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).

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

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending 1	2/31/2	2010
Α .	This return/report is for:	multiple-e	mployer 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	year return/report (less than 12 mo	nths)	
C	Check box if filing under: Form 5558	automatic	extension		▼ DFVC program
	special extension (enter descripti	on)			
Pa	Int II Basic Plan Information—enter all requested inform	nation			
	Name of plan			1b	Three-digit
E. KE	NT HALVORSON, INC DAVIS-BACON PENSION PLAN AND TRU	JST			plan number 002
				10	(PN)
				10	Effective date of plan 09/21/1998
2a	Plan sponsor's name and address (employer, if for single-employer	r plan)		2b	Employer Identification Number
E. KE	ENT HALVORSON, INC				(EIN) 91-1278481
9840	WILLOWS RD NE STE 200			2c	Plan sponsor's telephone number 425-885-1983
REDI	MOND, WA 98008			2d	Business code (see instructions)
					237990
3a E. KE	Plan administrator's name and address (if same as Plan sponsor, 6 NT HALVORSON, INC 9840 WILLO	enter "Same WS RD NE	e") E STE 200	3b	Administrator's EIN 91-1278481
	REDMOND,	WA 98008		3c	Administrator's telephone number
					425-885-1983
	f the name and/or EIN of the plan sponsor has changed since the laname, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	tarret, zira, ana tro plan nambor nom tro taot rotam roporta. Opono.	or o marmo		4c	PN
5a Total number of participants at the beginning of the plan year					2
b Total number of participants at the end of the plan year				5b	1
С	Total number of participants with account balances as of the end of			F	1
	complete this item)			5c	
	Were all of the plan's assets during the plan year invested in eligit Are you claiming a waiver of the annual examination and report of		,		^ Yes No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility				Yes No
_	If you answered "No" to either 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	00.	
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year	1	(b) End of Year 9149
	Total plan assets)	3143
	Total plan liabilities	7b	14184		9149
<u> </u>	Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year	7с			
а	Contributions received or receivable from:		(a) Amount		(b) Total
-	(1) Employers	. 8a(1))	
	(2) Participants	. 8a(2)			
	(3) Others (including rollovers)	. 8a(3)			
b	Other income (loss)	8b	528	3	
C	Other income (loss)	8b	528	3	528
	Other income (loss)	8b 8c	528		528
c d	Other income (loss)	8b 8c 8d			528
c d	Other income (loss)	8b 8c 8d 8e			528
c d e	Other income (loss)	8b 8c 8d 8d 8e 8f	5563		528
c d e f	Other income (loss)	8b 8c 8d 8e 8f 8g	5563	3	528 5563
c d e f	Other income (loss)	8b 8c 8d 8e 8f 8g 8h	5563	3	

	ı	Form 5500-SF 2010 Page 2-								
Par	t IV	Plan Characteristics								
Эа		e plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2F 2G 2T 3D	racteris	stic Co	des in	the instr	uction	s:		
b		plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char	acteris	tic Cod	les in	the instri	ıctions	·		
		plant provided wentare benefite, enter the applicable wentare reading december the blat of that enter	aotorio	110 000	200 111	110 1110110	ouone	,.		
art	: V	Compliance Questions								
0	Dur	ing the plan year:		Yes	No		Am	ount		
а		s 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					
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		X					
С	Wa	s the plan covered by a fidelity bond?	10c	X					50	000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud ishonesty?	10d		X					
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, irance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	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.)	10q		X					
h		is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10h		X					
i		The was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i							
art	VI	Pension Funding Compliance								
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor					[Yes	П	No
2	ls tl	nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ection 3	302 of	ERISA?		Yes	X	No
	,	es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)								
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruiting the waiver						etter rul ar	ing	
lf :	·	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13			Day			a''		-
b	Ente	er the minimum required contribution for this plan year		[12b					
С	Ente	er the amount contributed by the employer to the plan for this plan year		[12c					
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left ative 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								
3a	Has	a resolution to terminate the plan been adopted during the plan year or any prior year?					Ī	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 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.)

13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)

Yes No

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.	12/17/2013	KENT HALVORSON
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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2010

OMB Nos. 1210-0110

1210-0089

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۲	art i Annual Report	identification information						
Fo	r calendar plan year 2010 or fis	scal plan year beginning	01/01/	2010	and ending		12/31/2010	
A	This return/report is for:	X single-employer plan	multiple-e	employer plan (no	ot multiemployer)		one-participant plan	
	This return/report is for:	first return/report	final retur	n/report			_	
_	The retain, open to ter.	an amended return/report	วี่ short plan	· vear return/rep	ort (less than 12 mo	nths)		
_	Obselvhery if filing under	Form 5558	4	extension		,	X DFVC program	
C	Check box if filing under:			CATCHOION			Di vo program	
_		special extension (enter descript						
		rmation—enter all requested inform	nation			16	Thurs divis	
1a	Name of plan	THE DAVIE DAGON DENC	TON DIA	אז אאר יידור דו	יחי	10	Three-digit plan number	
	E. KENI HALVORSON	I, INC DAVIS-BACON PENS	ION PLA	IN AND IRUS	5 1		(PN) 002	
						1c	Effective date of plan	
							09/21/1998	
2a	Plan sponsor's name and ad	dress (employer, if for single-employe	r plan)				Employer Identification Number	r
	E. KENT HALVORSON	I, INC					(EIN) 91-1278481	
	9840 WILLOWS RD N	IE STE 200				20	Plan sponsor's telephone numl 425-885-1983	ber
						2d	Business code (see instruction	s)
ie.	REDMOND	WA 98008					237990	
3a	Plan administrator's name ar	nd address (if same as Plan sponsor, INC	enter "Same	e")		3b	Administrator's EIN	
7						20	91-1278481	h a 11
	9840 WILLOWS RD N REDMOND	IE STE 200 WA 98008				30	Administrator's telephone num 425-885-1983	ber
4		plan sponsor has changed since the la	ast return/re	port filed for this	plan, enter the	4b		
		ber from the last return/report. Spons		•				
						4c	PN	2
5a	5a Total number of participants at the beginning of the plan year			5a				
b	b Total number of participants at the end of the plan year			5b		1		
С	The state of the s	with account balances as of the end of				5c		1
_							X Yes ☐	_
		s during the plan year invested in eligi					X Yes [No
D		f the annual examination and report of ? (See instructions on waiver eligibility					X Yes	No
		ther 6a or 6b, the plan cannot use I		,				
Pa	art III Financial Inforr							
7	Plan Assets and Liabilities			(a) Beg	inning of Year		(b) End of Year	
a	Total plan assets		7a		1418	4	9	149
b	Total plan liabilities		7b			0		
c	Net plan assets (subtract line	e 7b from line 7a)	7c		1418	4	9	149
8	Income, Expenses, and Tran	nsfers for this Plan Year		(a)	Amount		(b) Total	
а	Contributions received or rec							
	• • • • •					0		
	(2) Participants		8a(2)			4		
	(3) Others (including rollove	rs)	8a(3)			_		
b	Other income (loss)		8b		52	8		
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					528
d		ct rollovers and insurance premiums				2		
	' '				556	3		
е	Certain deemed and/or corre	active dietributione (eee instructions)	l 8e					
_		·				7		
f	•	ders (salaries, fees, commissions)	8f					
	•	·	8f 8g			0		
f	Other expenses	ders (salaries, fees, commissions)	8f 8g			0		563
f g	Other expenses Total expenses (add lines 8d Net income (loss) (subtract li	ders (salaries, fees, commissions)	8f 8g 8h 8i			0		563

Page	2-	1
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Form 5	KAAA C	· E 2	ገ 1 ሰ

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Part IV	Plan Characteristics

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

Part	: V	Compliance Questions								
10	_	ring the plan year:				Yes	No	,	mount	
а		as there a failure to transmit to the plan any participant contributions OCFR 2510,3-102? (See instructions and DOL's Voluntary Fiduciary			10a		Х			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						х			
С	W	as the plan covered by a fidelity bond?			10c	х				5000
d		the plan have a loss, whether or not reimbursed by the plan's fidelit			10d		Х			
е	ins	ere any fees or commissions paid to any brokers, agents, or other pe urance service or other organization that provides some or all of the tructions.)	benefits under the	plan? (See	10e		Х			
f	На	s the plan failed to provide any benefit when due under the plan?			10f		Х			
g	Dic	the plan have any participant loans? (If "Yes," enter amount as of ye	ear end.)		10g		Х			
h		nis is an individual account plan, was there a blackout period? (See i 20.101-3.)			10h		Х			
i		Oh was answered "Yes," check the box if you either provided the requeptions to providing the notice applied under 29 CFR 2520.101-3			10i					
Part	VI	Pension Funding Compliance								
11		his a defined benefit plan subject to minimum funding requirements?							Yes	s No
lf y	lf a gra /ou	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being am nting the waiver. completed line 12a, complete lines 3, 9, and 10 of Schedule MB er the minimum required contribution for this plan year	nortized in this plan (Form 5500), and	Monti	h					
		er the amount contributed by the employer to the plan for this plan ye					12c			
ď	Sub	otract the amount in line 12c from the amount in line 12b. Enter the relative amount)	esult (enter a minu	is sign to the left o	of a		12d			
е	Wil	the minimum funding amount reported on line 12d be met by the fur	nding deadline?					Yes	No	☐ N/A
art	VII	Plan Terminations and Transfers of Assets								
13a	Has	s a resolution to terminate the plan been adopted during the plan yea	ar or any prior year	r?			ecce)		Yes	x No
	If "\	es," enter the amount of any plan assets that reverted to the employ	yer this year				13a			
b		re all the plan assets distributed to participants or beneficiaries, trans he PBGC?							Yes	s X No
С		uring this plan year, any assets or liabilities were transferred from thi ch assets or liabilities were transferred. (See instructions.)	is plan to another	plan(s), identify the	e plar	n(s) to				
1	3c(1) Name of plan(s):				13c(2) EIN(s)			13c(3) PN(s)
		· · · · · · · · · · · · · · · · · · ·								
		A penalty for the late or incomplete filing of this return/report w								
SB or	· Scł	nalties of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as t true_correct, and complete.	eclare that I have e the electronic vers	examined this return/r	rn/rep eport,	ort, in , and t	cluding o the b	g, if applicat best of my k	le, a Sc nowledg	hedule e and
SIG	, [7/ 1/2	2/17/13	KENT HALVOR	RSON					
HER		Signature of plan administrator D	Date,	Enter name of inc	dividu	al sigr	ning as	plan admir	istrator	
SIGI		Effether pres 1		KENT HALVOR	RSON			1120		
HER	Signature of employer/plan sponsor Date Enter name of						ning as	employer o	r plan s	ponsor