Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

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.

Short Form Annual Return/Report of Small Employee

Benefit Plan

2009

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

Р	art I	Annual Report I	dentification Informatio	n							
For	calend	ar plan year 2009 or fis	cal plan year beginning 01/0)1/2009		and ending	12/31/2	2009			
Α	This ref	turn/report is for:	x single-employer plan	mu	ıltiple-e	mployer plan (not multiemployer)		one-participant plan			
		turn/report is for:	first return/report	fina	al retur	n/report					
		an amended return/report short plan year return/report (less than 12 mo					onths)				
_	Chook	box if filing under:	Form 5558	Η	•	extension	,	DFVC program			
C	CHECK	box ii iiiiiig under.	special extension (enter des	LJ	tomatic	CACHSION		_ bi vo piogram			
-	£ 11	Dania Blandufan	<u> </u>								
	art II		mation—enter all requested	information	n		1h	Three-digit			
	Name LEN CO		C. EMPLOYEE S PROFIT SHA	RING PLA	AN & TI	RUST	10	plan number (PN)			
							1c	Effective date of plan			
								01/01/1990			
		ponsor's name and add DNSTRUCTION CO, IN	Iress (employer, if for single-em	ployer plar	n)		2b	Employer Identification Number (EIN) 91-1006803			
P.O.	BOX 4	98					2c	Plan sponsor's telephone number 360-366-5000			
CUS	STER, W	VA 98240					2d	Business code (see instructions) 237100			
		idministrator's name and	d address (if same as Plan spor C. P.O. B	nsor, enter	"Same	")	3b	Administrator's EIN 91-1006803			
			CUST	ER, WA 98	3240		3с	Administrator's telephone number 360-366-5000			
4	If the na	ame and/or EIN of the p	lan sponsor has changed since	the last re	turn/re	port filed for this plan, enter the	4b	EIN			
	name, l	EIN, and the plan numb	er from the last return/report. S	Sponsor's r	name		4c	PN			
5a	Total	number of participants a	at the beginning of the plan year	r			. 5a	2			
b	Total	number of participants a	at the end of the plan year				. 5b	10			
С		· · ·				ear (defined benefit plans do not	. 5c	9			
6a		•				(See instructions.)		X Yes No			
b		•	• , ,	Ū		dent qualified public accountant (I					
			•			ons.)		Yes No			
De				use Form	5500-	SF and must instead use Form 5	500.				
	art III	Financial Inform	IdliOII								
7		Assets and Liabilities			_	(a) Beginning of Year	20	(b) End of Year			
a h		plan assets plan liabilities			7a	1222	0	0			
		,	7h from line 7a)		7b	1222		135155			
<u> </u>	-	•	7b from line 7a)		7c		29				
a		ne, Expenses, and Trans ibutions received or rec				(a) Amount		(b) Total			
ŭ				8	Ba(1)		0				
	(2) P	articipants		8	3a(2)		0				
	(3) 0	thers (including rollover	s)	8	3a(3)		0				
b	Other	income (loss)			8b	4269	55				
С	Total i	income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)		8c			42655			
d			t rollovers and insurance premiu		8d	2886	69				
е	•	,	ctive distributions (see instruction		8e		0				
f	Admir	nistrative service provide	ers (salaries, fees, commissions	· ·	8f		0				
g		·		′	8g	86	60				
h		•	, 8e, 8f, and 8g)		8h			29729			
i			ne 8h from line 8c)		8i			12926			
i		` , `	see instructions)		8j		0				
,											

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Part IV	Plan	Characteristic	٠.
rall IV	- FIAII	CHALACIELISII	

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

2A 2E 2D 3D

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

Filed with authorized/valid electronic signature.

b	If the	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	tic Co	des in	the instru	uctions		
art	٧	Compliance Questions							
0	Dui	ring the plan year:		Yes	No		Am	ount	
а		is 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)							
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa		30000						
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?								
е									435
f	Has	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	I the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		nis is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h						
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance		•	•				
1	ls th	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co					[Yes	X No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes	X No
_		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)	30 01 00	00.011	JUL 01	21110711			
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see inst	uctions	and e	enter th	ne date c	of the le	tter rul	ina
	gra	nting the waiverM	onth						
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1		Г	40h				
		er the minimum required contribution for this plan year			12b				
		er the amount contributed by the employer to the plan for this plan year			12c				
	neg	otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the legative amount)		<u>. </u>	12d				7
		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						1	
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Y	es," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brougl he PBGC?	t under	the co	ontrol 			Yes	× No
С		uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ich assets or liabilities were transferred. (See instructions.)	the pla	n(s) to)				
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) Fig. (1)							PN(s)		
aut	ion·	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonate	ıble car	ıse is	establ	lished			
		nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this r					icable,	a Sche	edule
		nedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return true, correct, and complete.	n/repor	t, and	to the	best of m	ny knov	vledge	and
SIGI	y F	Filed with authorized/valid electronic signature. 09/24/2010 CLEO OR MAR	IA CAL	LEN					

Date

Date

09/24/2010

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

CLEO OR MARIA CALLEN

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

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

2009

This Form is Open to Public Inspection.

OMB Nos. 1210-0110

1210-0089

Internal Revenue Code (the Code).

	► Complete all entries in accor	dance wit	h the instructions to the Form 5500	O-SF.		•			
P	Part I Annual Report Identification Information								
Foi	r the calendar plan year 2009 or fiscal plan year beginning	01/0	1/2009 and ending	1:	2/31/2009				
Α	This return/report is for: X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt 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 months	s)					
C	Check box if filing under: x Form 5558	automatic	tic extension DFVC program						
•	special extension (enter description	1		•••					
_									
***********	art II Basic Plan Information enter all requested infor	mation.	T	16	T				
la	Name of plan			ID	Three-digit plan number				
	CALLEN CONSTRUCTION CO, INC. EMPLOYEE'S PROFIT	SHARING	3 PLAN & TRUST		(PN) ▶	003			
				1c	Effective date of	plan			
	Plan sponsor's name and address (employer, if for single-employer pla	20)		2h	01/01/1990 Employer Identif	ination Number			
La	CALLEN CONSTRUCTION CO, INC.	111 <i>)</i>		2b Employer Identification Number (EIN) 91-1006803					
	Made (Made (2c	Plan sponsor's te	elephone number			
	P.O. BOX 498			0.1	(360) 366-5000				
US	CUSTER WA 98240			2d	Business code (s 237100	see instructions)			
3a	Plan administrator's name and address (If same as plan employer, ent	er "Same")		3b	Administrator's E	IN			
	Same								
			Ī	3с	Administrator's te	elephone number			
4	If the name and/or EIN of the plan sponsor has changed since the last	return/rend	ort filed for this plan, enter the	4b	FIN				
•	name, EIN and the plan number from the last return. Sponsor's Name		The state of the plant, direct the	4c PN					
50		***************************************		-					
b	Total number of participants at the beginning of the plan year			5a 24 5b 10					
C	Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the			ວນ		10			
	complete this item)			5c		9			
6a	Were all of the plan's assets during the plan year invested in eligible as	sets? (See	instructions.)			X Yes No			
b	Are you claiming a waiver of the annual examination and report of an in under 29 CFR 2520.104-46? (See instructions on waiver eligibility and								
	If you answered "No" to either 6a or 6b, the plan cannot use Form		• 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			X Yes No			
Pa	rt III Financial Information								
7	Plan Assets and Liabilities		(a) Beginning of Year	T	(b) End o	of Year			
а	Total plan assets	. 7a	122,229	1		135,155			
b	Total plan liabilities	7b	0	T	en e	0			
С	Net plan assets (subtract line 7b from line 7a)	7c	122,229	1		135,155			
<u> </u>	Income. Expenses, and Transfers for this Plan Year			\vdash	/b) T				
a	Contributions received or receivable from:		(a) Amount	EATE	(b) T	otal			
	(1) Employers	8a(1)	0						
	(2) Participants	8a(2)	0						
	(3) Others (including rollovers)	8a(3)	0						
b	Other income (loss) ,	8b	42,655						
C	Total income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				42,655			
d	Benefits paid (including direct rollovers and insurance premiums			100					
_	to provide benefits)	8d	28,869						
e e	Certain deemed and/or corrective distributions (see instructions)	8e	0						
f	Administrative service providers (salaries, fees, commissions) Other expenses	8f	0						
g		8g	860		SECOND RESIDENCE				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				29,729			
!	Net income (loss) (subject line 8h from line 8c)	81				12,926			
1	Transfers to (from) the plan (see instructions)	8j	0	E 110.15					

	Form 5500-SF (2009)		Page 2-								
Par	t IV Plan Characteristics										
9a	If the plan provides pension benefits, enter the applicable pension featu	ure codes from the Lis	t of Plan Characteris	tic Co	des ir	the in	structions:	163 			
b	2A 2E 2D 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	t V Compliance Questions							similar.			
10	During the plan year:		400		Yes	No	l	Amount			
а	Was there a failure to transmit to the plan any participant contribution	within the time period	d described in			х			THE RESERVE TO SERVE THE PARTY OF THE PARTY		
b	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducian Were there any nonexempt transactions with any party-in-interest? (Con line 10a.)	o not include transac	tions reported	10a		x					
С	Was the plan covered by a fidelity bond?			10c	х				30,000		
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	lity bond, that was ca	used by fraud	10d		х			30,000		
е											
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.)		10q		х			tited needs a second needs and a second needs a se		
h	If this is an individual account plan, was there a blackout period? (See 2520.101-3.)			10h							
i	If 10h was answered "Yes," check the box if you either provided the re exceptions to providing the notice applied under 29 CFR 2520.101-3			10i			•				
,	VI Pension Funding Compliance										
11	Is this a defined benefit plan subject to minimum funding requirements 5500))							. Yes	X No		
12	Is this a defined contribution plan subject to the minimum funding requ							. Yes	X No		
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable										
a If v	If a waiver of the minimum funding standard for a prior year is being a granting the waiver		Mont								
b	Enter the minimum required contribution for this plan year				. Г	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 negative amount)	result (enter a minus	•		. [12d					
	Will the minimum funding amount reported on line 12d be met by the f	unding deadline? .					Yes	□No	□N/A		
Part	VII Plan Terminations and Transfers of Assets						Communication of the second				
13a	Has a resolution to terminate the plan been adopted during the plan year				٠			. Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer	oyer this year			\cdot	13a					
	Were all the plan assets distributed to participants or beneficiaries, train of the PBGC?							. Yes	ХNо		
1	3c(1) Name of plan(s):				13	c(2) E	IN(s)	13c(3)	PN(s)		
Cautio	n: A penalty for the late or incomplete filing of this return/report w	ill ha assassad unla	se reasonable caus	n ic c	etabl	ichod					
Under SB or \$	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as the tis true, correct, afid complete.	clare that I have exan	nined this return/repo	ort, inc	cluding	g, if ap	plicable, a s				
	1 Wal alle	, ,	CLEO OR WARTS		, , m.,			7000 1000 1000 1000 1000 1000 1000 1000			
SIGN		Date 7 /24/2011)	CLEO OR MARIA				lan odmini	etrator			
		Date / 21/2010	CLEO OR MARIA				an auminis	iii ai Ol	-		
SIGN		Date 9-24-2010	Enter name of indiv				molover	plan sees			
	organicule or emproyentian sponsor	Date 1 COIL	Finer name or man	lennin	əiynir	y as e	improyer or	plati sponse	JI		