No		
а	If a waiver of the minimum funding standard for a prior year is being amo	utized in this plan year, see instru	clione	and a	nlar th	a dala of the	-		
	granting the waiver.		lh		Day	e date of the	e letter ruling Year		
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
	Enter the minimum required contribution for this plan year				12b				
	Enter the amount contributed by the employer to the plan for this plan ye	ar			12c				
d	Subtract the amount in line 12c from the amount in line 12b. Enter the respective amount)		•••••		12d		Harris III Resident		
	Will the minimum funding amount reported on line 12d be met by the fundamental	ding deadline?				Yes	No N/A		
Part									
13a	Has a resolution to terminate the plan been adopted during the plan year						Yes X No		
	If "Yes," enter the amount of any plan assets that reverted to the employe	er this year			13a	X-2-000-11	-		
	Were all the plan assets distributed to participants or beneficiaries, transf of the PBGC?	ferred to another plan, or brought	under	the co			Yes X No		
	If during this plan year, any assets or liabilities were transferred from this which assets or liabilities were transferred. (See instructions.)	plan to another plan(s), identify the	ne plai	n(s) to					
	3c(1) Name of plan(s):			130	(2) El	N(s)	13c(3) PN(s)		
			<u></u>	-					
Caut	ion: A penalty for the late or incomplete filing of this return/report wi	Il be assessed unless reasonab	le cau	ea le	oetahl	iehod			
Unde SB o	er penalties of perjury and other penalties set forth/in the instructions, I dec r Schedule MB/completed and signed by an enrolled actuary, as well as the f, it is true, correct, and complete.	clare that I have examined this return/	rn/report	ort, in and t	cluding o the b	g, if applicab est of my kr	le, a Schedule nowledge and		
SIG									
HER	E Signature of plan administrator Date Enter name of in					individual signing as plan administrator			
SIG									
HER		te Enter name of in	ndivido	al sior	ning as	employer o	r nlan enoneor		
		,		J.g.	y uc	Chiployer U	· piair spoilsoi		