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 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

	Con	plete all entries in accor	dance witl	h the instructions to the Form 5500)-SF.		-	
Pa	art I Annual Report Identifica	ation Information						
For	calendar plan year 2011 or fiscal plan ye	ar beginning 01/01/201	1	and ending 1	2/31/2	011		
A	This return/report is for.	e-employer plan		e-employer plan (not multiemployer)		a one-particip	ant plan	
В	This return/report is: the firs	t return/report	the final r	eturn/report				
	an ame	ended return/report	a short pla	an year return/report (less than 12 mo	onths)			
С	Check box if filing under:	558	automatic	extension		DFVC progra	m	
_	The state of the s	extension (enter description	on)			_		
De		` '	,					
	art II Basic Plan Information-	enter all requested inform	ation		4 14	- 1 11 12		
	Name of plan CONTRACTORS, INC. MONEY PURCHA	ACE DI ANI 9 TOLICT			10	Three-digit plan number		
P.K.	CONTRACTORS, INC. MONEY PURCHA	ASE PLAN & TRUST				(PN) ▶	001	
					1c	Effective date of		
					. •	08/01/		
	Plan sponsor's name and address; include CONTRACTORS, INC.	de room or suite number (e	mployer, if	for a single-employer plan)	2b	Employer Identif		
	Control of the first					-		
PO P	BOX 7406				2C	Sponsor's teleph 208-908		
	SE, ID 83707				2d	Business code (see instructions	;)
						23890	0	
	Plan administrator's name and address (CONTRACTORS, INC.	if same as plan sponsor, e		2")	3b	Administrator's E	EIN 78004	
1 .IX. V	CONTRACTORO, INC.	BOISE, ID 83			3c	Administrator's t	elephone numb	er
4	If the name and/or EIN of the plan spons	report filed for this plan, enter the	4b	208-908 EIN	3-3425			
7	name, EIN, and the plan number from the		iast return/i	report filed for this plant, enter the	40	EIIN		
а	Sponsor's name	·			4c	PN		
5a	Total number of participants at the beginning of the plan year				5a			13
b	Total number of participants at the end of	of the plan vear			5b			13
C	Number of participants with account bala				JU			
	complete this item)		,	•	5c			13
6a	Were all of the plan's assets during the	plan year invested in eligib	le assets?	(See instructions.)			X Yes	No
b	3							
	under 29 CFR 2520.104-46? (See instru	• .		•			X Yes	No
_	If you answered "No" to either 6a or 6	6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	00.			
Pa	art III Financial Information			I				
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	of Year	
а	Total plan assets		. 7a	12167			11981	
b	Total plan liabilities		. 7b					
С	Net plan assets (subtract line 7b from lin	e 7a)	. 7c	12167			11981	
8	Income, Expenses, and Transfers for thi	s Plan Year		(a) Amount		(b) T	otal	
а				, ,				
	(1) Employers		. 8a(1)	0				
	(2) Participants		. 8a(2)	0				
	(3) Others (including rollovers)		. 8a(3)	0				
b	Other income (loss)			160				
С	Total income (add lines 8a(1), 8a(2), 8a(160	
d	Benefits paid (including direct rollovers a							
	to provide benefits)			0				
е	Certain deemed and/or corrective distrib	utions (see instructions)	. 8e	0	_			
f	Administrative service providers (salarie	s, fees, commissions)	. 8f	346				
g	Other expenses		. 8g	0				
h	Total expenses (add lines 8d, 8e, 8f, and	d 8g)	. 8h				346	
i	Net income (loss) (subtract line 8h from	line 8c)	. 8i				-186	
j	Transfers to (from) the plan (see instruct	tions)	. 8j					
			, v,					

Form	5500.	SF.	201

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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

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part 0			Yes	No		A	4	
	During the plan year: Was there a failure to transmit to the plan any participant contributions within the time period described in		163			Amou	ınt	
_		10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X					
С	Was the plan covered by a fidelity bond?	X				1	10000	
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				
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		X				
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))						Yes >	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	or se	ction (302 of	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 instruct granting the waiver							
-	rou 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				
С	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 o negative amount)			12d				
е	Will the 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							
3а	Has a resolution to terminate the plan been adopted in any plan year?			X	res	No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a					0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought up of the PBGC?						Yes 🔀	No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to)				
1	3c(1) Name of plan(s):	13	c(2) E	IN(s)	13	3 c(3) P	N(s)	
aut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	cau	se is	estab	lished.			
Во	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re, it is true, correct, and complete.							
GIICI	it is true, correct, and complete.							

SIGN	Filed with authorized/valid electronic signature.	04/30/2012	WILLIAM WALLER
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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		Short Form Annual Retu	rn/Ren	ort of Small Employe	e	OMB Nos. 1	210-0110 210-0089	
	rm 5500-SF	Веп	ieiii mi	an	2011			
Int-	eriment of the Treasury amai Revenue Service Department of Labor	This form is required to be filed und Retirement Income Security Act of 1974 the Internal Ret	e (the Code).		This Form is Open to Inspection	Public		
	Benefita Security Administration Benefit Guaranty Corporation	Complete all entries in accordance	e with the	Instructions to the Form 5500-	SF.			
· Factorial a.	Annual Report I	lentification Information			31/20	11	**	
For caler	der plan year 2011 or tisc	ar plan year beginning		ployer plan (not multiemployer)		a one-participant plan		
	eturn/report is for:	X a single-employer plan			_			
	eturn/report is:		final return	ear return/report (less than 12 mor	iths)			
		I all all licingon reserves			Ţ	DFVC program		
C Chec	k box if filing under:	PDIII 2220	tomatic ext	ension	-	-		
		special extension (enter description)		<u>, ,</u>				
Part I	Basic Plan Infor	mation—enter all requested information	n			Three-digit		
4- 11	es of plan	TOURT				plan number (PN) > 001		
P.K. CON	ITRACTORS, INC. MONE	Y PURCHASE PLAN & TRUST				Effective date of plan 08/01/1987		
			dover if for	e single-employer plan)	2b	Employer Identification N	lumber	
2a Pla	n sponsor's name and add	iress; include room or suite number (emp	лоуег, птог	A smilk amilion at the con-		(EIN) 91-0878004		
P.K. CO	NTRACTORS, INC.				2¢	Sponsor's telephone nu 208-908-3425	mber	
					2d	Business code (see Inst	ructions)	
PO BOX BOISE I	7406				Mr. 1.	238900		
			r "Same"\		3b	Administrator's EIN		
3a Pla	n administrator's name ar	nd address (if same as plan sponsor, ente	g Samo,		20	91-0878004 Administrator's telephor	ne number	
SAME					30	208-908-3425		
		- the local	+ esturo/rec	port filed for this plan, enter the	4b	EIN		
4 If	the name and/or EIN of th	e plan sponsor has changed since the las	st returne	Sort most and promise	40	PN		
n	ame, EIN, and the plan nu	MOSI II OILI III II II II III II III III II			_		13	
		s at the beginning of the plan year		***************************************	5 <u>a</u>		13	
				11-1-111141	30	<u> </u>	13	
c N	lumber of participants with	account balances as of the end of the pa	an Acti (ac				Yes No	
60 1	Mere all of the plan's asse	te during the plan year invested in eligible	5 \$59C(0) (test suplified public accountant (K	IPA)		Yes No	
1-	Jeview e salmina a waiver	of the annual examination and reserve			 600			
1	Inder 29 CFR 2520.10444	6? (See instructions on waiver eligibility a elther 6a or 6b, the plan cannot use Fo	<u>лті 5500-9</u>	iF and must instead use Form o	40.2.			
Par	III Financiai Info	rmation		(a) Beginning of Year		(b) End of Ye	ar	
7 1	Plan Assets and Liabilities		7 a	121	37		11981	
a ·	Total plan assets				_		11981	
b '	Total plan liabilities	to The form line 70)	7c	121	67	, , , , , , , , , , , , , , , , , , , ,	11391	
C	Net plan assets (subtract)	ine 75 from line 7a)	fig (Bole Bole	(a) Amount		(b) Total	10000000000000000000000000000000000000	
	are an are a complete and the	ransfers for this Plan Year			0		Mevagira (1); s.; garti (1); s.;	
	(1) Employers		. 8a(1)		0		rogo o Petropo (†). Na Stad Sedikos	
	(2) Participants		- Leitwi		0			
	(3) Others (including rolls	vers),			60			
b	Other Income (Ints)					Sound County San State Land	160	
C	Total income (add lines 8	a(1), 8a(2), 8a(3), and 8b)		The state of the s	_ o		State Donker State of A Park Sign Cally States	
d	As acoulde benefits)	irect rollovers and insurance premiums	<u>8d</u>					
e	Certain deemed and/or 0	orrective distributions (see instructions)	<u> 6e</u>		346			
f	Administrative service pr	oviders (salaries, fees, commissions)			Q			
g	Other expenses		<u>- 89</u>	www.pppp.pers	00 15 Y		346	
ĥ	Total expenses (add line	s 8d, 8e, 8f, and 8g)	·· on	The second secon	on order de Military		-186	
i	Not income (loss) (subtr	act line 8h from line 8c)	81	ACCOUNTS OF THE REAL PROPERTY OF THE PROPERTY				
j	Transfers to (from) the p	lan (see instructions)	or Form 5500	SF.		FI FI	om 5500-SF (2011 v.01261	

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		5500-SF 2011						:= ats tellons			-
art a b	IV P If the plan 2C 3D	lan Characteristics provides pension benefits, enter the applicable pension feature of provides welfare benefits, enter the applicable welfare feature of	odes from the List of	Plan Chara Plan Charec	cteristi teristic	c Code	as in the i	netructions			<u></u>
						Yes	No		ount		_
art	V Co	mpliance Questions		ecorbod in		105					_
0 a	Was the	ne plan year: re a failure to transmit to the plan any participant contributions wit 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Co 2510.3-102? (See instructions with any party-in-interest? (Do no	hin the time period or prection Program)	ns reported	10a	-	×	<u></u>			_
b	Were the	ere any nonexempt transactions with only party	.,,		10b 10c	×				1000	<u></u>
							~				
d	Did the	plan have a loss, whether or not reimbursed by the plant a normy		**********	10d		×				
e		face or commissions baid to any blokers, agoing a	anotite under the DIS	ny (500	10e		×				
	Insuran Instruct	ny rees of comments or organization that provides some or all of the blone.)			10f		×				
f		Langer when oue under the pierr man			10g	T-	×				or 1021
Ş	n Did the	plan have any participant loans? (If "Yes," enter amount as or ye	structions and 29 Ci	FR	101		×				795(25) 185(25) 105(25)
١	0E20 1	01-3)	Jan J. Marties of ODE D	T 111LE	10	1	×		eroneza Arrigan Arrigan	iska Benesia saar	didahan Bibarasi Kacamat
		Canada An International III III III III III III III III III I						_			
Pa	nt VI 📑 F	Pension Funding Compliance a defined benefit plan subject to minimum funding requirements?	(If "Yes," see instruc	ctions and co	mplet	e Sche	idule 55	(F0m		es 🛚	
11	is this	a defined benefit plan subject to minimum funding requirements?					302 of	ERISA?	Y	'es 🏻	Νo
12	is this (if "Y∈	s a defined contribution plan subject to the himmed, as applicable, ss," complete 12a or 12b, 12c, 12d, and 12e below, as applicable, sk, or of the minimum funding standard for a prior year is being an) nortized in this plan y 	ear, see inst	truction		410	a data of th	re lette Year _	r ruling	
	arenti	nd the walver,a.da Me	/EARM 5500), APG 8	4 Kilb 60			12b				
	h Gator	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB the minimum required contribution for this plan year					12c			<u>.</u>	
		the amount contributed by the employer to the plant of the		wien to the !	left of :	a	12d				
	ومروري السرا	rest the amount in line 120 from the amount in the						Yes	N		N/A
	e Willi	the relation funding amount reported on line 120 be met by and	unding deadings								
13	art VII	Plan Terminations and Transfers of Assats				,	X	Yes 🔃	No.		
l(,,	i3a Has					13a				0	
	If "Y	es," enter the amount of any plan assets that revende to the emp		nian, or brou	ight ur	der the	e control			Yes [Σ No
	of th	ne PBGC /	this plan to another	plan(s), iden	tify the	plan(s	s) to		- 1		
	w <u>hi</u>	ch assets of liabilities were transferred. A					13c(2)	EIN(s)		13c(3)	PN(S)
_	13c(1) Name of plan(s):									
_		A penalty for the late or incomplete filling of this return/repol	t will be assessed	<u>unless reas</u>	onabl	e caus	e is est	ablished.	icable.	a Sche	
-	Under pe	nalties of perjury and other penalties set forth in the many as well bedule MB completed and signed by an enrolled actuary, as well	declare that I have as the electronic ver	examined th sion of this p	is retu eturn/r	rn/repo eport,	and to th	ne best of n	ny knov	vledge	and
	bellef, it l	s true, correct, and complete.		KURT MY							
ì	SIGN	16/ Nuly	4/26/12			dividus	al sionin	g as plan a	iminist	rator	
Ì	HERE	Signature of plan soministrator	Date	Carter realt	, , , , , , , , , , , , , , , , , , , 						
ľ	SIGN			E-124		dividu	al signin	g as emplo	yer or t	olan sp	onsor
}	HERE	Signature of employer/plan sponsor	Date	i enter nam	<u>ie 01 11</u>	reinian.	a. 4 <u>19</u> 144	O			