## 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 Comple	ete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	-		
	art I Annual Report Identification							
For	calendar plan year 2010 or fiscal plan year b	eginning 01/01/20	10	and ending 1	2/31/2	2010		
A	This return/report is for:	oloyer plan	multiple-e	employer plan (not multiemployer)		one-participant plan		
В	This return/report is for: first return	/report	final retur	n/report				
	an amend	ed return/report	short plar	n year return/report (less than 12 mo	nths)			
С	Check box if filing under:	3	automatio	extension		DFVC program		
	The state of the s	tension (enter descript	ion)					
D	art II Basic Plan Information—er	` .	,					
	Name of plan	iter all requested inion	паноп		1h	Three-digit		
	RY JOHNSON PLUMBING & EXCAVATION	DAVIS-BACON PENS	SION PLAN	AND TRUST	15	plan number 001		
					10	(PN) •		
					10	Effective date of plan 05/15/2006		
	Plan sponsor's name and address (employe		er plan)		2b	Employer Identification Number		
HAR	RY JOHNSON PLUMBING & EXCAVATION				20	(EIN) 91-097/148 Plan sponsor's telephone number		
	E ISAACS AVE				20	509-529-2015		
WAL	LA WALLA, WA 99362				2d	Business code (see instructions)		
22	Dian administrator's name and address (if a	ome on Dian anamar	ontor "Com	2"\	2h	238220 Administrator's EIN		
HAR	Plan administrator's name and address (if s RY JOHNSON PLUMBING & EXCAVATION	2800 E ISA	ACS AVE		30	91-0977148		
		WALLA WA	ILLA, WA 9	9302	3с	Administrator's telephone number 509-529-2015		
4	f the name and/or EIN of the plan sponsor ha	eport filed for this plan, enter the	4b EIN					
	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					5		
						3		
C	<ul><li>Total number of participants at the end of the plan year</li><li>Total number of participants with account balances as of the end of the plan year (defined benefit plans do not not plan year).</li></ul>				5b			
	complete this item)			•	5c	3		
	Were all of the plan's assets during the pla	,		'		X Yes No		
b	Are you claiming a waiver of the annual example 20 CER 2520 104 162 (See instruction					X Yes ☐ No		
	under 29 CFR 2520.104-46? (See instruction of you answered "No" to either 6a or 6b,	• •		•		Tes No		
Pa	irt III Financial Information	the plan cannot use	-01111 3300-	or and must instead use Form 55	00.			
7	Plan Assets and Liabilities			(a) Basinning of Year		(b) End of Year		
=	Total plan assets		7-	(a) Beginning of Year	1	(b) End of Year 1885		
	· otal plan according		<u>7a</u>		)	0		
b	Total plan liabilities			2216		1885		
<u>C</u>	Net plan assets (subtract line 7b from line 7		7с		-			
8	Income, Expenses, and Transfers for this P Contributions received or receivable from:	ian Year		(a) Amount		(b) Total		
а	(1) Employers		8a(1)					
	(2) Participants		8a(2)	(	)			
	(3) Others (including rollovers)			(	)			
b	Other income (loss)		8b	914	1			
С	Total income (add lines 8a(1), 8a(2), 8a(3),	and 8b)	8c			914		
d	Benefits paid (including direct rollovers and to provide benefits)	insurance premiums		21190	)			
е	Certain deemed and/or corrective distribution			(	)			
f	Administrative service providers (salaries, f			(	)			
g	Other expenses	·		(	5			
h	Total expenses (add lines 8d, 8e, 8f, and 8g					21190		
i	Net income (loss) (subtract line 8h from line					-20276		
i	Transfers to (from) the plan (see instruction							
	to plan (coo mondono)	-,	8i	İ				

	Fo	orm 5500-SF 2010 Page <b>2-</b>						
Par	t IV	Plan Characteristics						
Эа		plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch $_{ m P}$ $_{ m P}$ $_{ m P}$ $_{ m C}$ $_{ m P}$ $_{ m$	aracteri	stic Co	des in	the instru	ctions:	
b	If the	olan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	stic Co	des in t	he instruc	tions:	
art	: <b>V</b>	Compliance Questions						
0	Durin	g the plan year:		Yes	No		Amount	
а		there a failure to transmit to the plan any participant contributions within the time period described in EFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n <b>10a</b>		Χ			
b		there any nonexempt transactions with any party-in-interest? (Do not include transactions reported e 10a.)	10b		X			
С	Was	the plan covered by a fidelity bond?	10c	X				5000
d		ne plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauchonesty?	10d		Х			
е	insur	any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, ance service or other organization that provides some or all of the benefits under the plan? (See actions.)	10e	X				0
f	Has t	he plan failed to provide any benefit when due under the plan?	10f		Χ			
g	Did th	ne plan have any participant loans? (If "Yes," enter amount as of year end.)	10q		X			
h		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	10h	X				
i		was answered "Yes," check the box if you either provided the required notice or one of the otions to providing the notice applied under 29 CFR 2520.101-3	10i	X				
art	VI	Pension Funding Compliance						
1		s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co					Yes	No No
2	Is thi	s a defined contribution plan subject to the minimum funding requirements of section 412 of the Co	de or se	ection 3	302 of I	ERISA?	Yes	No X
	•	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						_
а		aiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst ng the waiver						
lf :		mpleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1						
b	Enter	the minimum required contribution for this plan year			12b			
		the amount contributed by the employer to the plan for this plan year			12c			
d		act the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le ive amount)			12d			
е	Will th	ne 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						

13a 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.....

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.	06/28/2011	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

# EIN 91-0977148 / PN 001 / HARYJNSN.RF0 Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4085 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

_	Employee Benefits Security Administration  Internal Revenue Code (the Code).						This Form is Open to Public inspection			
Pension Benefit Guaranty Corporation  Complete all entries in accordance with the instructions to the Form 5500-SF.										
	art   Annual Report Identification Informat									
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and end						12/31/201	.0			
		single-employer plan [ ] multiple-employer plan (not multiemployer)					nt plan			
В	This return/report is for:									
	an amended return/repor	t 📙 short p	lan year ret	um/report (less than 12 mo	iths)	_				
C	Check box if filing under:	automa	itic extensio	л	DFVC program					
	special extension (enter	• •								
	irt II Basic Plan Information—enter all requeste	d information								
	Name of plan HARRY JOHNSON PLUMBING & EXCAVATION	1				Three-digit plan number				
	DAVIS-BACON PENSION PLAN AND TRUST	-				(PN)	001			
	DAVIO BACON LENGION FLAN AND INCOL					Effective date of plan				
						05/15/200	· · · · · · · · · · · · · · · · · · ·			
Za	Plan sponsor's name and address (employer, if for single- HARRY JOHNSON PLUMBING & EXCAVATION	employer plan)			2b Employer Identification Number (EIN) 91-0977148					
							elephone number			
	2800 E ISAACS AVE					(509) 529-	2015			
	WALLA WALLA			WA 99362	2d	Business code ( 238220	see instructions)			
	Plan administrator's name and address (if same as Plan s	onsor, enler 'Sa		WA 99362		Administrator's	EIN			
	SANC.		•							
	•				30	Administrator's	lelephone number			
	f the name and/or EIN of the plan sponsor has changed sin			for this plan, enter the	4b EIN					
,	name, EIN, and the plan number from the last return/report.	Sponsor's name	9		4c PN					
5a Total number of participants at the beginning of the plan year				5a	,					
<b>b</b> Total number of participants at the end of the plan year				5b	<del> </del>					
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not				อม		3				
	complete this item).	***************************************	*******		5c		3			
6a	Were all of the plan's assets during the plan year invested	l in eligible asset	s? (See ins	ructions.)			X Yes   No			
U	Are you claiming a waiver of the annual examination and under 29 CFR 2520.104-46? (See instructions on walver	report of an inde	pendent qui ditions.)	alfiled public accountant (IC	PA)		⊠ Yes ∏ No			
	If you answered "No" to either 6a or 6b, the plan cann									
Pa	Till: Financial Information									
7	Plan Assets and Liabilities	10 mm		(a) Beginning of Year		(b) End of Year				
_	Total plan assets	<u> </u>		22,16			1,885			
	Total plan liabilities			<del></del>	0	<del></del>				
	Net plan assets (subtract line 7b from line 7a)		e) ?	22,16	1	1				
8	Income, Expenses, and Transfers for this Plan Year		<u> </u>	(a) Amount	2.7		Fotal			
a	Contributions received or receivable from: (1) Employers	8a(1)	. ]		0	No. 20 10 10 10 10 10 10 10 10 10 10 10 10 10	<b>表表工器</b>			
	(2) Participants	J			0	ie vieni				
	(3) Others (including rollovers)				0	r jera gje	Altana Alika			
b	Other income (loss)	8b		91	4	1 (5 - 4 ) - (45 )	· 1000年			
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		100	and a contract of the first	ě		914			
d	Benefits paid (including direct rollovers and insurance pre-	mlums		21,19	^		产业为实际			
	to provide benefits)  Certain deemed and/or corrective distributions (see instruc			21,13	T 10 10		9.1 7.3			
f	•	-			0 .					
f Administrative service providers (salaries, fees, commissions) g Other expenses			<del></del>	<del></del>	0					
-	Total expenses (add ilnes 8d, 8e, 8f, and 8g)		12 3.74	The second of th		Controlled on the second of	21,190			
i	Net income (loss) (subtract line 8h from line 8c)	<del></del>	3 7 7	<u> Jan I. en bergeren anbewart.</u> In er falle in der gegen gener	1		(20,276)			
j	Transfers to (from) the plan (see instructions)		<del>-  </del>	LOS TOMANASTES	9.0	Agricology of the	(20,210)			
For	Paperwork Reduction Act Notice and OMB Control Numbers, see the		rm 5500-SF,				Form 5500-SF (2010)			
							v.09230á.1			

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Par	tiv Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan $2C$ $2F$ $2G$ $2T$ $3D$							
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Part	V Compliance Questions							
10	During the plan year:		Yes	No	T	Amo		<del></del> .
	Was there a failure to transmit to the plan any participant contributions within the time period described CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			х		Alliot	1136	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions rep	orted	1					
c	on line 10a.)		+	X				5,000
d		fraud						7,000
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrie insurance service or other organization that provides some or all of the benefits under the plan? (Se Instructions.)	r,						
f	Has the plan failed to provide any benefit when due under the plan?			X				
g	Did the plan have any participant loans? (if "Yes," enter amount as of year end.)	100	I	х				
h		1.2			13.75			1.5.5
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							
Part	Pension Funding Compliance	1 101	1 **		Sergist rings	Service and Con-	1584210	<u> </u>
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions ar	nd complete	Scheo	lule SE	3 (Голп	П	Van 1	 X No
12	5500))						Yes	_
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	e Code or s	ection :	302 of	ERISA?	. Ц	Yes	NO NO
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see granting the waiver.	instructions	s, and e	nter ti Day	ne date o	f the lett Year	er ru‼i	ng
if :	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ne 13.						
b	Enter the minimum required contribution for this plan year	****************	L	12b	<u>L</u>			
	Enter the amount contributed by the employer to the plan for this plan year		L	12c				
d	Subtract the emount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to 1 negative amount)	he left of a	[	12d				
e	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					•		
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				• • •		Yes	X No
	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 brof the PBGC?	ought unde	r the co				Yes	X No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifies were transferred. (See instructions.)	entify the pl	an(s) to	1				
13c(1) Name of plan(s):				13c(2) EIN(s)			ac(3)	PN(s)
						1		
Caut	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless rea	oonahla ee	una la		المعمد الم			
Unde SB o	or penalties of perjury and other penalties set forth In the Instructions, I declare that I have examined to or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this if, it is true, correct, and complete.	his return/re	eport, in	ıcludir	g, if appl	icable, a y knowl	Sche edge a	dule and
SIG	- 14 & C = 1							
HER	RE Signature of plan, administrator Date Enter nar	ne of individ	individual signing as plan administrator					
SIG	11 oral 0 totalow, 12 6-98-11							
HER	HERE: Signature of employer gian sponsor Date Enter name of individual signing as employer or plan sponsor							