Form 5500-SF

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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public

Inspection Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF **Annual Report Identification Information** For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number PS NORTHWEST CONST INC PROFIT SHARING PLAN (PN) ▶ 001 1c Effective date of plan 01/01/1995 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number PS NORTHWEST CONST INC 91-1659492 (EIN) 2c Sponsor's telephone number 509-839-3378 3091 SCOON ROAD SUNNYSIDE, WA 98944-0000 2d Business code (see instructions) 236200 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 91-1659492 PS NORTHWEST CONST INC 3091 SCOON ROAD SUNNYSIDE, WA 98944-0000 3c Administrator's telephone number 509-839-3378 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year 5a **b** Total number of participants at the end of the plan year..... Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 326629 332311 Total plan assets..... 7a 7b Total plan liabilities..... 326629 332311 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 2738 8a(1) (1) Employers 1755 (2) Participants 8a(2) (3) Others (including rollovers)..... 8a(3) 1189 **b** Other income (loss)..... 8b 5682 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 5682 Net income (loss) (subtract line 8h from line 8c)..... 8i

Transfers to (from) the plan (see instructions)

Form	5500.	SF.	201

Page	2	- [1	
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Part IV	Plan	Charac	teristics
railiv	ı Fiaii	Charac	teristics

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

a Wa				1				
	ring the plan year:		Yes	No		Am	ount	
29	is there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
	ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
c W	as the plan covered by a fidelity bond?	10c	X					4000
	the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		X				
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		Χ				
g Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h If th	nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i If 1	Oh was answered "Yes," check the box if you either provided the required notice or one of the septions to providing the notice applied under 29 CFR 2520.101-3	10i						
art VI	Pension Funding Compliance							
1 Is t	nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X No
	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X No
	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	01 00	Olloi i	02 01 1				ш
a If a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructing the waiver							
If you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					
b Ent	er the minimum required contribution for this plan year			12b				
C Ent	er the amount contributed by the employer to the plan for this plan year			12c				
	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left pative amount)		[12d				
e Wil	the minimum funding amount reported on line 12d be met by the funding deadline?				Yes		No	N/A
	Plan Terminations and Transfers of Assets							
art VII				Y	es X	No		
	s a resolution to terminate the plan been adopted in any plan year?		20		<u>-</u>			
		1	sa				Voc	X N
3a Has	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?			ntrol			res	_
Ba Has If " b We of t c If d	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought	under	the co				res	
Ja Has If " b We of t C If d whi	res," enter the amount of any plan assets that reverted to the employer this yearre all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the	under	the co		N(s)		13c(3)	PN(s)
3a Has If " b We of t C If d whi	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	under	the co		N(s)			PN(s)
3a Has If " b We of t C If d whi 13c(1	re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought he PBGC?uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the chassets or liabilities were transferred. (See instructions.)	under	the co	 C(2) Ell				PN(s

belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	04/20/2012	PENSION FILERS
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 6057(b) and 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

2011

This Form is Open to Public Inspection

		dentification Information								
	the calendar plan year 2011 or fis		01/01	/2011	and ending	12/	31/2011			
		a single-employer plan	a multiple-e	mployer plan	(not multiemployer)	r) a one-participant plan				
В	This return/report is:	the first return/report	the final ret	urn/report						
	Ī	an amended return/report	a short plan	year return/re	eport (less than 12 mor	ths)				
C	Check box if filing under:	Form 5558	automatic e	extension			DFVC program			
Ü		special extension (enter descripti	ion)							
-		mation enter all requested in								
	art III Basic Plan Informant III Basic Plan Informant III Basic Plan Informatic	mation enter an requested in	ilorination.			1b ⊤	hree-digit			
ıa							lan number			
	PS NORTHWEST CONST IN	C PROFIT SHARING PLAN			•		PN) ► 001 Iffective date of plan			
							1/01/1995			
2a	Plan sponsor's name and addre	ss; include room or suite number (e	employer, if for	single-employe	er plan)	2b E	mployer Identification Number			
	PS NORTHWEST CONST IN	C				(I	EIN) 91-1659 4 92			
							lan sponsor's telephone number			
	3091 SCOON ROAD						509) 839-3378			
	0001						Susiness code (see instructions)			
<u>us</u>	SUNNYSIDE	WA 98944-0000	-4				dministrator's EIN			
3a	Plan administrator's name and a SAME	address (If same as plan sponsor, e	enter "Same")			30 A	Nummination 5 Ellin			
	O. E. H.					20	durinistratorio toloribana mumban			
						3C P	Administrator's telephone number			
4	If the name and/or EIN of the pl	an sponsor has changed since the	last return/repo	rt filed for this	plan, enter the	4b EIN				
•	name, EIN, and the plan number	er from the last return/report.				4c PN				
5a	a Sponsor's Namea Total number of participants at the beginning of the plan year						5a 3			
b	Total number of participants at	the end of the plan year				5b	3			
С	Number of participants with acc	ount balances as of the end of the	plan year (defin	ed benefit plar	ns do not	5c	3			
	complete this item)	ring the plan year invested in eligible	lo accote? (See	instructions \	· · · · · · · ·	1 30	X Yes No			
oa b	Are you claiming a waiver of the	e annual examination and report of	an independent	gualified publ	ic accountant (IQPA)					
D	under 29 CFR 2520.104-46? (S	see instructions on waiver eligibility	and conditions.)			XYes No			
	If you answered "No" to eithe	r 6a or 6b, the plan cannot use F	orm 5500-SF a	nd must inste	ead use Form 5500.					
P	art III Financial Inform	nation								
7	Plan Assets and Liabilities			(a) E	Beginning of Year	_	(b) End of Year			
а	Total plan assets		<u>7a</u>		326,629	_	332,311			
b	•		7b			$+\!-$	222 244			
c	Net plan assets (subtract line 7		7c	· ·	326,629 (a) Amount		332 , 311 (b) Total			
8	Income, Expenses, and Transfe Contributions received or received			<u> </u>	(a) Alliount		(b) rotar			
а	(1) Employers		8a(1)		2,738					
	(2) Participants		8a(2)		1,755	_				
	• • • • • • • • • • • • • • • • • • • •)	8a(3)							
b	Other income (loss)		8b		1,189					
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b) • • • •	8c				5,682			
d	Benefits paid (including direct r to provide benefits)	ollovers and insurance premiums	8d							
е	Certain deemed and/or correct	ive distributions (see instructions)	<u>8e</u>			_				
f	Administrative service provider	s (salaries, fees, commissions) .	8f							
g	Other expenses		8g				-			
h	Total expenses (add lines 8d, 8	Be, 8f, and 8g)	8h				0			
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				5,682			
:	Transfers to (from) the plan (se	e instructions)	8j	1						

	and pl Olementoriotics							
	t IV Plan Characteristics	Lucy and a form the Liet	of Dian Characteristic (Podos i	n the inc	etructions:		
)a	If the plan provides pension benefits, enter the applicable pension feat 2A 2E 2J 2K 2R 3D	ture codes from the List	of Plan Characteristic C	Jules	ii uie iiis	structions.		
b	If the plan provides welfare benefits, enter the applicable welfare featu	re codes from the List o	Plan Characteristic C	odes in	the inst	ructions:		
Da	rt V Compliance Questions							
				Yes	No	А	mount	
10	During the plan year: Was there a failure to transmit to the plan any participant contributio	ns within the time period	described in		x			
·	29 CFR 2510 3-102? (See instructions and DOL's Voluntary Fiducia	ary Correction Program)	· · · · · <u> 10</u>	a	<u> ^ </u>			
k	Were there any nonexempt transactions with any party-in-interest? (ons reported	h	x			
	on line 10a.)						40	0,000
C			10	- A	-			
C	Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?	delity bond, that was cau	sed by fraud	d	х			
e	insurance services or other organization that provides some or all of	persons by an insurance f the benefits under the p	carrier, plan? (See		x			
_	instructions.)		–		x			
f	•			1	+			
ç				g	X			
ł	2520.101-3.)		10	h	х			
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	required notice or one of 3	of the	oi				
Pa	rt VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirement (5500))		<u> </u>	<u> </u>	• • •	• • •	Yes X	
12	Is this a defined contribution plan subject to the minimum funding re (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applica		12 of the Code or secti	on 302	of ERIS	A? .	. Yes 🛚	∐No
	If a waiver of the minimum funding standard for a prior year is being granting the waiver		Month	ind ente	er the da Day	ate of the let	ter ruling Year	
١	f you completed line 12a, complete lines 3, 9, and 10 of Schedule I				12b			
-	Enter the minimum required contribution for this plan year				12c			
	Enter the amount contributed by the employer to the plan for this plant of the plan	an year • • • •	cian to the left of a	• •	0			
(Subtract the amount in line 12c from the amount in line 12b. Enter t negative amount)				12d	☐Yes	□No □]N/A
	Will the minimum funding amount reported on line 12d be met by the			• •	• •	<u> </u>		
	rt VII Plan Terminations and Transfers of Assets						Yes 2	
13	Has a resolution to terminate the plan been adopted in any prior ye					· · ·		
	If "Yes," enter the amount of any plan assets that reverted to the en				13a	<u> </u>		
	 Were all the plan assets distributed to participants or beneficiaries, of the PBGC? If during this plan year, any assets or liabilities were transferred from 				· · ·		. Yes 🛚	Νο
	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	III tilis pian to another pi	an(s), identity the plant				T	
	13c(1) Name of plan(s):				13c(2) E	=IIN(S)	13c(3) Pt	v(S)
		•						
Cai	ution: A penalty for the late or incomplete filing of this return/repo	rt will be assessed unl	ess reasonable cause	is est	ablishe	d.		
Lla	der penalties of perjury and other penalties set forth in the instructions, or Schedule MB completed and signed by an enrolled actuary, as well	I declare that I have exa	mined this return/repor	t, inclu	ding, if a	applicable, a	Schedule edge and	
	ef, it is true, correct, and complete		1 0)	1			1	, ,
s	IGN Jan Star	4-13-12	Paul A.	Ste	am.S	chyor	(prosi	d ent/
	IERE Signature of plan administrator	Date	Enter name of indivi	dual sig	ning as	plan admini	strator	
	IGN Jarott	4-13-12	Paul A. S	401	nsch	H	(fresid.	ns t/
	IERE Signature of employer/plan sponsor	Date	Enter name of indivi	dual sig	ning as	employer o	r plan sponsor	
	1 oraarara or orribrojon premi oponios.							

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