# 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
[X] an amended return/report [ ] short plan year return/report (less than 12 months)

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
COLEMAN HINES, INC. DEFINED BENEFIT PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/2004

**2a** Plan sponsor's name and address (employer, if for single-employer plan)
COLEMAN HINES, INC.

20830 N. TATUM BLVD., SUITE 330
PHOENIX, AZ 85050-7256

**2b** Employer Identification Number (EIN) 86-0983124

**2c** Plan sponsor's telephone number 480-346-5800

**2d** Business code (see instructions) 541990

**3a** Plan administrator's name and address (if same as Plan sponsor, enter "Same")
COLEMAN HINES, INC. 20830 N. TATUM BLVD., SUITE 330
PHOENIX, AZ 85050-7256

**3b** Administrator's EIN 86-0983124

**3c** Administrator's telephone number 480-346-5800

**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** | 5 |
| **b** Total number of participants at the end of the plan year | **5b** | 5 |
| **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 | 143246 | 194531 |
| **b** Total plan liabilities | 7b | 0 | 0 |
| **c** Net plan assets (subtract line 7b from line 7a) | 7c | 143246 | 194531 |

| **8** Income, Expenses, and Transfers for this Plan Year | | (a) Amount | (b) Total |
|---|---|---|---|
| **a** Contributions received or receivable from: **(1)** Employers | 8a(1) | 19301 | |
| **(2)** Participants | 8a(2) | 0 | |
| **(3)** Others (including rollovers) | 8a(3) | 0 | |
| **b** Other income (loss) | 8b | 31984 | |
| **c** Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | | 51285 |
| **d** Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 0 | |
| **e** Certain deemed and/or corrective distributions (see instructions) | 8e | 0 | |
| **f** Administrative service providers (salaries, fees, commissions) | 8f | 0 | |
| **g** Other expenses | 8g | 0 | |
| **h** Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | | 0 |
| **i** Net income (loss) (subtract line 8h from line 8c) | 8i | | 51285 |
| **j** Transfers to (from) the plan (see instructions) | 8j | 0 | |

## 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 3D

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

## Part V Compliance Questions

| 10 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 | | 20000 |
| **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. | 10/11/2010 | ELIN M. CANTLIFFE-GUENTHER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/11/2010 | ELIN M. CANTLIFFE-GUENTHER |
| | **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
COLEMAN HINES, INC. DEFINED BENEFIT PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
COLEMAN HINES, INC.

**D** Employer Identification Number (EIN)
86-0983124

**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** | | 142533 |
| **b** | Actuarial value | **2b** | | 142533 |
| **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** | 2 | 93001 |
| **c** | For active participants: | | | |
| | **(1)** Non-vested benefits | **3c(1)** | | 0 |
| | **(2)** Vested benefits | **3c(2)** | | 151339 |
| | **(3)** Total active | **3c(3)** | 3 | 151339 |
| **d** | Total | **3d** | 5 | 244340 |
| **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** | | 6.22 % |
| **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

RUSSELL J. SNOW

Date
08-07199

Type or print name of actuary

MATTHEWS, GOLD, KENNEDY & SNOW, INC

Most recent enrollment number
602-944-1515

Firm name

6530 N. 16TH STREET
PHOENIX, AZ 85016-1306

Telephone number (including area code)

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) | 0 | 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) | 0 | 0 |
| 10 | Interest on item 9 using prior year's actual return of -31.57 % | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Excess contributions (Item 38 from prior year) | | 127 |
| | b Interest on (a) using prior year's effective rate of 0.00 % | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 127 |
| | d Portion of (c) to be added to prefunding balance | | 127 |
| 12 | Reduction in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12) | 0 | 127 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 58.28 % |
| 15 | Adjusted funding target attainment percentage | 15 | 58.28 % |
| 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 | 50.76 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | 58.33 % |

## 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 |
|---|---|---|---|---|---|
| 09/15/2010 | 19301 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 19301 | 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 | 16780 |

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? [ ] Yes [X] 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: | |
|---|---|---|---|
| 5.64 % | 6.40 % | 6.56 % | ☐ N/A, full yield curve used |

**b** Applicable month (enter code) — **21b**: 0

**22** Weighted average retirement age — **22**: 62

**23** Mortality table(s) (see instructions) ☒ 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 ☒ No

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

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ☒ 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 | | 87273 | 16748 |
| **b** Waiver amortization installment | | 0 | 0 |
| **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** | | 16748 |

| | 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** | 16748 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) | **37** | 16780 |
| **38** Interest-adjusted excess contributions for current year (see instructions) | **38** | 32 |
| **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 |

# Coleman Hines, Inc.
# Defined Benefit Plan

Statement of Actuarial Assumptions and Method
Plan Year: 1/1/2009 to 12/31/2009
Valuation Date: 1/1/2009

| | For PPA Funding | For 417(e) | For Actuarial Equiv. |
|---|---|---|---|
| **Interest Rates** | Segment 1 5.64%<br>Segment 2 6.40%<br>Segment 3 6.56% | Segment 1 4.41%<br>Segment 2 4.57%<br>Segment 3 4.27% | Pre-Retirement 8.50%<br>Post-Retirement 5.00% |
| **Pre-Retirement** | | | |
| **Turnover** | None | None | None |
| **Mortality** | None | None | None |
| **Assumed Ret Age** | Normal retirement age | Normal retirement age | Normal retirement age |
| **Post-Retirement** | | | |
| **Mortality** | Male-modified RP2000 combined healthy male projected 24 & 16 yrs<br>Female-modified RP2000 combined healthy female projected 24 & 16 yrs | 2009 Applicable Mortality Table from Rev Rul 2006-67 | GAR 94 without loads projected to 2002 with scale AA 50%M/50%F |
| **Assumed Benefit Form For Funding** | | Lump Sum | |
| **Calculated Effective Interest Rate** | | 6.22% | |

An actuarial value of assets is used for funding purposes. This year the actuarial value of assets is 100.0% of the market value of assets.

# Coleman Hines, Inc.
# Defined Benefit Plan

Summary of Plan Provisions
Plan Year: 1/1/2009 to 12/31/2009

**Plan Effective Date**

January 1, 2004

**Plan Year**

From January 1 to December 31

**Eligibility**

All employees not excluded by class are eligible to enter on the January 1 or July 1 coincident with or following the completion of the following requirements:

1 year of service
Minimum age 21

**Normal Retirement Age**

All participants are eligible to retire with their full retirement benefit on the later of the following:

Attainment of age 62
Completion of 5 years of participation

**Normal Retirement Benefit**

Upon normal retirement each participant will be entitled to a benefit payable in the normal form equal to the following:

Maximum benefit is $16,250 per month
Maximum percent of salary is 100%

Benefit is based on average salary during the highest 50 consecutive years of employment

**Normal Form of Benefit**

A benefit payable for the life of the participant with 100% of the benefit continuing to the participant's spouse after the participant's death

**Accrued Benefit**

The normal retirement benefit described above calculated based on the salary and/or service to the date of calculation, but payable at normal retirement.

**Termination Benefit**

Upon termination for any reason other than death, disability or retirement a participant shall be entitled to a portion of the actuarial equivalent of his accrued benefit in accordance with the following vesting schedule:

| Credited Years | Vested Percent |
|---|---|
| 1 | 0 |
| 2 | 20 |
| 3 | 40 |
| 4 | 60 |
| 5 | 80 |
| 6 | 100 |

Credited years are plan years commencing with the year of hire and ending with the retirement year excluding the following:

# Coleman Hines, Inc.
# Defined Benefit Plan

Summary of Plan Provisions
Plan Year: 1/1/2009 to 12/31/2009

Years with less than 1,000 hours

**Top-Heavy Minimum Benefit**

Each participant will be entitled to a minimum accrued benefit equal to the following:

2 percent of average compensation times credited years

Credited years are plan years commencing with the year of entry and ending with the retirement year excluding the following:

Years with less than 1,000 hours
excluding years plan not top-heavy

with a maximum of 10 years

Benefit is based on average salary during the highest 5 consecutive years of employment

**Top-Heavy Normal Form**

A benefit payable for the life of the participant

**Top-Heavy Status**

A plan is top-heavy if over 60% of the value of all accrued benefits in all of the employer's plans are for the benefit of key employees. A key employee is generally an officer or owner of the company. This plan is currently not top-heavy.

**Death Benefit**

Actuarial Equivalent of the accrued benefit earned to date of death

# Coleman Hines, Inc.

## Defined Benefit Plan

Schedule of Active Participant Data
Plan Year: 1/1/2009 to 12/31/2009
Valuation Date: 1/1/2009

| Age/ Svc | <25 | 25-29 | 30-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70+ | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1-4 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 |
| 5-9 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 10-14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15-19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20-24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30-34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35-39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40+ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 3 |

*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 51.0 Average Service: 4

# 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

Coleman Hines, Inc. Defined Benefit Plan

**B** Three-digit plan number (PN) ▶ 002

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

Coleman Hines, Inc.

**D** Employer Identification Number (EIN)

86-0983124

**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** | 142,533 |
| **b** | Actuarial value | **2b** | 142,533 |

| | | | (1) Number of participants | (2) Funding Target |
|---|---|---|---|---|
| **3** | Funding target/participant count breakdown | | | |
| **a** | For retired participants and beneficiaries receiving payment | **3a** | 0 | 0 |
| **b** | For terminated vested participants | **3b** | 2 | 93,001 |
| **c** | For active participants: | | | |
| | (1) Non-vested benefits | **3c(1)** | | 0 |
| | (2) Vested benefits | **3c(2)** | | 151,339 |
| | (3) Total active | **3c(3)** | 3 | 151,339 |
| **d** | Total | **3d** | 5 | 244,340 |

| | | | |
|---|---|---|---|
| **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** | 6.22 % |
| **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** Russell J. Snow

Signature of actuary

9/21/2010

Date

Russell J. Snow

Type or print name of actuary

08-07199

Most recent enrollment number

Matthews, Gold, Kennedy & Snow, Inc

Firm name

(602)944-1515

Telephone number (including area code)

6530 N. 16th Street

Phoenix AZ 85016-1306

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 [ ]

**SUPPLEMENTAL STATEMENT OF ENROLLED ACTUARY**
**Attached to Schedule B (Form 5500) 2009**

**for**

**Coleman Hines, Inc. Defined Benefit Plan**

**EIN: 86-0983124 PIN: 001**

To the best of my present knowledge, the information contained in the certificate supplemented by this statement is complete and without material error. Although I am not aware of any material inadequacies in the data upon which such certificate is based, such data were furnished by the trustee(s) and the plan administrator (and/or by their respective employees, agents, and/or representatives); and, aside from gross tests for overall reasonableness, I have relied on such data in making my valuation; but I do not accept responsibility for the accuracy or inclusiveness of such data.

In addition, I have relied on plan sponsor's legal counsel and the plan administrator with respect to the plan's compliance in form and operation with applicable laws and regulations.

Any material change in the foregoing may result in the need to amend the certificate supplemented by this statement.

Russell J. Snow, EA, CPC, MSPA

9/21/2010
Date

Most Recent Enrollment Number: 08-07199

Matthews, Gold, Kennedy & Snow, Inc.
6530 North 16th Street
Phoenix, AZ 85016
(602) 944-1515

## 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) | 0 | 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) | 0 | 0 |
| 10 | Interest on item 9 using prior year's actual return of (31.57)% | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Excess contributions (Item 38 from prior year) | | 127 |
| | b Interest on (a) using prior year's effective rate of .00 % | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 127 |
| | d Portion of (c) to be added to prefunding balance | | 127 |
| 12 | Reduction in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) | 0 | 127 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 58.28 % |
| 15 | Adjusted funding target attainment percentage | 15 | 58.28 % |
| 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 | 50.76 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | 58.33 % |

## 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 |
|---|---|---|---|---|---|
| 09/15/2010 | 19,301 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 19,301 | 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 | 16,780 |

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? [ ] Yes [X] 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: | ☐ N/A, full yield curve used |
|---|---|---|---|
| 5.64 % | 6.40 % | 6.56 % | |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 62 |

**23** Mortality table(s) (see instructions) ☒ 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 | ☒ No |
| **25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. | ☒ Yes | ☐ No |
| **26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. | ☒ 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 | 87,273 | | 16,748 |
| **b** Waiver amortization installment | 0 | | 0 |
| **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** | 16,748 |

| | 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** | 16,748 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) | **37** | 16,780 |
| **38** Interest-adjusted excess contributions for current year (see instructions) | **38** | 32 |
| **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 (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

Coleman Hines, Inc. Defined Benefit Plan

**B** Three-digit plan number (PN) ▶ 002

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

Coleman Hines, Inc.

**D** Employer Identification Number (EIN)

86-0983124

**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** | 142,533 |
| **b** | Actuarial value | **2b** | 142,533 |

| | | | (1) Number of participants | (2) Funding Target |
|---|---|---|---|---|
| **3** | Funding target/participant count breakdown | | | |
| **a** | For retired participants and beneficiaries receiving payment | **3a** | 0 | 0 |
| **b** | For terminated vested participants | **3b** | 2 | 93,001 |
| **c** | For active participants: | | | |
| | (1) Non-vested benefits | **3c(1)** | | 0 |
| | (2) Vested benefits | **3c(2)** | | 151,339 |
| | (3) Total active | **3c(3)** | 3 | 151,339 |
| **d** | Total | **3d** | 5 | 244,340 |

| | | | |
|---|---|---|---|
| **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** | 6.22 % |
| **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** Russell J. Snow

Signature of actuary

9/21/2010

Date

Russell J. Snow

Type or print name of actuary

08-07199

Most recent enrollment number

Matthews, Gold, Kennedy & Snow, Inc

Firm name

(602)944-1515

Telephone number (including area code)

6530 N. 16th Street

Phoenix AZ 85016-1306

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 [ ]

**SUPPLEMENTAL STATEMENT OF ENROLLED ACTUARY**
**Attached to Schedule B (Form 5500) 2009**

**for**

**Coleman Hines, Inc. Defined Benefit Plan**

**EIN: 86-0983124 PIN: 001**

To the best of my present knowledge, the information contained in the certificate supplemented by this statement is complete and without material error. Although I am not aware of any material inadequacies in the data upon which such certificate is based, such data were furnished by the trustee(s) and the plan administrator (and/or by their respective employees, agents, and/or representatives); and, aside from gross tests for overall reasonableness, I have relied on such data in making my valuation; but I do not accept responsibility for the accuracy or inclusiveness of such data.

In addition, I have relied on plan sponsor's legal counsel and the plan administrator with respect to the plan's compliance in form and operation with applicable laws and regulations.

Any material change in the foregoing may result in the need to amend the certificate supplemented by this statement.

Russell J. Snow, EA, CPC, MSPA

9/21/2010
Date

Most Recent Enrollment Number: 08-07199

Matthews, Gold, Kennedy & Snow, Inc.
6530 North 16th Street
Phoenix, AZ 85016
(602) 944-1515

## 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) | 0 | 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) | 0 | 0 |
| 10 | Interest on item 9 using prior year's actual return of (31.57)% | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Excess contributions (Item 38 from prior year) | | 127 |
| | b Interest on (a) using prior year's effective rate of .00 % | | 0 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 127 |
| | d Portion of (c) to be added to prefunding balance | | 127 |
| 12 | Reduction in balances due to elections or deemed elections | 0 | 0 |
| 13 | Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) | 0 | 127 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 58.28 % |
| 15 | Adjusted funding target attainment percentage | 15 | 58.28 % |
| 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 | 50.76 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | 58.33 % |

## 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 |
|---|---|---|---|---|---|
| 09/15/2010 | 19,301 | 0 | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 19,301 | 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 | 16,780 |

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? [ ] Yes [X] 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: | ☐ N/A, full yield curve used |
|---|---|---|---|
| 5.64 % | 6.40 % | 6.56 % | |

| | | |
|---|---|---|
| **b** Applicable month (enter code) | **21b** | 0 |
| **22** Weighted average retirement age | **22** | 62 |

**23** Mortality table(s) (see instructions) ☒ 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 | ☒ No |
| **25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. | ☒ Yes | ☐ No |
| **26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. | ☒ 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 | 87,273 | | 16,748 |
| **b** Waiver amortization installment | 0 | | 0 |
| **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** | 16,748 |

| | 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** | 16,748 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) | **37** | 16,780 |
| **38** Interest-adjusted excess contributions for current year (see instructions) | **38** | 32 |
| **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 |

**Attachment to 2009 Form 5500**
**Schedule SB, line 19 - Discounted Employer Contributions**

**Plan Name** Coleman Hines, Inc. Defined Benefit Plan **EIN:** 86-0983124
**Plan Sponsor's Name** Coleman Hines, Inc. **PN:** 002

| Date of Contributon | Amount | Year Applied | Effective Interest Rate | Interest Adjusted Contribution: |
|---|---|---|---|---|
| 09/15/2010 | 15,072 | 2009 | 11.22 | 12,964 |
| 09/15/2010 | 4,229 | 2009 | 6.22 | 3,816 |

**Attachment to 2009 Form 5500**
**Schedule SB, line 22 - Description of Weighted Average Retirement Age**

**Plan Name** Coleman Hines, Inc. Defined Benefit Plan **EIN:** 86-0983124
**Plan Sponsor's Name** Coleman Hines, Inc. **PN:** 002

The weighted average retirement age is equal to the normal retirement age of 62 .

List the rate of retirement at each age and describe the methodology used to compute the weighted average retirement age, including a description of the weight applied at each potential retirement age.

**Attachment to 2009 Form 5500**
**Schedule SB, line 25 - Change in Method**

**Plan Name** Coleman Hines, Inc. Defined Benefit Plan **EIN:** 86-0983124
**Plan Sponsor's Name** Coleman Hines, Inc. **PN:** 002

Describe the change:
Changed valuation date from end of year to beginning of year

**Attachment to 2009 Form 5500**
**Schedule SB, line 32 - Schedule of Amortization Bases**

**Plan Name** Coleman Hines, Inc. Defined Benefit Plan **EIN:** 86-0983124
**Plan Sponsor's Name** Coleman Hines, Inc. **PN:** 002

| Type of Base | Present Value of Any Remaining Installments | Valuation Date | Years Remaining | Amortization Installment |
|---|---|---|---|---|
| Shortfall | 89,620 | 12/31/2008 | 6 | 17,145 |
| Shortfall | (2,347) | 01/01/2009 | 7 | (397) |