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

2009

This Form is Open to Public Inspection

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

B This return/report is for: [ ] first return/report [ ] final return/report
[ ] an amended return/report [ ] short plan year return/report (less than 12 months)

C Check box if filing under: [ ] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
FERGUSON CONSTRUCTION COMPANY EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 05/07/1969

2a Plan sponsor's name and address (employer, if for single-employer plan)
FERGUSON CONSTRUCTION COMPANY

400 CANAL STREET, P. O. BOX 726
SIDNEY, OH 45365-0726

2b Employer Identification Number (EIN) 34-4418915

2c Plan sponsor's telephone number 937-498-2381

2d Business code (see instructions) 236200

3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")
THOMAS L. PLEIMAN
FERGUSON CONSTRUCTION COMPANY
400 CANAL STREET, P. O. BOX 726
SIDNEY, OH 45365-0726

3b Administrator's EIN 34-1198555

3c Administrator's telephone number 937-498-2381

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	26
b Total number of participants at the end of the plan year	**5b**	23
c Total 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 eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1704313	922204
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1704313	922204

8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: **(1)** Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	305877	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		305877
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1087986	
e 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		1087986
i Net income (loss) (subtract line 8h from line 8c)	8i		-782109
j Transfers to (from) the plan (see instructions)	8j		

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:
1A 1G 1I

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 During the plan year:		Yes	No	Amount
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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		350000
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	
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.)	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			
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			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) [X] Yes [ ] No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? [ ] Yes [X] No

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

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. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c 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 of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? [ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a 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 employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? [ ] Yes [X] No

c 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)

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 HERE	Filed with authorized/valid electronic signature.	07/23/2010	THOMAS L. PLEIMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	07/23/2010	THOMAS L. PLEIMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
FERGUSON CONSTRUCTION COMPANY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FERGUSON CONSTRUCTION COMPANY

D Employer Identification Number (EIN)
34-4418915

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2009			
2	Assets:			
a	Market value	**2a**		1704313
b	Actuarial value	**2b**		1874744
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	0	0
b	For terminated vested participants	**3b**	1	93836
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		1598054
	(3) Total active	**3c(3)**	25	1598054
d	Total	**3d**	26	1691890
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		8.47 %
6	Target normal cost	**6**		0

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	07/16/2010 Date
TAYT V. ODOM, EA, FSA	08-06969
Type or print name of actuary	Most recent enrollment number
NYHART	317-845-3571
Firm name	Telephone number (including area code)
8415 ALLISON POINTE BLVD, SUITE 300 INDIANAPOLIS, IN 46250-4159	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	344431	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	344431	0
10	Interest on item 9 using prior year's actual return of -24.00 %	-82663	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of _____%		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	80050	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	181718	0

Part III Funding percentages

14	Funding target attainment percentage	14	100.00 %
15	Adjusted funding target attainment percentage	15	110.80 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) [X] Prescribed - combined [ ] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24	Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	[ ] Yes	[X] No
25	Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	[X] Yes	[ ] No
26	Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No

27	If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28	Unpaid minimum required contribution for all prior years	**28**	0
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30	Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31	Target normal cost, adjusted, if applicable (see instructions)	**31**	0

	Outstanding Balance	Installment
32 Amortization installments:		
a Net shortfall amortization installment		0
b Waiver amortization installment		

33	If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36	Additional cash requirement (item 34 minus item 35)	**36**	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	0
38	Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39	Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40	Unpaid minimum required contribution for all years	**40**	0

SCHEDULE SB, Line 22 – DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

Ferguson Construction Company
Ferguson Construction Company Employees' Pension Plan
Plan Year Ending December 31, 2009

EIN: 34-44189151
Plan No.: 001

All Participants are assumed to retire age 65

Ferguson Construction Company
Actuarial Valuation as of January 1, 2009
Actuarial Assumptions

Retirement Rates

Age	Rate
65	100%

Mortality Rates

Healthy	IRS 2009 Combined Static Mortality
Disabled	IRS 2009 Combined Static Mortality
Lump Sum Mortality	2009 Applicable Mortality

Disability Rates

50% of UAW Tables

Withdrawal Rates

Rates in accordance with Table T-5

Age	Rate
20	7.94%
30	7.22%
40	5.15%
50	2.56%
60	0.09%

Annual Pay Increases

N/A

Ferguson Construction Company Employees' Pension Plan
Plan Sponsor EIN: 34-4418915
Plan Number: 001
Schedule SB, line 23 – Statement of Actuarial Assumptions/Methods

Ferguson Construction Company
Actuarial Valuation as of January 1, 2009
Actuarial Assumptions

Interest Rates

	1st Segment (0-5 years)	2nd Segment (5-20 years)	3rd Segment (20+ years)
Funding*	7.35%	8.61%	7.26%
Lump Sum*	7.35%	8.61%	7.26%
PBGC†	7.35%	8.61%	7.26%
Actuary's Long-Term Rate	8.00%	8.00%	8.00%
FAS35	8.00%	8.00%	8.00%

Payment Form Election

Lump Sum	100%
Annuity	0%

Expense and/or Contingency Loading

The Target Normal Cost is increased by $0 to cover anticipated administrative expenses paid from the trust during 2009

Marital Status and Ages

80% of Participants assumed to be married with wives assumed to be 3 years younger than husbands

Asset Valuation Method

PPA Smoothed Value of Assets. Gains and losses are recognized over three years, subject to a 10% corridor.

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* Sample rates only. The full October yield curve was used.
† Rates used match the rates used for development of the Funding Target.

Eligibility for Participation

A salaried employee shall become a participant on the January 1st following the completion of six months of service and attainment of age 21. No new participants are allowed after November 1, 2003

Accrued Benefit

The accrued benefit is determined as the sum of the following:

- 19.5% of Plan Compensation, reduced for Credited Service at normal retirement date of less than 15 years (30 years for highly compensated employees), plus
- 0.59% of Plan Compensation in excess of covered compensation multiplied by Credited Service (not to exceed 30 years)

The above is multiplied by the ratio of Credited Service at determination date over Credited Service at normal retirement date to determine the accrued benefit. Accrued benefits were frozen as of January 31, 2008.

Benefits

Normal Retirement

Eligibility	Age 65 and 5 years of service
Benefit	Accrued Benefit

Early Retirement

Eligibility	Age 60 and 10 years of service
Benefit	Accrued Benefit reduced by 1/156 for each completed month by which the age at retirement is less than age 65

Late Retirement

Eligibility	Participation continues after normal retirement date
Benefit	Greater of accrued retirement benefit commencing as of the first day of the month following his late retirement date based on Plan Compensation and Credited Service at such date or accrued benefit as of normal retirement date actuarially increased for delayed commencement

Death before Retirement

Eligibility	5 years of service
Benefit	The spouse of a married participant will receive the greater of the qualified pre-retirement survivor annuity and the benefit equal to the lump sum value of the accrued benefit determined on his date of death. The beneficiary of a single participant will receive the lump sum value of the accrued benefit determined on the participant's date of death

Termination

Eligibility	A participant's Accrued Benefit is 100% vested after earning 5 years of vesting service
Benefit	Accrued retirement benefit payable at participant's normal retirement date

Disability Benefit

Eligibility	An active participant who becomes disabled and is approved for disability payments under the Federal Social Security Act
Benefit	Accrued retirement benefit reduced 1/156 for the first 60 months and actuarially for each additional month that disablement occurs prior to 65

Plan Compensation

Average of the five highest consecutive calendar years of W-2 compensation. Compensation is limited to $170,000 for all years after January 1, 2002. Compensation after January 31, 2008 is not considered.

Credited Service

For Vesting

A year of vesting service is credited for each plan year in which a participant is credited with 1,000 hours of service

For Benefit Accrual

A year of benefit service is credited for each plan year in which a participant is credited with 1,000 hours of service. Benefit accrual service is frozen as of January 31, 2008.

Employee Contributions

Employees shall not be required or permitted to make contributions under the Plan

Payment Forms

Normal Form

A single life annuity with 120 payments guaranteed for single participants. The normal retirement benefit shall be payable to married participants in the form of an actuarially equivalent qualified joint and 50% survivor annuity

Optional Forms

Life Annuity, Life Annuity with payments guaranteed for 5, 10, 15, or 20 years, 50%, 75%, or 100% Joint and Survivor Annuity, and a Single Sum payment

Changes since Prior Valuation

There have been no changes to the plan provisions since the last valuation.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act and IRS Regulations.

The asset valuation method has been changed to recognize gains and losses over 3 years, subject to a 10% corridor.

Target Normal Cost has been adjusted to reflect anticipated administrative expenses paid from the trust which for 2009 is $0.

Changes since Prior Valuation

There have been no changes to the plan provisions since the last valuation.

The interest rates and mortality assumptions have been updated as required under the Pension Protection Act and IRS Regulations.

The asset valuation method has been changed to recognize gains and losses over 3 years, subject to a 10% corridor.

Target Normal Cost has been adjusted to reflect anticipated administrative expenses paid from the trust which for 2009 is $0.

Active Participant Schedule

Active participant information grouped based on age and service.

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0
30 to 34	0	1	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	0	0	0	0
40 to 44	0	2	0	1	0	0	0	0	0	0
45 to 49	0	1	0	1	1	2	0	0	0	0
50 to 54	0	0	0	2	1	0	1	1	1	0
55 to 59	0	2	0	0	0	2	1	1	0	0
60 to 64	0	0	0	0	1	2	0	1	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0

Development of Shortfall Amortization Charge

The shortfall amortization charge is a payment toward the underfunding of the plan. Shortfalls in the funding of the plan are generally amortized over seven years.

	January 1, 2009
1. Funding target	$1,691,890
2. Adjusted plan assets	
(a) Plan assets	$1,874,744
(b) Funding standard carryover balance	181,718
(c) Prefunding balance	0
(d) Adjusted assets: (a)-(b)-(c)	$1,693,026
3. Funding shortfall: (1)-(2)(d)	$0
4. Current shortfall amortization installments	
(a) Annual installments	
(i) 2008	$0
(ii) 2007	0
(iii) 2006	0
(iv) 2005	0
(v) 2004	0
(vi) 2003	0
(b) Total annual installments	$0

The funding shortfall is simply the difference between the funding target and the asset value adjusted for any credit balances.

New shortfall amounts are calculated annually based upon the experience of the plan and other plan changes.

Development of Shortfall Amortization Charge (continued)

	January 1, 2009
(c) Present value of installments to be made	
(i) 2009	$0
(ii) 2010	0
(iii) 2011	0
(iv) 2012	0
(v) 2013	0
(vi) 2014	0
(d) Total present value of installments	$0
5. Exemption from new shortfall amortization base	
(a) Target liability percentage	94%
(b) Shortfall funding target: (1) x (a)	$1,590,377
(c) Possible prefunding balance	$0
(d) Exempt?[(2)(a)-(c)]> =(b)	Yes
6. Shortfall amortization base	
(a)New current year base: (5)(b)-(2)(d)-(4)(d) or 0	$0
(b)New 7-year installment amount	0
7. Shortfall amortization charge: (4)(b)+(6)(b)	$0

Payments are calculated each year in order to amortize the costs. The payments include both an interest and principal portion.

PPA features a transition period in order to soften the impact of compliance. However, if a plan was funded poorly in the past, it may not be able to take advantage of the transition period.

nyhart

SCHEDULE SB – STATEMENT BY ENROLLED ACTUARY

Ferguson Construction Company
Ferguson Construction Company Employees' Pension Plan
Plan Year Ending December 31, 2009

EIN: 34-44189151
Plan No.: 001

To the best of our knowledge the information supplied in the attached Schedule SB is complete and accurate. In our opinion, the assumptions are reasonably related to the experience of the plan and to reasonable expectations, and in combination represent our best estimate of anticipated experience under the plan.

The information on which this Schedule SB is based has been reconciled and reviewed for reasonableness and we are not aware of any material inadequacy in employee census or asset values which have been furnished by the employer and the trustee, respectively. Our review was not performed at the source, and we therefore do not accept responsibility for the accuracy or completeness of the data.

Since the last valuation there have been no changes in principal eligibility or benefit provisions.

The actuarial assumptions used to measure the plan's liabilities have been changed from those used last year. Specifically, the funding interest rate has been changed to use the full yield curve using October 2008 rates. This change does not require IRS approval.

Effective January 1, 2009, the plan's asset method has been changed. Specifically, asset valuation method has been changed to recognize gains and losses over 3 years subject to a 10% corridor.

To the best of our knowledge, no event has occurred after the last valuation date which will have a significant impact on the results the next valuation

Nyhart

Tayt V. Odom, FSA, EA
Enrolled Actuary No. 08-06969

July 16, 2010

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

Ferguson Construction Company Employees' Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Ferguson Construction Company

D Employer Identification Number (EIN)

34-4418915

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2	Assets:			
a	Market value	**2a**		1,704,313
b	Actuarial value	**2b**		1,874,744
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	0	0
b	For terminated vested participants	**3b**	1	93,836
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		1,598,054
	(3) Total active	**3c(3)**	25	1,598,054
d	Total	**3d**	26	1,691,890
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		8.47 %
6	Target normal cost	**6**		0

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary

07/16/2010
Date

Tayt V. Odom, EA, FSA
Type or print name of actuary

08-06969
Most recent enrollment number

Nyhart
Firm name

(317)845-3571
Telephone number (including area code)

8415 Allison Pointe Blvd, Suite 300

Indianapolis IN 46250-4159
Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	344,431	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	344,431	0
10	Interest on item 9 using prior year's actual return of (24.00)%	(82,663)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of _____%		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	80,050	
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	181,718	0

Part III Funding percentages

14	Funding target attainment percentage	14	100.00 %
15	Adjusted funding target attainment percentage	15	110.80 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	91.10 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**

22 Weighted average retirement age — **22** 65

23 Mortality table(s) (see instructions) [X] Prescribed - combined [ ] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. [ ] Yes [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment		0
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34** 0

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	0
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0