## 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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	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	cal 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 plan	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program
	•	special extension (enter description	on)			_
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation			
	Name of plan	onto an requested inform	ation		1b	Three-digit
	SA CONSTRUCTION, INC. R	ETIREMENT PLAN SAVINGS				plan number 001
					_	(PN) ▶
					1C	Effective date of plan 01/01/1989
2a	Plan sponsor's name and add	ress (employer, if for single-employer	nlan)		2h	Employer Identification Number
	SA CONSTRUCTION, INC.	ress (employer, il loi siligie employer	piani		-2	(EIN) 91-1076641
7700	MECT POCTIAN POAR				2c	Plan sponsor's telephone number 425-487-0808
	WEST BOSTIAN ROAD DINVILLE, WA 98072				24	
					Zu	Business code (see instructions) 236110
3a	Plan administrator's name and	l address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN
SAJA	SA CONSTRUCTION, INC.	7733 WEST WOODINVIL			0 -	91-1076641
					3C	Administrator's telephone number 425-487-0808
<b>4</b> I	the name and/or EIN of the pl	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN
1	name, EIN, and the plan number	er from the last return/report. Sponso	or's name			
	Tatal accept as of a auticin auto-	A the beginning of the plant con			4c	
		t the beginning of the plan year			5a	30
b		t the end of the plan year			5b	3
С		vith account balances as of the end o		•	5с	2
6a	Were all of the plan's assets	during the plan year invested in eligib	le assets?	(See instructions.)		Yes No
b	Are you claiming a waiver of t	he annual examination and report of	an indeper	ndent qualified public accountant (IQI	PA)	
		(See instructions on waiver eligibility				Yes No
Da	rt III Financial Inform	her 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.	
		ation				4.5
7	Plan Assets and Liabilities		_	(a) Beginning of Year	,	(b) End of Year
	Total plan assets		. 7a	2434207	-	0103
b		7h fram line 7e)		2454267	7	6105
<u>C</u>		7b from line 7a)	. 7с			
8	Income, Expenses, and Trans Contributions received or rece			(a) Amount		(b) Total
а		ervable from:	. 8a(1)			
				19247	7	
		s)				
b	, ,	······	- ' '	198780	)	
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			218027
d	Benefits paid (including direct	rollovers and insurance premiums		2662361		
_		tive distributions (see instructions)	. 8d	2302001		
e		ctive distributions (see instructions)		3828	3	
t		ers (salaries, fees, commissions)		0020		
g	•	0 - 0( + 0)				2666189
h :		8e, 8f, and 8g)				-2448162
;		e 8h from line 8c)ee instructions)				21.10102
J	Transiers to (Holli) the platt (S		. 8i	1		

	Form 5500-SF 2010 Page <b>2-</b>				
rt l	V Plan Characteristics				
If 2E	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char-	acteris	tic Co	des in t	he instructions:
	the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cterist	tic Coc	les in th	ne instructions:
rt V	Compliance Questions				
[	During the plan year:		Yes	No	Amount
	Vas 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	
	Vere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
;	Was the plan covered by a fidelity bond?	10c	X		500000
	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	
i	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	Х		10969
ŀ	Has the plan failed to provide any benefit when due under the plan?	10f		X	
<b>j</b> [	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
	f this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х	
	f 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		X	
t V	Pension Funding Compliance				
	s this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 500))				
( 1 II	s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code of "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  To a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver.	ctions,	and e	nter the	

122	Lloo	a resolution to terminate the plan been adopted during the plan year or any prior year?			X	es No
Part	VII	Plan Terminations and Transfers of Assets				
е	Will t	ne minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
d		Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)				
С	Enter	the amount contributed by the employer to the plan for this plan year	12c			
b	Enter	the minimum required contribution for this plan year	12b			

12b

Yes X No

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

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

12

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.)

<b>13c(1)</b> Name of plan(s):	<b>13c(2)</b> EIN(s)	<b>13c(3)</b> PN(s)

## 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.	10/14/2011	BRANSTON J WEYER
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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OMB Nos. 1210-0110

1210-0089

	Pension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance wit	h the instructions to the Form 5500	SF.	1115	pection
P	art I Annual Report Id	dentification Information				1	
Fo	calendar plan year 2010 or fisc		1701/2	010 and ending		12/31/201	LO
Α	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	int plan
	This return/report is for:	first return/report	final retur	n/report			
_		an amended return/report	short plai	n year return/report (less than 12 moi	nths)		
C	Check box if filing under:	X Form 5558	'	extension	,	☐ DFVC progra	am
·	Check box if filling under.	special extension (enter description	l	CAUTIGOT		☐ Di vo piogia	ai ti
n i							
		mation—enter all requested inform	ation		16	TL	1
ıa	Name of plan				10	Three-digit plan number	
	SAJASA CONSTRUCTION	N INC				(PN) <b>)</b>	001
		·			1c	Effective date o	
	RETIREMENT PLAN SA					01/01/198	
2a	Plan sponsor's name and addr SAJASA CONSTRUCTION	ess (employer, if for single-employer N, INC.	plan)	·	2b	Employer Identi	fication Number
					20	(EIN) 91-107	telephone number
	7733 WEST BOSTIAN				20	(425) 487-	0808
	TISS WEST BOSTIAN .	NOAD			2d		(see instructions)
_	WOODINVILLE			WA 98072	٠,	236110	
За	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Sam	e")	3b	Administrator's	EIN
					3c	Administrator's	telephone number
					-	7 idiliminos disci e	
4		an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number	er from the last return/report. Sponso	or's name		4c	ъм	
52	Total number of participants a	t the beginning of the plan year		·		1 14	30
	• •	t the end of the plan year			5a	-	3
	• •	rith account balances as of the end o			5b		
С		The end of		, ,	5с		2
6a	Were all of the plan's assets	during the plan year invested in eligib	le assets?	(See instructions.)			X Yes No
	Are you claiming a waiver of t	he annual examination and report of	an indepe	ndent qualified public accountant (IQ	PA)		
		(See instructions on waiver eligibility				······	X Yes ∐ No
. D	If you answered "No" to eith	ner 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	JO.		
		ation	halland h		Т		
7	Plan Assets and Liabilities			(a) Beginning of Year 2, 454, 26	<del></del>	(b) End	of Year 6,105
a	•		7a	2,434,20			6,103
b	•	7L £ 1: 7_\		2 454 26	7		Ć 10E
٠,		7b from line 7a)	7c	2,454,26	+	4.5-	6,105
. 8 a	Income, Expenses, and Trans Contributions received or rece			(a) Amount	istal	(b)	Γotal
a			. 8a(1)	·			
	(2) Participants		8a(2)	19,24	7		
	•	s)	8a(3)	`	1		
b	Other income (loss)	´ .	8b	198,78	ol .		
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c	<b>。其時期間的期間的國際原理的</b>			218,027
d	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	rollovers and insurance premiums		0.000.00			
	•		. 8d	2,662,36	4		
е	Certain deemed and/or correct	tive distributions (see instructions)	8e		_		
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	3,82	8		
g	Other expenses		. 8g		1	. "	
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h		$\perp$		2,666,189
Ĭ	Net income (loss) (subtract lin	e 8h from line 8c)	. 8i				(2,448,162)
		ee instructions)					

Form	5500-	OE.	2016	`
Form	2200		7071	1

Page	2-	

Pai	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature 2E 2F 2G 2J 2K 2S 2T		E List of Plan Char	acteri	stic Co	des in	the instruct	tions:
b	2E 2F 2G 2J 2K 2S 2T 3  If the plan provides welfare benefits, enter the applicable welfare feature	3D ire codes from the	List of Plan Chara	acteris	tic Co	des in	the instructi	ions:
Par	V Compliance Questions		, <u>, , , , , , , , , , , , , , , , , , </u>					
10	During the plan year:				V	N-	Γ	
a		within the time po	eriod described in	40	Yes	No X	,	Amount
b	Were there any nonexempt transactions with any party-in-interest? (Do on line 10a.)	o not include trans	sactions reported	10a		X		
c	Was the plan covered by a fidelity bond?			10c	Х			500,00
d		ity bond, that was	caused by fraud	10d	71	Х		300,00
е	Were any fees or commissions paid to any brokers, agents, or other perinsurance service or other organization that provides some or all of the instructions.)	ersons by an insure benefits under the	rance carrier, le plan? (See	10e	Х			10,96
f	Has the plan failed to provide any benefit when due under the plan?			10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount as of y	•		10g		Х		1
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)	*******************		10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i		Х		
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))	? (If "Yes," see ins	tructions and com	plete :	Sched	ule SB	(Form	☐ Yes 🏻 No
	Is this a defined contribution plan subject to the minimum funding requi (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 am granting the waiver.	) nortized in this pla	n year, see instruc	tions.	and e	nter th	e date of th	Yes X No e letter ruling Year
-	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB  Enter the minimum required contribution for this plan year	• "			Γ	12b		
						12c		
	Enter the amount contributed by the employer to the plan for this plan yes Subtract the amount in line 12c from the amount in line 12b. Enter the megative amount)	result (enter a min	us sign to the left of	of a	Γ	12d		
е	Will the minimum funding amount reported on line 12d be met by the ful	nding 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							X Yes No
	If "Yes," enter the amount of any plan assets that reverted to the employ					13a		(
	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	***************	• • •		• • • • • • • • • • • • • • • • • • • •	ntrol 		Yes X No
	which assets or liabilities were transferred. (See instructions.)	is plan to another	plan(s), lucinity in	e piai	1(5) 10			
1	3c(1) Name of plan(s):				13c	(2) Ell	V(s)	13c(3) PN(s)
					·			
Cauti	оп: A penalty for the late or incomplete filing of this return/report w	vill be assessed	unless reasonable	e cau	se is e	stabli	shed.	
SB or	r penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as t , it is true, correct, and complete.	eclare that I have of the electronic vers	examined this retu sion of this return/r	rn/rep eport,	ort, inc	cluding the b	, if applicab est of my ki	ole, a Schedule nowledge and
SIGN	Leepe De	cf 13,2011	BRANSTON J	WEY	ER			,
HERI		ate	Enter name of in			ing as	plan admin	istrator
SIGN								
HERI	Signature of employer/plan sponsor	ate	Enter name of inc	dividu	al sign	ing as	employer o	r plan sponsor