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).

1210-0089

OMB Nos. 1210-0110

2011

This Form is Open to Public Inspection

	Complete all entries in accor	dance wit	h the instructions to the Form 5500)-SF.	'		
Pa	art I Annual Report Identification Information						
For	calendar plan year 2011 or fiscal plan year beginning 01/01/201	1	and ending 1.	2/31/2	011		
Α	This return/report is for:	a multiple	e-employer plan (not multiemployer)		a one-particip	ant plan	
	This return/report is:		eturn/report	ı		•	
-			·	4 \			
	an amended return/report		an year return/report (less than 12 mo	ontns) '			
С	Check box if filing under: Form 5558	automatio	extension		DFVC progra	m	
	special extension (enter description	on)					
Pa	art II Basic Plan Information—enter all requested inform	ation					
1a	Name of plan			1b	Three-digit		
WHH	CONSTRUCTION 401(K) PLAN				plan number		
					(PN) ▶	001	
				1c	Effective date of		
					08/01/		
	Plan sponsor's name and address; include room or suite number (en NISQUALLY FEDERAL SERVICES, LLC	employer, if	for a single-employer plan)		Employer Identif		er
V V I II	THISQUALETT EDERAL SERVICES, LEC				(EIN) 20-288		
				2c	Sponsor's teleph		
	E. 29TH STREET, SUITE 431		•	<u> </u>	253-722		
TAC	OMA, WA 98404			2 a	Business code (is)
		. "0	m.	2 h	23620		
	Plan administrator's name and address (if same as plan sponsor, e NISQUALLY FEDERAL SERVICES, LLC 1423 E. 29Th			30	Administrator's E		
	TACOMA, W		, 00112 101	3c	Administrator's t		her
				•	253-722		
4	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.			_			
	Sponsor's name			4c	PN		
5a	Total number of participants at the beginning of the plan year			5a			7
b	Total number of participants at the end of the plan year			5b			8
С	Number of participants with account balances as of the end of the	plan year (defined benefit plans do not				
	complete this item)			5c			
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			X Yes	No
b	Are you claiming a waiver of the annual examination and report of					V v □	NI-
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•			X Yes	No
Da	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 550	<i>J</i> U.			
	rt III Financial Information		Ι				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End		
а	Total plan assets		351133			234202	
b	Total plan liabilities	. 7b					
C	Net plan assets (subtract line 7b from line 7a)	. 7с	351133			234202	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal	
а	Contributions received or receivable from:		21750				
	(1) Employers	. 8a(1)	21759	_			
	(2) Participants	. 8a(2)	53332	_			
	(3) Others (including rollovers)	. 8a(3)					
b	Other income (loss)	. 8b	-1328				
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				73763	
d	Benefits paid (including direct rollovers and insurance premiums		407004				
	to provide benefits)	. 8d	187681				
е	Certain deemed and/or corrective distributions (see instructions) \ldots	. 8e					
f	Administrative service providers (salaries, fees, commissions)	. 8f	3013				
g	Other expenses	. 8g					
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					190694	
i	Net income (loss) (subtract line 8h from line 8c)					-116931	
i	Transfers to (from) the plan (see instructions)						
		· 8j					

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		•	
Part IV	Plan	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 2F 2G 2J 2K 2T 3D

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

art V Compliand	e Questions							
During the plan yea	r:		Yes	No		Am	ount	
	to transmit to the plan any participant contributions within the time period described in 2? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X				
	exempt transactions with any party-in-interest? (Do not include transactions reported	10b		X				
C Was the plan cove	red by a fidelity bond?	10c	X					2000
•	loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud	10d		X				
insurance service o	ommissions paid to any brokers, agents, or other persons by an insurance carrier, r other organization that provides some or all of the benefits under the plan? (See	10e	X					178
f Has the plan failed	to provide any benefit when due under the plan?	10f		X				
g Did the plan have a	ny participant loans? (If "Yes," enter amount as of year end.)	10g		X				
	al account plan, was there a blackout period? (See instructions and 29 CFR	10h		X				
	d "Yes," check the box if you either provided the required notice or one of the ding the notice applied under 29 CFR 2520.101-3	10i						
art VI Pension Fu	inding Compliance							
1 Is this a defined be	nefit plan subject to minimum funding requirements? (If "Yes," see instructions and com						Yes	X N
•	ntribution plan subject to the minimum funding requirements of section 412 of the Code						Yes	X N
a If a waiver of the m granting the waiver	I2a or 12b, 12c, 12d, and 12e below, as applicable.) nimum funding standard for a prior year is being amortized in this plan year, see instru	th						
	12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	12b				
	required contribution for this plan year			12c				
d Subtract the amour	ontributed by the employer to the plan for this plan year t in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left	of a		12d				
• ,	nding amount reported on line 12d be met by the funding deadline?				Yes	П	No	N/A
	inations and Transfers of Assets							,
	rminate the plan been adopted in any plan year?				Yes X	No		
	mount of any plan assets that reverted to the employer this year		1					
•	sets distributed to participants or beneficiaries, transferred to another plan, or brought						Yes	X N
C If during this plan y	ear, any assets or liabilities were transferred from this plan to another plan(s), identify tilities were transferred. (See instructions.)							_
13c(1) Name of plan(5):		13	c(2) El	IN(s)		13c(3)) PN(s)
aution: A penalty for t	e late or incomplete filing of this return/report will be assessed unless reasonab	le car	ıse is	estab	lished	I		
Inder penalties of perjury	and other penalties set forth in the instructions, I declare that I have examined this retileted and signed by an enrolled actuary, as well as the electronic version of this return.	urn/re _l	port, ir	ncludin	g, if appl			

SIGN	Filed with authorized/valid electronic signature.	07/12/2012	RICHARD J. RINEHART, JR.
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 sections 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

	art I Annual Report Identification Information	7 /07 /0			35/53/553	
For		1/01/2	011 and ending		12/31/201	.1
Α	This return/report is for:	a multiple	-employer plan (not multiemployer)		a one-particip	oant plan
В	This return/report is:	the final re	eturn/report			
	an amended return/report	a short pla	n year return/report (less than 12 mo	nths)		
С	Check box if filing under: Form 5558	automatic	extension	1	DFVC progra	m
	special extension (enter description	n)		'		
Pi	art II Basic Plan Information—enter all requested information	ation				
	Name of plan			1b	Three-digit	
	WHH Construction 401(k) Plan				plan number	
					(PN) ▶	001
				10	Effective date of 08/01/2006	
22	Plan sponsor's name and address; include room or suite number (e	mployer if	for a single employer plan)	26		
£a	WHH Nisqually Federal Services, LLC	inployer, n	ioi a single-employer plais)	20	Employer Identif	4506
			ŀ	2c	Sponsor's telep	
					(253) 722-	
	1423 E. 29th Street, Suite 431		ľ	2d	Business code (see instructions)
	Tacoma		WA 98404		236200	
3a	Plan administrator's name and address (if same as plan sponsor, ea	nter "Same	")	3b	Administrator's I	ΞIN
	Same		Ì	30	A dustriaturata via t	ialanhana ahan
				36	Auministrators	lelephone number
4	If the name and/or EIN of the plan sponsor has changed since the I	ast return/i	report filed for this plan, enter the	4b	EIN	
	name, EiN, and the plan number from the last return/report.		İ			
	Sponsor's name			<u>4c</u>	PN T	
5a			}	5a		7
b				5b		8
С	Number of participants with account balances as of the end of the posterior complete this item)			5c		5
6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)			X Yes No
b	Are you claiming a waiver of the annual examination and report of					X 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 F				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	X Yes No
P	art III Financial Information	01111 3300-	OF and must histead use Form 550			
7	Plan Assets and Liabilities	14(2-2-1) - 1 2(4 19(10) 1-1- 1-1	(a) Beginning of Year	<u> </u>	(b) End	of Year
•	Total plan assets	7a	351,13	3	10/ 2::0	234,202
b						1.1
C		7c	351,13	3		234,202
8						
_	income Expenses and transfers for this Flan Fear	1	(a) Amount		(b) 1	
a	Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:		(a) Amount		(b) 1	Total
а		8a(1)	(a) Amount 21,75	9	(b) T	
а	Contributions received or receivable from:	8a(1) 8a(2)		⊣	(b) 1	
а	Contributions received or receivable from: (1) Employers		21,75 53,33	2	(b) 1	
a b	Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers)	8a(2)	21,75	2	(b) 1	
	Contributions received or receivable from: (1) Employers	8a(2) 8a(3)	21,75 53,33	2	(b) 1	
b	Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8a(2) 8a(3) 8b	21,75 53,33	2	(b) 1	Total .
b	Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8a(2) 8a(3) 8b 8c	21,75 53,33 (1,328	2	(b) 1	Total .
b c d	Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8a(2) 8a(3) 8b 8c 8d	21,75 53,33 (1,328	1	(b) 1	Total .
b c d	Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	8a(2) 8a(3) 8b 8c 8d 8e 8f	21,75 53,33 (1,328 187,68	1	(b) 1	Total .
b c d	Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	8a(2) 8a(3) 8b 8c 8d 8e 8f	21,75 53,33 (1,328 187,68	1	(b) 1	Total .
b c d e f g	Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses	8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	21,75 53,33 (1,328 187,68	1	(b) 1	Total 73,763

Form	5500	-SF	201	•

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Part IV	Plan	Characteristics
C (11) 1 V 1		

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

art	V	Compliance Questions							
10	Dui	ing the plan year:		-		Yes	No	,	Amount
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	•		10a		х		
b		re there any nonexempt transactions with any party-in-interest? (Do ine 10a.)			10b		х		
С	Wa	s the plan covered by a fidelity bond?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		10c	Х			20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						Х		
е	insı	re any fees or commissions paid to any brokers, agents, or other pe grance service or other organization that provides some or all of the gructions.)	benefits under the	plan? (See	10e	Х			1,785
f	Has	s the plan failed to provide any benefit when due under the plan?			10f		Х		***************************************
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	year end.)		10g		Х		
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)			10h		Х		
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i				
art	VI	Pension Funding Compliance							
11		nis a defined benefit plan subject to minimum funding requirements?							☐ Yes ☒ No
12		his a defined contribution plan subject to the minimum funding requ							Yes X No
	(If "	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	.)						
а		waiver of the minimum funding standard for a prior year is being an							
lf y		nting the waivercomplete lines 3, 9, and 10 of Schedule MB					Day		1 Cai
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 y	year				12c		
d		tract the amount in line 12c from the amount in line 12b. Enter the rative amount)				[12d		
e	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?				*****	Yes	No N/A
art	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?						Yes X No)
	If "Y	es," enter the amount of any plan assets that reverted to the emplo	oyer this year		1	3a			
b		re all the plan assets distributed to participants or beneficiaries, tran	nsferred to another	plan, or brought u	under	the co	ontrol		Yes X No
С		uring this plan year, any assets or liabilities were transferred from the chassets or liabilities were transferred. (See Instructions.)	nis plan to another	plan(s), identify th	ne pla	n(s) to)		
1	3c(1) Name of plan(s):			<u> </u>	13	c(2) E	IN(s)	13c(3) PN(s)
Caut	ion:	A penalty for the late or incomplete filing of this return/report v	will he assessed :	ınless reasonahi	le car	ıse is	estab	lished	
Unde SB o	r pe r Scl	nalties of perjury and other penalties set forth in the instructions, i di nedule MB completed and signed by an enrolled actually, as well as true, correct, and complete.							ble, a Schedule knowledge and
SIG	$_{N}T$		1/16/17/	David Wals	h				
HER		Signature of plan administrator	Dake /	Enter name of in	<u>ndivid</u>	ual sig	ning a	s plan admi	nistrator
SIG	N								
HER		Signature of employer/plan sponsor	Date	Enter name of in	ndivid	ual sig	ning a	s employer	or plan sponsor