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.

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

Р	art I	Annual Report I	dentification Informa	tion				
For	calenda	ar plan year 2010 or fise	cal plan year beginning	01/01/201	0	and ending	12/31/2	2010
Α	This ret	turn/report is for:	single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan
		turn/report is for:	first return/report		final retur	n/report		
_			an amended return/repo	ort	short plar	year return/report (less than 12 m	onths)	
_	Ob1. I	have if filling over days	Form 5558	···	·	extension	o,	DFVC program
C	Check	box if filing under:	님	docoriotic	ı	, exterision		brvc program
	(11	Dania Blancia	special extension (enter					
	art II		mation—enter all reques	ted inform	ation		16	There is all out
	Name		Y PURCHASE PLAN & TRI	IST			ID	Three-digit plan number
F.K.	CONTR	VACTORS, INC. WONL	T FUNCTIAGE FLAN & TRI	331				(PN) • 001
							1c	Effective date of plan
								08/01/1987
			lress (employer, if for single-	employer	plan)		2b	Employer Identification Number
P.K.	CONTR	RACTORS, INC.					20	(EIN) 91-0878004
PO I	3OX 740	06					20	Plan sponsor's telephone number 208-908-3425
BOIS	SE, ID 8	33707					2d	Business code (see instructions)
								238900
3a P ₭	Plan a	dministrator's name and RACTORS, INC.	d address (if same as Plan s	ponsor, e		e ")	3b	Administrator's EIN 91-0878004
1 .IX.	OON	VAOTORO, IIVO.		ISE, ID 8				Administrator's telephone number
							30	208-908-3425
4	If the na	ame and/or EIN of the p	lan sponsor has changed si	nce the la	st return/re	port filed for this plan, enter the	4b	EIN
	name, I	EIN, and the plan numb	er from the last return/repor	t. Sponso	or's name		40	DNI
52	Total	number of porticipants	at the headening of the plan	'00"			4c	17
	Total number of participants at the beginning of the plan year							17
b							5b	14
С						ear (defined benefit plans do not	. 5c	14
62		•				(See instructions.)	- 1	X Yes ☐ No
b		•	. ,	Ū		ident qualified public accountant (10		
	under	29 CFR 2520.104-46?	(See instructions on waiver	eligibility	and condit	ons.)		Yes No
				not use F	orm 5500-	SF and must instead use Form 5	500.	
	art III	Financial Inform	ation					
7	Plan A	Assets and Liabilities				(a) Beginning of Year	76	(b) End of Year
a						4687	0	12107
a		plan liabilities			. 7b	4687	76	12167
<u>C</u>			7b from line 7a)		. 7с		0	
8		e, Expenses, and Trans				(a) Amount		(b) Total
а		butions received or recemble	eivable from:		. 8a(1)		0	
							0	
		·	s)				0	
b		,			, ,	6	19	
C		,	, 8a(2), 8a(3), and 8b)					619
d		, , ,	t rollovers and insurance pre					
-					. 8d	3384	13	
е	Certai	in deemed and/or corre	ctive distributions (see instru	ıctions)	. 8e		0	
f	Admin	nistrative service provide	ers (salaries, fees, commiss	ions)	. 8f	148	35	
g	Other	expenses			. 8g		0	
h	Total e	expenses (add lines 8d	, 8e, 8f, and 8g)					35328
i	Net in	come (loss) (subtract lir	ne 8h from line 8c)		. 8i			-34709
	Transf	fers to (from) the plan (s	see instructions)		. 8j			

Form 5500-SF 2010 Page 2-	
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Part IV	Plan	Characteristics	c
railiv	ГІАП	CHALACLEH SUC:	

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2C 3D

b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	tic Co	des in	the instruc	ctions		
art	V	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Amo	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period described 0 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in 10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	ed 10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					10000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraudishonesty?	d 10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
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		X				
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						
art	VI	Pension Funding Compliance							
11	ls ti	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and coo))					Г	Yes	X No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the C						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0, 00	00.011	JOE 01				
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instituting the waiver.							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			,				
b	Ent	er the minimum required contribution for this plan year			12b				
С	Ent	ter the amount contributed by the employer to the plan for this plan year			12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the gative amount)			12d				
е	Will	I the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No.	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>			X	Yes	No
	lf "۱	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broughe PBGC?	ht under	the co	ntrol			Yes	X No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi ich assets or liabilities were transferred. (See instructions.)	y the pla	n(s) to	١		-		
1	3c(1	I) Name of plan(s):		13	c(2) El	N(s)		13c(3)	PN(s)
٠	ion	A nonalty for the late or incomplete filling of this return/report will be accessed unless record	able es	ieo ic	octobi	lichod			
		A penalty for the late or incomplete filing of this return/report will be assessed unless reason nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this					ahla	a Sche	dule
SB o	r Ścł	hedule MB completed and signed by an enrolled actuary, as well as the electronic version of this retust true, correct, and complete.							
SIGI	N	Filed with authorized/valid electronic signature. 10/12/2011 WILLIAM WA	LER						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form	550	0-SF
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Department of the Treasury internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation Complete all entries in a	ccordance	with the instructions to the Form 50	500 <u>-</u> 98	ln:	spection
I Fair I Angual Keport Identification Information	1	Service to Alot Othing	700-01		
For calendar plan year 2010 or fiscal plan year beginning		and ending			
A This return/report is for:	∏ multi	ple-employer plan (not multiemployer)		one-participa	int high
B This return/report is for;	_	ratum/report	[] and buildibe	in Plan	
an amended return/report	=	plan year return/report (less than 12 m	onthe	١	
C Check box if filling under: X Form 5558	_	matic extension	Ψ(M)a)		
special extension (enter desc		nany ontonoign		DFVC progra	ım
Part II Basic Plan Information—enter all requested inf				 	
1a Name of plan	VIII (ation)		146		
P.K. CONTRACTORS, INC. MONEY PURCHASE PLAN & TRUST			10	Three-digit plan number	
			1	(PN) •	001
			1c	Effective date of	blen
2a Plan engagera name and address of				08/01/1	
2a Plan sponsor's name and address (employer, if for single-emplo P.K. CONTRACTORS, INC.	yer plan)	-	2b	Employer Identifi	cation Number
				(EIN) 91-0878	1004
PO BOX 7406 BOISE ID 83707			4C	Plan sponsor's te 208-908	lephone number
DOME ID 93101		2d	Business code (s	'	
3a Plan administrator's name and address (if same as Plan sponsor				238900	ee manuchons)
SAME	3b	Administrator's E	IN		
			20	91-0878	
A 16 the game and to City at a		36	Administrator's te 208-908-	lephone number 3425	
4 If the name and/or EIN of the plan sponsor has changed since the name, EIN, and the plan number from the last return/report. Spor	last return	/report filed for this plan, enter the	4b		
Spor	isors name	0			
5a Total number of participants at the beginning of the plan year			4c	PN	***
b Total number of participants at the end of the plan year			5a		17
TO THE THEORY OF PARTICIDANTS WITH ACCOUNT belonger on of the and	LEXE -1-1		5b		14
***************************************			5c		14
The state of the High S Basels Duling the bigg vest lavaging is all-	ه احاث	6.44		<u> </u>	
b Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver all inhibits.)	f an Indep	endent qualified public accountant (IOP	Δ\		Yes No
under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use	y and cond	itions.)	, ,,		Yes No
Part III Financial Information	Form 5500	SF and must instead use Form 550	0		
Plan Assets and Liabilities	1		,		
a Total plan assets		(a) Beginning of Year	ļ	(b) End of	Year
b Total plan flabilities	7 <u>8</u>	46876	ļ		12167
C Net plan assets (subtract line 7b from line 7a)	<u>7b</u>		ļ	***************************************	
Income, Expenses, and Transfers for this Plan Year	7c	46876			12167
Contributions received or receivable from:		(a) Amount		(b) Tota	ıl
(1) Employers	8a(1)	0			
(2) Participants	8a(2)	0			
(3) Others (Including rollovers)	Ra(3)	0			
D Other Income (loss)	. 8b	619			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				
G Benefits paid (including direct millovers and incurance promitions)				· · · · · · · · · · · · · · · · · · ·	619
to provide benefits)	<u>8</u> d	33843			
Certain deemed and/or corrective distributions (see instructions)	8e	Ö			
Administrative service providers (salaries, fees, commissions)	8f	1485			
Other expenses (add lines Rd. Sc. 26 and 20)	<u>8</u> g	0			
1 Total expenses (add lines 8d, 6e, 8f, and 8g)	8h				35328
Net income (lass) (subtract line 8h from line 8c)					-34709
Paperwork Reduction Act Notice and OMB Control Numbers, see the Instruction	8j	STOR OF			

Signature of employer/plan sponsor

	F	om 5500-SF 2010		Page 2-						
Par	rt IV	Plan Characteristics								
9a	if the	lan provides pension benefits, enter the applicable pension	on feature codes fro	m the List of Plan Cha	racter	stic C	odes	in the inst	ructions	
þ	20 .	্র clan provides welfare benefits, enter the applicable welfare								
Part	V	Compliance Questions								
10		the plan year:				Yes	No			4
a	23 0	here a fallure to transmit to the plan any participant contrib FR 2510.3-1027 (See instructions and DOL's Voluntary Fi	duciery Correction I	Program\	10a	`	X		Amo	unt
•	on line	there any nonexempt transactions with any party-in-intere	st? (Do not include	transactions reported	105		x			
C	Was	he plan covered by a fidelity bond?			10c	×	_	 -		10
đ	Old the	e plan have a loss, whether or not reimbursed by the plan onesty?	s fidelity bond, that	was caused by fraud	10d		Х			
e	insura:	any fees or commissions pald to any brokers, agents, or of the service or other organization that provides some or all tions.)	ther persons by an	insurance carrier,			_			
f	Has th	e plan failed to provide any benefit when due under the pla			10e		<u> </u>	 		
g	Did the	plan have any participant loans? (If "Yes," enter amount a	and the second t	(*1) ***********************************	10f		Х.	-		
11	2520,1	en individual account plan, was there a blackout period?	(See instructions a	nd 29 CFR	10g		×	ļ. <u> </u>	 	
<u>.</u>	excepti	raa answered "Yes," check the box if you either provided to ons to providing the notice applied under 29 CFR 2520.10	6 a		10h			· -		····
art \	VI JPO	nsion Funding Compliance						<u> </u>		
11 :	is this a 5500))	defined benefit plan subject to minimum funding requirem	enta? (if "Yes," see	instructions and comp	plete S	chedu	le SF	/Form		- 1
		defined contribution plan subject to the minimum funding								'es 🏻
ar ii	fa waiv Iranting	complete 12a or 12b, 12c, 12d, and 12e below, as applice of the minimum funding standard for a prior year is being the waiver	able.) ig emortized in this	plan year, see instruct						es X
		minimum required contribution for this plan year								
	una ni	famount contributed by the employer to the plan for this o	les user			1	2b			
ne	egative	amount)	the result (enter a n	ninus sign to the left of	a	4:	2c			•
	, 111 F (G)	willing innuing amount reported on line 12d be mot by the	e funding deadline	?	**********	L	-	Yes	No	N/
	<u> </u>	an reminiations and righters of Assets				_		160	INO	N//
ра на	as a res	olution to terminate the plan been adopted during the plan	year or any prior y	ear?					X Ye	
	V-0	INVI LIIU UIIIUUNI OT ANV NIAN BARANE Not revoled te de					7		[7] 16	s N
of	the PB	GC?	transferred to anoth	er plan, or brought un	der the	contr	<u>/.</u> oi	,_ "		
wt	nich ass	ets or flabilities were transferred. (See instructions.)	n this plan to enoth	er plan(s), identify the	plan(s)	to			∐ Ye	вХИ
130(1) Nam	e of plan(s):					FINI	(4)	40.0	
-	-							.0)	130(3) PN(s)
<u>ution:</u> der ne	A pena	ifty for the late or incomplete filling of this return/report	t will be assessed	uniess reasonable c	ause i	B osta	blisi	ned.		
or Sch	hedule i s true, c	of perjury and other penalties set forth in the instructions. I MB completed and signed by an enrolled actuary, as well a preservand complete.	declare that I have as the electronic ve	examined this return/ raion of this return/rep	neport, ort, and	includ to th	ling, i e bes	f applicab t of my kn	le, a Sch	edule and
GN ≮		UN7-	10/11/11	KURT MYRON						
[]	Signat	ure of plan administrator	Date		L	•			-	 ,
				Enter name of indivi	oual si	gning	as pi	en admini:	strator	
SN _									- W G 1 - 1	

Date

Enter name of individual signing as employer or plan sponsor

PAGE 05/05

Form 5558 (Rev. January 2008) Department of the Treasury Informal Revenue Service

10/11/2011 01:08

Application for Extension of Time To File Certain Employee Plan Returns

For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

OMB No. 1545-0212

Form 5558 (Bar. + 2008)

File With IRS Only

Part I Identification					
A Name of filer, plan administrator, or plan aponsor (see instructions)	曼	Filer's Ident	lifying number	(see instruct	lions).
P.K. CONTRACTORS, INC.	187	Employer kk	entification nun	ibar (EIN),	
Number, street, and room or suite no. (If a P.O. box, see instructions.)	7	91-0878	004		
POST OFFICE BOX 7406	一		ity number (SS	Νh	
City or town, state and ZIP code	7	•	,	`~7	
BOISE ID 83707					
C Plan name		Plan	Pla	n year end	ng
		number	MM	I DD	YYY
		1 1			-
1P.K. CONTRACTORS, INC. MONEY FURCHASE PENSION PLAN 5	o r	0 1	12	31	201
	1			1 31	2010
2		, 			
		1 1	· "	· · · · · · · · · · · · · · · · · · ·	
3	1	1 1		Ì	1
Part II Extension of Time to File Form 5500 or Form 5500-EZ (se	e inst	ructions)			
1 I request an extension of time until 10 / 17 / 2011 to file Form	n 5500	or Form 550	Ю- Е Z.		
The application is automatically approved to the date shown on line 1 (above) normal due date of Form 5500 or 6500-EZ for which this extension is requested, months after the normal due date.	if: (a) t and (b	he Form 555) the date or	8 is filed on o	r before the nore the 2 1/	/2
You must attach a copy of this Form 5668 to each Form 5600 and \$500-EZ f					
2 I request an extension of time until to file Form 5330 (see instructions) You may be approved for up to a six (6) month extension to file Form 5330, after	5330. the no	mal due date	e of Form 63:	30.	
a Enter the Code section(s) imposing the tax	▶ [a			
b Enter the payment amount attached	• •		•	ь	
c For excise taxes under section 4980 or 4980F of the Code, enter the revision/ame State in detail why you need the extension	endme	nt date	. •	<u>c</u>	- **
	· · ·				
					
		·			
					
					·
			·		
	<u> </u>				
or penalties of penjury, I declare ther to the best of my knowledge and belief the statements mad orized to prepare this arbitication	a on th	s form are true	. correct and	complete and	lbad (
rized to prepare this application /	o on the		1 441.044, 41.2	winglow, and	man i arn
orized to prepare this emplication.	o on the		,	onipioto, and	chante ern