## 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

2012

This Form is Open to Public Inspection

Part I	Annual Report I	dentification Information					
For calend	ar plan year 2012 or fis	cal plan year beginning 01/01/	2012	and ending 1:	2/13/2	2012	
A This ref	turn/report is for:	X a single-employer plan	a multiple-employer	plan (not multiemployer)		a one-particip	ant plan
<b>B</b> This ret	turn/report is:	the first return/report	the final return/repor	t			
	•	an amended return/report	x a short plan year retu	rn/report (less than 12 mo	onths)	)	
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	ım
	g	special extension (enter descr	iption)				
Part II	Basic Plan Infor	rmation—enter all requested info	ormation				
1a Name		an requestouring			1b	Three-digit	
	WEST CONST INC PRO	OFIT SHARING PLAN				plan number	
						(PN) <b>•</b>	001
					1C	Effective date of 01/01/	
2a Plan s	nonsor's name and add	dress; include room or suite numbe	er (employer if for a single	e-employer plan)	2h	Employer Identif	
	WEST CONST INC		(6p.6) 6.,6. & 6g.	o omproyor pramy	_~	(EIN) 91-16	
					2c	Sponsor's telep	hone number
3091 SCOO						509-839	9-3378
SUNNYSIDI	E, WA 98944-0000				2d	Business code (	•
22 Dlan a	dminiatrataria nama an	d address XSame as Plan Spons	or Nama Cama as Dis	an Sponsor Address	2h	23620 Administrator's I	
<b>Ja</b> Plan a	uministrator's name an	d address Asame as Plan Spons	or Name	an Sponsor Address	30	Administrators	IIN
					3c	Administrator's t	elephone number
4 If the r	name and/or FIN of the	plan sponsor has changed since t	he last return/report filed	for this plan, enter the	4h	EIN	
		nber from the last return/report.	ne last return/report med	ioi tilis piari, criter tile	40	EIIN	
<b>a</b> Spons	or's name				4c	PN	
<b>5a</b> Total	number of participants	at the beginning of the plan year			5a		3
<b>b</b> Total	number of participants	at the end of the plan year			5b		0
		account balances as of the end of t		•	5c		0
	•						X Yes No
	•	during the plan year invested in el the annual examination and report	•	,			N les   No
		(See instructions on waiver eligibi					X Yes No
If you	answered "No" to eit	ther line 6a or line 6b, the plan c	annot use Form 5500-SI	F and must instead use	Form	5500.	
		or incomplete filing of this return					
		er penalties set forth in the instruc d signed by an enrolled actuary, a					
	true, correct, and comp		3 Well as the electronic ve	rision of this return report,	, and	to the best of my	Knowledge and
OLON	Filed with authorized/v	valid electronic signature.	03/08/2013	PAUL STAMSCHROR			
SIGN HERE						<del></del>	
	Signature of plan ac		Date	Enter name of individu		gning as plan adn	ninistrator
SIGN HERE	Filed with authorized/\	valid electronic signature.	03/08/2013	PAUL STAMSCHROR			
	Signature of employ		Date	Enter name of individu			
Preparer's	name (including firm na	ame, if applicable) and address; in	ciude room of suite numb	ег (ориопат)	rrep	parer s releprione	number (optional)
Ī							

Form 5500-SF 2012 Page **2** 

Dor	t III   Einangial Information							
Par 7	<u> </u>		(a) Deminute of Ver				(h) Fud of Voca	
	Plan Assets and Liabilities	_	(a) Beginning of Yea				(b) End of Year	
	Total plan assets	7a	33231	1			0	
	Total plan liabilities	7b	22024	4			0	
	Net plan assets (subtract line 7b from line 7a)	7c	33231	1			0	
	Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:		(a) Amount				(b) Total	
	(1) Employers	8a(1)	145	7				
•	(2) Participants	8a(2)						
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	3605	52				
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					37509	
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	36982	20	31309			
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					369820	
i	Net income (loss) (subtract line 8h from line 8c)	8i					-332311	
	Transfers to (from) the plan (see instructions)	8i						
Par	t IV Plan Characteristics	, ,	l					
	If the plan provides pension benefits, enter the applicable pension 2A 2E 2G 2J 2K 2R 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:	
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cteristi	ic Cod	les in tl	he instructions:	
Dowl	V Compliance Overtions							
Part				ı	V	Na		
10 a	During the plan year:  Was there a failure to transmit to the plan any participant contribu			4.0	Yes	No X	Amount	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu Were there any nonexempt transactions with any party-in-interest on line 10a.)	? (Do not	include transactions reported	10a		X		
	·			10b	Χ			
c	Was the plan covered by a fidelity bond?			10c	^		40000	
d	Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty?	-		10d		X		
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X		
f	Has the plan failed to provide any benefit when due under the plan	n?		10f		Χ		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	and )			X		
h	If this is an individual account plan, was there a blackout period? (2520.101-3.)	(See instru	uctions and 29 CFR	10g 10h		X		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	ne require	d notice or one of the	10ii				
Part		1-0		101				
11	Is this a defined benefit plan subject to minimum funding requirem 5500) and line 11a below)							
11a	Enter the amount from Schedule SB line 39					11a		
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	or se	ction 3	302 of	ERISA? Yes X No	
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,	, as applic	able.)					
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year	
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule	e MB (For	m 5500), and skip to line 13.					
b	Enter the minimum required contribution for this plan year					12b		

Form 5500-SF 2012 Page <b>3</b> - 1				
Enter the amount contributed by the employer to the plan for this plan year	12c			
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)	12d			
Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A
VII Plan Terminations and Transfers of Assets				
Has a resolution to terminate the plan been adopted in any plan year?	X	'es No		
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a			
Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the confidence of the PBGC?	ontrol		X Yes	No
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.)	0		_	
3c(1) Name of plan(s):	3 <b>c(2)</b> El	N(s)	13c(3) F	PN(s)
VIII Trust Information (optional)			<u> </u>	
	Nill the minimum funding amount reported on line 12d be met by the funding deadline?	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year	Enter the amount contributed by the employer to the plan for this plan year

14b Trust's EIN

14a Name of trust

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► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

		Identification Information				
For	calendar plan year 2012 or fis	scal plan year beginning	01/01/2012	and ending	12/13/2012	
Α	This return/report is for:	x a single-employer plan	a multiple-employer	olan (not multiemploye	er) 🗌 a one-par	ticipant plan
В	This return/report is:	the first return/report	the final return/report			
		an amended return/report	a short plan year retu	ırn/report (less than 12	2 months)	
С	Check box if filing under:	Form 5558	automatic extension		☐ DFVC pro	gram
		special extension (enter description	on)		_	
P	art II Basic Plan Info	ormation enter all requested info	ormation			
1a	Name of plan				1b Three-digit	
	PS NORTHWEST CONST	INC PROFIT SHARING PLAN			plan number (PN) ▶	001
					1c Effective dat	e of plan
22	Diam ananania nama and ad				01/01/19	
Zd	Plan sponsors name and ad PS NORTHWEST CONST	ldress; include room or suite number ( INC	employer, if for a single	e-employer plan)	2b Employer Ide (EIN) 91-	entification Number 1659492
	3091 SCOON ROAD				2c Sponsor's te (509) 83	
	SUFF DOOD! NOTE				2d Business cod	de (see instructions)
US	SUNNYSIDE	WA 98944-0000			236200	
зa	Plan administrator's name ar	nd address X Same as Plan Sponso	or Name   Same as	Plan Sponsor Address	<b>3b</b> Administrato	r's EIN
					3C Administrato	r's telephone number
4		plan sponsor has changed since the	last return/report filed f	or this plan, enter the	4b EIN	
2	•	nber from the last return/report.			40.50	
	Sponsor's name	at the beginning of the plan year	· <u>-</u>		4c PN	3
b		at the end of the plan year			5a 5b	0
С	Number of participants with a	account balances as of the end of the	plan year (defined bene	efit plans do not		
		during the plan year invested in eligibl			5c	0
b		the annual examination and report of		***************************************		X Yes No
-		(See instructions on waiver eligibility		a public accountant (i	QFA)	X Yes No
	If you answered "No" to eit	her line 6a or line 6b, the plan cann	ot use Form 5500-SF	and must instead us	e Form 5500.	
Ca	ution: A penalty for the late	or incomplete filing of this return/re	port will be assessed	unless reasonable o	ause is established.	
SB	der penalties of perjury and ot or Schedule MB completed a ief, it is true, correct, and com	her penalties set forth in the instructior nd signed by an enrolled actuary, as w	ns, I declare that I have vell as the electronic ve	examined this return/ rsion of this return/rep	report, including, if apport, and to the best of i	licable, a Schedule ny knowledge and
	1 22	Jice.	2-41 12	<b>\</b> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	GN Sam		3-4-13	-	tamschru	
н	ERE orgnature of plan adm	inistrator	Date	<i>1</i> 3 7 7	dual signing as plan ad	<del></del>
	GN Jay	<u> </u>	3-4-/3	raul A	. Stamsc	
	Signature of employer	<u> </u>	Date		lual signing as employe	
Pre	eparer's name (including firm n	ame, if applicable) and address; include	ge room or suite numbe	er (optional)	Preparer's telephor	ne number (optional)
					The second	1885 T

P	art III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	r			(b) End of	rear	
a	Total plan assets	7a	332,3	11				0	
b	Total plan liabilities	7b							
С	Net plan assets (subtract line 7b from line 7a)	7c	332,3	11				0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Tota		
а	Contributions received or receivable from:								
	(1) Employers	8a(1)	1,4	57					
	(2) Participants	8a(2)						44.	
<u>_</u>	(3) Others (including rollovers)	8a(3) 8b	0.0						
D Other income (loss)			36,052						
q c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				37,509			
u	to provide benefits)	8d	369,8	20					
е	Certain deemed and/or corrective distributions (see instructions)	8e							
f	Administrative service providers (salaries, fees, commissions)	8f						**L	
g	Other expenses	8g							
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					**************************************	369,820	
i	Net income (loss) (subtract line 8h from line 8c)	8i					(	332,311)	
<u>j</u>	Transfers to (from) the plan (see instructions)	8j						1	
Pa	rt IV Plan Characteristics								
9a	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan Characte	eristic	Code	s in th	e instructions	:	
	2A 2E 2G 2J 2K 2R 3D								
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	from the List of Plan Character	istic (	Codes	in the	instructions		
~	The plant produced the same to		. Hom the Elector Flam Character	10110	00000	, ,,, ,,,,	mondono.		
Pa	rt V Compliance Questions								
10	During the plan year:				Yes	No	Δm	nount	
a									
a	· · · · · · · · · · · · · · · · · · ·								
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correc	ction Program)	10a		х			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduci	ary Correct (Do not in	ction Program)	10a 10b		x			
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.)	ary Correct (Do not in	ction Program)		х	-		40,000	
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.)  Was the plan covered by a fidelity bond?	(Do not in	ction Program)  Include transactions reported	10b	х	-			
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commissions paid to any brokers, agents, or other	(Do not in indelity bonder)	d, that was caused by fraud	10b 10c	х	х			
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of	(Do not in idelity bonds persons to the benefit	d, that was caused by fraud  y an insurance carrier, fits under the plan? (See	10b 10c 10d	х	x			
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)	(Do not in idelity bonders the benefit	d, that was caused by fraud  oy an insurance carrier, fits under the plan? (See	10b 10c 10d	х	x			
d e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plan	delity bonomer persons to the benefit.	d, that was caused by fraud  y an insurance carrier, fits under the plan? (See	10b 10c 10d 10e 10f	х	x x x			
b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plan	delity bonomer persons to the benefit.	d, that was caused by fraud  y an insurance carrier, fits under the plan? (See	10b 10c 10d	х	x			
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b c d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (S	delity bon- persons to the beneficial of year er Gee instructions and the control of the control of the control of year er gerequired	d, that was caused by fraud  by an insurance carrier, fits under the plan? (See  ad.)  ctions and 29 CFR	10b 10c 10d 10e 10f 10g	x	x x x x			
b c c d d e e e e e e e e e e e e e e e e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.)	delity bon- persons to the beneficial of year er Gee instructions and the control of the control of the control of year er gerequired	d, that was caused by fraud  by an insurance carrier, fits under the plan? (See  ad.)  ctions and 29 CFR	10b 10c 10d 10e 10f 10g	x	x x x x			
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b c c d e e e e e e e e e e e e e e e e e	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducion Were there any nonexempt transactions with any party-in-interest? on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-  To VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements.	delity bon- idelity bon- persons to the beneficer of year er erequired a series (If "Y	d, that was caused by fraud  oy an insurance carrier, fits under the plan? (See  dd.)  ctions and 29 CFR  notice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	chedu	x x x x x x			
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b     c   c   d	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducions Were there any nonexempt transactions with any party-in-interest? on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  It VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements as a defined benefit plan subject to minimum funding requirements.	idelity bon- idelity bon- persons to the beneficer enstruction of year er enstruction of year erequired and the second of the persons to the beneficer enstruction of year erequired and the second of year erequirement of ye	ction Program)  Include transactions reported  Include transac	10b 10c 10d 10e 10f 10g 10h 10i	chedu	x x x x x 111a	·····	40,000	
b     c   c   d	Were there any nonexempt transactions with any party-in-interest? on line 10a.)  Was the plan covered by a fidelity bond?  Did the plan have a loss, whether or not reimbursed by the plan's for dishonesty?  Were any fees or commisions paid to any brokers, agents, or other insurance service or other organization that provides some or all of instructions.)  Has the plan failed to provide any benefit when due under the plan Did the plan have any participant loans? (If "Yes," enter amount as If this is an individual account plan, was there a blackout period? (\$2520.101-3.)  If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101.  If VI Pension Funding Compliance  Is this a defined benefit plan subject to minimum funding requirements and the amount from Schedule SB line 39  Is this a defined contribution plan subject to the minimum funding requirements and the second se	ary Correct (Do not in the continuation of the benefit of year erect of	ction Program)  Include transactions reported  Include transac	10b 10c 10d 10e 10f 10g 10h 10i	chedu	X X X X X 11a 2 of E	RISA?	40,000  Yes X No	
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