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

Р	art I	Annual Report	Identification Inform	ation						
For	calend	ar plan year 2009 or fis	cal plan year beginning	01/01/200)9	and ending	12/31/2	2009		
Α	This ret	turn/report is for:	X single-employer plan		multiple-e	employer plan (not multiemployer)		one-participant plan		
В	This ret	turn/report is for:	first return/report	Ī	final retur	n/report		_		
			an amended return/rep	ort	short plar	year return/report (less than 12 m	onths)			
C	Chack	box if filing under:	☐ Form 5558		1	extension	,	DFVC program		
J	CHECK	box ii iiiiiig under.	special extension (ente	L ar descriptiv	1	o oxionolon		_ 5. vo program		
D	art II	Pacia Plan Info	<u> </u>		,					
	art II		rmation—enter all reques	stea inform	nation		1h	Three-digit		
		of plan	(PROFIT SHARING PLAN				''	plan number		
0, 10	2 0011		CT TOTTI OTHER METERS					(PN) • 003		
							1c	Effective date of plan		
								01/01/1998		
		ponsor's name and add	dress (employer, if for single	e-employe	r plan)		2b	Employer Identification Number		
SAG	E CON	STRUCTION INC					20	(EIN) 82-0485859 Plan sponsor's telephone number		
1704	INDUS	STRIAL WAY					-	208-455-0500		
CAL	DWELL	., ID 83605					2d	Business code (see instructions)		
2-					. "0		21-	236200		
		idministrator's name an	d address (if same as Plan		enter "Same STRIAL WA		30	Administrator's EIN 82-0485859		
				ALDWELL			3c	Administrator's telephone number		
								208-455-0500		
						port filed for this plan, enter the	4b	EIN		
	name, i	EIN, and the plan numb	per from the last return/repo	ort. Sponso	or s name		4c	PN		
5a	Total	number of participants	at the beginning of the plan	year			. 5a	4		
b							. 5b	4		
С		·	, ,			vear (defined benefit plans do not	0.5			
							5c	4		
6a	Were	all of the plan's assets	during the plan year invest	ted in eligib	ole assets?	(See instructions.)		X Yes No		
b						ndent qualified public accountant (I		X Yes □ No		
			•			ions.)SF and must instead use Form 5		<u>N</u> 1es [] NO		
Pa	art III	Financial Inforn		mot use i	01111 0000	or and must mistead use i orm	300.			
7		Assets and Liabilities				(a) Beginning of Year		(b) End of Year		
а					7a	1403	53	207195		
		plan liabilities			7b					
С	Net pl	Ian assets (subtract line	e 7b from line 7a)			1403	53	207195		
8	Incom	ne, Expenses, and Tran	sfers for this Plan Year			(a) Amount		(b) Total		
а		ibutions received or rec						· ·		
	(1) E	mployers			8a(1)	36	11			
	(2) P	articipants			8a(2)	86	04			
	(3) O	thers (including rollover	rs)		8a(3)		_			
b		` ,				546	27			
C), 8a(2), 8a(3), and 8b)		. 8c			66842		
d			t rollovers and insurance p		8d					
е	•	,	ective distributions (see instr							
f			ers (salaries, fees, commis	,						
g		•		,						
h		•	, 8e, 8f, and 8g)							
i			ne 8h from line 8c)					66842		
i		` , `	see instructions)							
•										

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Part IV	Plan	Charac	teristics

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R 3D

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

art	V Compliance Questions							
0	During the plan year:		Yes	No	F	۱mou	unt	
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)	10a		X	i .			
b	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				
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				
е	insurance service or other organization that provides some or all of the benefits under the plan? (See	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?	10f		Χ	1			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Χ				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR	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	10i						
art								
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and comp 5500))					П	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					\equiv		X No
_	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	0. 00.	011011	002 01 1		ш		
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruct granting the waiver.							
lf y	ou 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				
С	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 o negative amount)			12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	Э	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?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a	1			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought u of the PBGC?			ntrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	e plar	n(s) to					
1	3c(1) Name of plan(s):		130	(2) EII	N(s)	1	3c(3)	PN(s)
aut	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	e Can	se is	establi	ished	Ь		
Inde B o	r penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/re	rn/rep	ort, in	cludin	g, if applicab			
elie	, it is true, correct, and complete. Filed with authorized/valid electronic signature. 07/27/2010 GREGORY BROW	V/NI						
010	, i lieu with authorizeu/valiu electronic signature. U1/21/2010 IGREGORT BROV	VIV						

SIGN	Filed with authorized/valid electronic signature.	07/27/2010	GREGORY BROWN				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	07/27/2010	GREGORY BROWN				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

Form 5500-SF

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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.

2000

2009

OMB Nos. 1210 - 0110 1210 - 0089

This Form is Open to Public Inspection

******	till Annual Report Identification Information				
For c	calendar plan year 2009 or fiscal plan year beginning and endin	ng			
A T	This return/report is for: X single-employer plan multiple-employer plan (not n	one-	participant plan		
В	This return/report is for: first return/report final return/report			_	
	an amended return/report short plan year return/report	(less tha	an 12 months)		
C	Check box if filing under: Form 5558 automatic extension	•.	•	□ DFV	C program
	special extension (enter description)				- <i> </i> ·······
Par	Basic Plan Information—enter all requested information				······································
1a	Name of plan			11	Three-digit plan
	SAGE CONSTRUCTION, INC. 401(K)				number (PN) ▶ 0 0 3
	PROFIT SHARING PLAN			10	
	110110 December of the second			'	01/01/1998
2a	Plan sponsor's name and address (employer, if for single-employer plan)			21	
	SAGE CONSTRUCTION, INC.			~~	(EIN) 82-0485859
,	STOR COMBINGOIDARY THE			20	
	1704 INDUSTRIAL WAY			20	208-455-0500
	CALDWELL ID 83605			20	·
,	CANDMENTIN TO 0000			20	Business code (see instr.)
					236200
n				26	
	Plan administrator's name and address (if same as Plan sponsor, enter "Same")			3b	Administrator's EIN
,	SAME				
				3c	
					telephone number
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, El	IN,	4b	
	and the plan number from the last return/report, Sponsor's name			4c	PN
5a	Total number of participants at the beginning of the plan year			<u>5a</u>	
þ	Total number of participants at the end of the plan year			<u>5b</u>	
С	Total number of participants with account balances as of the end of the plan year (defined benefit plans do not of	complete	this item)	5c	
6a	•				X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public				
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)				X Yes No
<u></u>	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must inste	ead use	Form 5500.		
	Financial Information	000000000	T		
7	Plan Assets and Liabilities		(a) Beginning		(b) End of Year
a	Total plan assets	7a	ļ	140353	207195
b	Total plan liabilities	7b			
C	Net plan assets (subtract line 7b from line 7a)	7c		<u> 140353</u>	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amo	unt	(b) Total
а	Contributions received or receivable from:				
(1	i) Employers	8a(1)		3611	
(2		8a(2)		8604	
(3	3) Others (including rollovers)	8a(3)			
b	Other income (loss)	d8	100000000000000000000000000000000000000	54627	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			66842
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			
_	Certain deemed and/or corrective distributions (see instructions)	8e			
е					
f	Administrative service providers (salaries, fees, commissions)	8f			
	Administrative service providers (salaries, fees, commissions) Other expenses	8f 8g			
f	Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g)	8g 8h			
f g	Administrative service providers (salaries, fees, commissions)	8g			66842

Par	Plan Characteristics									
9a	a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 2J 2K 2R 3D									
b if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:										
Par	Compliance Questions									
0	During the plan year:			Yes	No	Amount				
а	Was there a failure to transmit to the plan any participant contributions with	in the time per	iod described in							
	29 CFR 2510.3-1027 (See instructions and DOL's Voluntary Fiduciary Corr	ection Program	n) <u>10a</u>		х					
b	Were there any nonexempt transactions with any party-in-interest? (Do not									
	on line 10a.)		10b		х					
C	Was the plan covered by a fidelity bond?		10c		х					
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bo or dishonesty?	nd, that was c	aused by fraud		х					
е	Were any fees or commissions paid to any brokers, agents, or other persor	is by an Insura	ince carrier.			***************************************				
_	insurance service or other organization that provides some or all of the ben-	-		ΙÍ						
	Instructions.)				x					
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 the amount as of ye	ear end.)	10g		х					
h	If this is an individual account plan, was there a blackout period? (See instru									
	2520.101-3.)		1405		х					
i	If 10h was answered "Yes," check the box if you either provided the require									
	exceptions to providing the notice applied under 29 CFR 2520.101-3				1					
Par										
1	Is this a defined benefit plan subject to minimum funding requirements? (If "	Yes," see inst	ructions and complete Sche	dule S	3 (Forr	η				
	5500))					Yes No				
2	Is this a defined contribution plan subject to the minimum funding requirements of section									
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)		·							
а	If a walver of the minimum funding standard for a prior year is being amortize	ed in this plan	year, see instructions, and	enter tl	ne date	of the letter ruling				
	granting the walver.		Month	Da	у	_ Year				
If y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Forr									
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									
	negative amount)			L	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding	deadline?		<u></u>	Y	es No N/A				
Pan	VII Plan Terminations and Transfers of Assets									
За	Has a resolution to terminate the plan been adopted during the plan year or	any prior year'	? <i>.</i>			Yes X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer the				13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferr	ed to another p	olan, or brought under the c	ontrol						
	of the PBGC?					Yes X No				
С	If during this plan year, any assets or liabilities were transferred from this plan	n to another p	lan(s), identify the plan(s) to							
	which assets or liabilities were transferred. (See instructions.)									
1	3c(1) Name of plan(s):		130	(2) EI	N(s)	13c(3) PN(s)				
	on: A penalty for the late or incomplete filing of this return/report will be									
	penalties of perjury and other penalties set forth in the Instructions, I declare that I have									
	SB or Schedule MB completed and signed by an enrefice actuary, as well as the electronic version of this return/report, and to the best of my knowledge and									
belief,	it is true, porrect and sapplete / //	=1/10-	CITEDODY PROFES							
iGN	(AUX/ 1)111(J) 112	1/10	GREGORY BROWN		•					
ERE	Signature of plan administrator Date	1 milion	Enter name of individual s	igning i	as pian	aoministrator				
ign	(MM)	-110	GREGORY BROWN							
ERE	Signature of employer/plan sponsor Date		Enter name of Individual signi	ıy as en	ibioket	or plan sponsor				
	12									

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