	Form 5500-SF		eturn/l Benefit	Report of Small Emplo	yee	OMB Nos. 1210-01 1210-00				
	Department of the Treasury Internal Revenue Service	This form is required to be file	e	2009						
Er	Department of Labor mployee Benefits Security Administration	he This Form is Open to Pub								
Pension Benefit Guaranty Corporation         Inspection <ul> <li>Complete all entries in accordance with the instructions to the Form 5500-SF.</li> </ul>										
Part I         Annual Report Identification Information           For calendar plan year 2009 or fiscal plan year beginning         01/01/2009         and ending         12/31/2009										
	A This return/report is for:       X single-employer plan       multiple-employer plan (not multiemployer)       one-participant plan         P This return/report is for:       A first return/report       first return/report       one-participant plan									
Б	B This return/report is for:									
c	C Check box if filing under:       Form 5558       automatic extension       DFVC program									
C Check box if filing under:										
Pa	art II Basic Plan Inform	nation—enter all requested inform	,				—			
	Name of plan		allon		1b	Three-digit				
	-	IS-BACON PENSION PLAN AND T	RUST			plan number				
					1.	(PN) 🖡				
					TC	Effective date of plan 09/01/1988				
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1006803				
					2c	Plan sponsor's telephone numbe 360-366-5000	÷r			
	) SLATER RD STE 9 NDALE, WA 98248				2d	Business code (see instructions) 237990				
		address (if same as Plan sponsor, e			3b	Administrator's EIN				
CALI	LEN CONSTRUCTION CO	1350 SLATE FERNDALE,			30	91-1006803				
					30	<b>3c</b> Administrator's telephone number 360-366-5000				
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						<b>4c</b> PN				
5a	Total number of participants at	the beginning of the plan year			5a	a 2				
b	Total number of participants at	the end of the plan year			5b		7			
<b>C</b> Total number of participants with account balances as of the end of the plan year (defined benefit plans do not							1			
-			, ,	· ·	5c		7			
	complete this item)	uring the plan year invested in eligib			5c	X Yes [] 1				
6a	complete this item) Were all of the plan's assets du Are you claiming a waiver of the	uring the plan year invested in eligib e annual examination and report of	le assets? an indeper	(See instructions.)	PA)		7 No			
6a	complete this item) Were all of the plan's assets du Are you claiming a waiver of th under 29 CFR 2520.104-46? (S	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility	le assets? an indeper and conditi	(See instructions.) Ident qualified public accountant (IC ons.)	PA)		7			
6a b	complete this item) Were all of the plan's assets du Are you claiming a waiver of th under 29 CFR 2520.104-46? (S If you answered "No" to eithe	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F	le assets? an indeper and conditi	(See instructions.) Ident qualified public accountant (IC ons.)	PA)		7 No			
6a b	complete this item) Were all of the plan's assets du Are you claiming a waiver of th under 29 CFR 2520.104-46? (S	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F	le assets? an indeper and conditi	(See instructions.) Ident qualified public accountant (IC ons.) SF and must instead use Form 55	PA)		7 No			
6a b Pa	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of th         under 29 CFR 2520.104-46? (\$         If you answered "No" to eithe         urt III       Financial Information         Plan Assets and Liabilities	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F	le assets? an indeper and conditi	(See instructions.) Ident qualified public accountant (IC ons.)	PA)		7 No No			
6a b Pa 7	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of th         under 29 CFR 2520.104-46? (\$         If you answered "No" to eithe         Int III       Financial Information         Plan Assets and Liabilities         Total plan assets	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F ation	le assets? an indeper and conditi orm 5500-	(See instructions.) ident qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 20098	PA)	Yes [] f	7 No No			
6a b Pa 7 a	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of th         under 29 CFR 2520.104-46? (\$         If you answered "No" to either         Int III         Financial Information         Plan Assets and Liabilities         Total plan liabilities	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use Fa ation	le assets? an indeper and conditi orm 5500-	(See instructions.) ident qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 20098	(PA)	Yes [] f	7 No No 43 0			
6a b Pa 7 a b	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of th         under 29 CFR 2520.104-46? (\$         If you answered "No" to either         Int III         Financial Information         Plan Assets and Liabilities         Total plan liabilities	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use Fo ation	le assets? an indeper and conditi orm 5500-	(See instructions.) ident qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 20098	(PA)	(b) End of Year	7 No No 43 0			
6a b Pa 7 a b c	complete this item) Were all of the plan's assets du Are you claiming a waiver of th under 29 CFR 2520.104-46? (\$ If you answered "No" to eithe It III Financial Informa Plan Assets and Liabilities Total plan assets Total plan assets Net plan assets (subtract line 7 Income, Expenses, and Transfe Contributions received or received	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F ation b from line 7a) ers for this Plan Year vable from:	le assets? an indeper and conditi orm 5500-	(See instructions.) Ident qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 20098 (a) Amount	PA) 600. 8 0 8	(b) End of Year 16094 16094	7 No No 43 0			
6a b 7 a b c 8	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of the         under 29 CFR 2520.104-46? (S         If you answered "No" to eithe         Int III         Financial Information         Plan Assets and Liabilities         Total plan assets         Total plan liabilities         Net plan assets (subtract line 7         Income, Expenses, and Transfer         Contributions received or receive         (1)	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F ation b from line 7a) ers for this Plan Year vable from:	le assets? an indeper and conditi orm 5500-	(See instructions.) ident qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 20098 (a) Amount 397	PA) <b>600.</b> 8 0 8 7	(b) End of Year 16094 16094	7 No No 43 0			
6a b 7 a b c 8	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of th         under 29 CFR 2520.104-46? (S         If you answered "No" to either         Int III         Financial Information         Plan Assets and Liabilities         Total plan assets         Total plan liabilities         Net plan assets (subtract line 7         Income, Expenses, and Transfer         Contributions received or received         (1) Employers         (2) Participants	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F ation b from line 7a) ers for this Plan Year vable from:	le assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) ident qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 20098 20098 (a) Amount 397	PA) 600. 8 0 8 7 0	(b) End of Year 16094 16094	7 No No 43 0			
6a b 7 a b c 8	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of th         under 29 CFR 2520.104-46? (\$         If you answered "No" to eithe         Int III       Financial Information         Plan Assets and Liabilities         Total plan assets (subtract line 7         Income, Expenses, and Transfer         Contributions received or received         (1)         Employers         (2)         Participants	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F ation b from line 7a) ers for this Plan Year vable from:	le assets? an indeper and conditi orm 5500-	(See instructions.) ident qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 20098 20098 (a) Amount 397	PA) <b>600.</b> 8 0 8 7 0 0 0	(b) End of Year 16094 16094	7 No No 43 0			
6a b Pa 7 a b c 8 a	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of the         under 29 CFR 2520.104-46? (S         If you answered "No" to eithe         Int III         Financial Information         Plan Assets and Liabilities         Total plan assets         Total plan liabilities         Net plan assets (subtract line 7         Income, Expenses, and Transfer         Contributions received or received         (1) Employers         (2) Participants         (3) Others (including rollovers)         Other income (loss)	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F ation b from line 7a) ers for this Plan Year vable from:	le assets? an indeper and conditi orm 5500-	(See instructions.) ident qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 20098 20098 (a) Amount 397	PA) <b>600.</b> 8 0 8 7 0 0 0	(b) End of Year 16094 16094	7 No No 43 0 43			
6a b Pa 7 a b c 8 a b	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of the         under 29 CFR 2520.104-46? (S         If you answered "No" to eithe         Int you claiming a waiver of the         Plan Assets and Liabilities         Total plan assets         Total plan liabilities         Net plan assets (subtract line 7         Income, Expenses, and Transfer         Contributions received or received (1)         Employers         (3)         Others (including rollovers)         Other income (loss)         Total income (add lines 8a(1), 8         Benefits paid (including direct received in the section of th	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F ation b from line 7a) ers for this Plan Year vable from: Ba(2), 8a(3), and 8b) ollovers and insurance premiums	le assets? an indeper and conditi orm 5500-	(See instructions.)	PA) <b>300.</b> 8 0 8 7 0 0 6 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) End of Year (b) End of Year 16094 (b) Total	7 No No 43 0 43			
6a b 7 a b c 8 a b c d	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of the         under 29 CFR 2520.104-46? (S         If you answered "No" to either         Total plan assets and Liabilities         Total plan liabilities	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F ation b from line 7a) ers for this Plan Year vable from: Ba(2), 8a(3), and 8b) ollovers and insurance premiums	le assets? an indeper and conditi orm 5500-	(See instructions.)	PA)	(b) End of Year (b) End of Year 16094 (b) Total	7 No No 43 0 43			
6a b Pa 7 a b c 8 a b c	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of th         under 29 CFR 2520.104-46? (\$         If you answered "No" to eithe         Int III       Financial Information         Plan Assets and Liabilities         Total plan assets         Total plan liabilities         Net plan assets (subtract line 7         Income, Expenses, and Transfer         Contributions received or received         (1) Employers         (2) Participants         Total income (loss)         Others (including rollovers)         Other income (add lines 8a(1), 8         Benefits paid (including direct received or correction         Certain deemed and/or correction	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F ation b from line 7a) ers for this Plan Year vable from: Ba(2), 8a(3), and 8b) ollovers and insurance premiums ive distributions (see instructions)	le assets? an indeper and conditi orm 5500-	(See instructions.) ident qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 20098 20098 (a) Amount 397 3320 7722	PA) 00. 8 0 8 7 0 0 6 8 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year (b) End of Year 16094 (b) Total	7 No No 43 0 43			
6a b 7 a b c 8 a b c d e f	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of the under 29 CFR 2520.104-46? (S         If you answered "No" to either the second	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F ation b from line 7a) ers for this Plan Year vable from: Ba(2), 8a(3), and 8b) Ba(2), 8a(3), and 8b) ollovers and insurance premiums ive distributions (see instructions) s (salaries, fees, commissions)	le assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8d 8c 8c	(See instructions.)	PA)	(b) End of Year (b) End of Year 16094 (b) Total	7 No No 43 0 43			
6a b 7 a b c 8 a b c d e f g	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of the         under 29 CFR 2520.104-46? (S         If you answered "No" to either         Income fiss         Total plan assets         Net plan assets (subtract line 7         Income, Expenses, and Transfer         Contributions received or received (1) Employers         (1) Employers         (2) Participants         (3) Others (including rollovers)         Other income (add lines 8a(1), 8         Benefits paid (including direct reto provide benefits)         Certain deemed and/or correctin         Administrative service providers         Other expenses	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F ation b from line 7a) ers for this Plan Year vable from: Ba(2), 8a(3), and 8b) ollovers and insurance premiums ive distributions (see instructions)s s (salaries, fees, commissions)	le assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	(See instructions.)	PA) 00. 8 0 8 7 0 0 6 8 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year (b) End of Year (b) Total (b) Total 3718	7 No 43 0 43 83			
6a b 7 a b c 8 a b c d e f	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of the under 29 CFR 2520.104-46? (S         If you answered "No" to either         Informal         Plan Assets and Liabilities         Total plan assets         Total plan liabilities         Net plan assets (subtract line 7         Income, Expenses, and Transfer         Contributions received or received         (1) Employers         (2) Participants         (3) Others (including rollovers)         Other income (loss)         Total income (add lines 8a(1), 8         Benefits paid (including direct r         to provide benefits)         Certain deemed and/or correction         Administrative service providers         Other expenses         Total expenses (add lines 8d, 8	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F ation b from line 7a) ers for this Plan Year vable from: 3a(2), 8a(3), and 8b) Ba(2), 8a(3), and 8b) ollovers and insurance premiums ive distributions (see instructions) s (salaries, fees, commissions) Be, 8f, and 8g)	le assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8	(See instructions.)	PA)	(b) End of Year (b) End of Year (b) Total (b) Total 3718	7 No 43 0 43 83 83			
6a b 7 a b c 8 a b c d e f g	complete this item)         Were all of the plan's assets du         Are you claiming a waiver of the         under 29 CFR 2520.104-46? (S         If you answered "No" to eithe         Int III       Financial Information         Plan Assets and Liabilities         Total plan assets         Total plan liabilities         Total plan assets (subtract line 7         Income, Expenses, and Transfer         Contributions received or received (1)         Employers         (2)         Participants         Total income (loss)         Total income (add lines 8a(1), 8         Benefits paid (including direct received or correction deemed and/or correction deemed service providers         Other expenses         Total expenses (add lines 8d, 8         Net income (loss) (subtract line	uring the plan year invested in eligib e annual examination and report of See instructions on waiver eligibility er 6a or 6b, the plan cannot use F ation b from line 7a) ers for this Plan Year vable from: Ba(2), 8a(3), and 8b) ollovers and insurance premiums ive distributions (see instructions)s s (salaries, fees, commissions)	le assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	(See instructions.)	PA)	(b) End of Year (b) End of Year (b) Total (b) Total 3718	7 No No 43 0 43 0 43 83 83			

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

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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	rt V Compliance Questions							
10	During the plan year:			Yes	No	А	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)				X			
b	b Were there any nonexempt transactions with any party-in-interest? on line 10a.)		10b		x			
С	C Was the plan covered by a fidelity bond?		10c	Х				17000
d	<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan's fic or dishonesty?		10d		Х			
е	insurance convice or other organization that provides some or all of the benefits under the plan? (See		X		10			
f	Has the plan failed to provide any benefit when due under the plan?		10f		Х			
g	g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			X				
h	h If this is an individual account plan, was there a blackout period? (S 2520.101-3.)		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 2520.101-3		10i	X				
Part	rt VI Pension Funding Compliance							
11								
12								
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf y	f you completed line 12a, complete lines 3, 9, and 10 of Schedule I	MB (Form 5500), and skip to line 13.		-				
b	b Enter the minimum required contribution for this plan year			L	12b			
С	, , , , , , , , , , , , , , , , , , , ,	5			12c			
d	d Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)				12d			
е	• Will the minimum funding amount reported on line 12d be met by the	e funding deadline?				Yes	No	N/A
Part	rt VII Plan Terminations and Transfers of Assets							
13a	a Has a resolution to terminate the plan been adopted during the plan	year or any prior year?					Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the em			Г	13a			
b	<ul> <li>Were all the plan assets distributed to participants or beneficiaries, t of the PBGC?</li></ul>	ransferred to another plan, or brought u	Inder	the co			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)							
13c(1) Name of plan(s):					c(2) El	N(s)	13c(3)	PN(s)
Court	ution. A nonality for the late or incomplete filing of this return/repo	rt will be assessed unless reasonable	0.001	ico ic	octabl	ichod		

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.	06/30/2010	DANIEL SWEENEY
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

		ETN 91-1006803	/PN(	002 / CALLEN CONST.	RF	9				
÷.	Form 5500-SF	Short Form Annual R		Report of Small Employ		OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service	This form is required to be file	ł	2009						
En	Department of Labor noloyee Benefits Security Administration	I (ERISA), and section 6058(a) of the tode (the Code).	he This Form is Open to Pub							
	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 5500-SF.									
Part I Annual Report Identification Information										
For	calendar plan year 2009 or fisca		1/01/2	and ending		12/31/2009				
Α.	This return/report is for:	single-employer plan	one-participant plan							
в	This return/report is for:	XI single-employer plan I multiple-employer plan (not multiemployer) I one-participant plan								
		an amended return/report short plan year return/report (less than 12 months)								
С	Check box if filing under:									
	special extension (enter description)									
<b>≊</b> Pa	Int II Basic Plan Inform	nation enter all requested inform	ation	<u>'''''''''''''''''''''''''''''''''''''</u>						
	Name of plan				1b	Three-digit				
	CALLEN CONSTRUCTION	I CO DAVIS-BACON PENSI	ON PLA	N		plan number				
	AND TRUST				10	(PN) 002				
					10	Effective date of plan 09/01/1988				
2a	Plan sponsor's name and addre CALLEN CONSTRUCTION	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 91-1006803				
					2c	Plan sponsor's telephone number (360) 366-5000				
	1350 SLATER RD STE FERNDALE	y		WA 98248	2d	Business code (see instructions) 237990				
		address (if same as Plan sponsor, e	nter "Sam		3b	Administrator's EIN				
	SAME			-						
					3c	Administrator's telephone number				
4	f the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	cort filed for this plan, enter the	4b	FIN				
		r from the last return/report. Sponso		· · · · · · · · · · · · · · · · · · ·						
	T-1-1	11_ bt_tt_			4c					
		the beginning of the plan year		+	5a	27				
b		the end of the plan year		ļ	<u>5b</u>					
Ç		th account balances as of the end of			5c	7				
6a				(See instructions.)		X Yes No				
b				ndent qualified public accountant (IQ						
				ions.) SF and must instead use Form 550		X Yes No				
Pa	rt III Financial Informa		01111 0000-	of and must mateau use Porm bac	V.	· · · · · · · · · · · · · · · · · · ·				
7	Plan Assets and Liabilities			(a) Beginning of Year	Τ	(b) End of Year				
a	Total plan assets		7a	200,98						
b			7b		0					
c	Net plan assets (subtract line 7	b from line 7a)	7c	200,98	8 160,					
8	Income, Expenses, and Transf	ers for this Plan Year		(a) Amount	1	(b) Total				
а	Contributions received or recei			2.07						
		***************************************	8a(1)	3,97						
			8a(2)							
<b>1</b>		,	8a(3)							
	• •	n	<u>8b</u>	33,20		27 102				
c d		Ba(2), 8a(3), and 8b) ollovers and Insurance premiums	80	and the second second second in the second	···	37,183				
u		onovers and insurance premiums	8d	77,22	8					
e	•	ive distributions (see instructions)	8e		0					
f	Administrative service provider	s (salaries, fees, commissions)	8f		0≜					
g	Other expenses		8g		្រ្ត័					
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)			e e	77,228				
i		8h from line 8c)	8i			(40,045)				
<u> </u>	Transfers to (from) the plan (se	e instructions)	8j		) <i></i>					
					_					

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500-SF.

	Form 5500-SF 2009 Page 2-							
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char X $2C$ $2F$ $2G$ $2T$ $3D$ If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Char							
	. F				<u> </u>	-		
	V Compliance Questions		T					
10	During the plan year:	I	Yes	No		Amo	ount	
a ⊾	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	<u>10a</u>		x				
U	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x				
С	Was the plan covered by a fidelity bond?	10c	x				17	,00
d		10d		x	[			/
e	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.)	100	x					10
f	Has 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 year end.)	10g		х				
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	101	x					
art	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con 5500))					. 🛛	Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code	e or se	ection 3	302 of	ERISA?	. 🛛	Yes	X 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 instru- granting the waiver	ith						
-			Г	12b				
	Enter the minimum required contribution for this plan year.			12c				
	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)	of a		12d	·	<u></u>		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	A 🗌	lo 🗌	N/A
	VII Plan Terminations and Transfers of Assets							
	Has a resolution to terminate the plan been adopted during the plan year or any prior year?				uun	Π	Yes	X No
σa	If "Yes," enter the amount of any plan assets that reverted to the employer this year.		Г	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co		I <u>.</u>		Yes	] No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)							
1	I3c(1) Name of plan(s):		13	c(2) El	N(s)		13c(3)	N(s)
	······································							
Unde	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal ar penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ref r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return	um/re	port, ir	ncludin	g, if appl			
	f, it is true, correct, and complete,					-		
< 1.8%		$\sim$	~ ``	1.2				

SIGN	6-25-10	Cleo C. Callen
HERE Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN Marticit ( Celle.	1-25-10	Maria DCalla
HERE Signature of employer/plan sponsor	_Date	Enter name of individual signing as employer or plan sponsor

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