

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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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: ☒ 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 SHERMAN & HOWARD EQUITY MEMBER PLAN (1)	1b Three-digit plan number (PN) ▶ 020
		1c Effective date of plan 01/01/2003
2a	Plan sponsor's name and address (employer, if for single-employer plan) SHERMAN & HOWARD LLC 633 17TH STREET, SUITE 3000 DENVER, CO 80202	2b Employer Identification Number (EIN) 84-0420314
		2c Plan sponsor's telephone number 303-297-2900
		2d Business code (see instructions) 541110
3a	Plan administrator's name and address (if same as Plan sponsor, enter "Same") SHERMAN & HOWARD LLC 633 17TH STREET, SUITE 3000 DENVER, CO 80202	3b Administrator's EIN 84-0420314
		3c Administrator's telephone number 303-297-2900
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 62
b	Total number of participants at the end of the plan year	5b 62
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.)	☒ 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.)	☒ 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 4153327	5682405
b	Total plan liabilities	7b	
c	Net plan assets (subtract line 7b from line 7a)	7c 4153327	5682405
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	8a(1) 864229	
(2)	Participants	8a(2)	
(3)	Others (including rollovers)	8a(3)	
b	Other income (loss)	8b 664990	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	1529219
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	
e	Certain deemed and/or corrective distributions (see instructions)	8e	
f	Administrative service providers (salaries, fees, commissions)	8f	
g	Other expenses	8g 141	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	141
i	Net income (loss) (subtract line 8h from line 8c)	8i	1529078
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:

1C 1G 3B 3H

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**

	Yes	No	Amount
10 During the plan year:			
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)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		5000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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			

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))..... ☒ 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 ☒ 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 ☒ 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 ☒ 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.	10/14/2010	R.MICHAEL SANCHEZ, MANAGING PARTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	R.MICHAEL SANCHEZ, MANAGING PARTNER
	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
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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 <u>SHERMAN & HOWARD EQUITY MEMBER PLAN (1)</u>	B Three-digit plan number (PN) ▶ <u>020</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SHERMAN & HOWARD LLC</u>	D Employer Identification Number (EIN) <u>84-0420314</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2009</u>
2	Assets:
a	Market value 2a <u>4818176</u>
b	Actuarial value 2b <u>4818176</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>0</u> <u>0</u>
b	For terminated vested participants 3b <u>0</u> <u>0</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>0</u>
(2)	Vested benefits 3c(2) <u>4445599</u>
(3)	Total active 3c(3) <u>62</u> <u>4445599</u>
d	Total 3d <u>62</u> <u>4445599</u>
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 <u>6.50</u> %
6	Target normal cost 6 <u>773336</u>

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	Date
<u>SCOTT A HITTNER</u>	<u>08-05421</u>
Type or print name of actuary	Most recent enrollment number
<u>AON HEWITT</u>	<u>303-639-4142</u>
Firm name	Telephone number (including area code)
<u>4100 E. MISSISSIPPI AVE</u> <u>FLOOR 16</u> <u>DENVER, CO 80246</u>	
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 ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

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)	2225	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).....	2225	0
10	Interest on item 9 using prior year's actual return of <u>-15.74</u> %	-350	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		630632
b	Interest on (a) using prior year's effective rate of <u>8.36</u> %		52721
c	Total available at beginning of current plan year to add to prefunding balance		683353
d	Portion of (c) to be added to prefunding balance.....		0
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).....	1875	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	108.33 %
15	Adjusted funding target attainment percentage.....	15	117.99 %
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	107.87 %
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
02/05/2010	864229				
			Totals ►	18(b)	0
				864229	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 858877
20 Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ 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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.12 %	2nd segment: 6.74 %	3rd segment: 6.83 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
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	402756
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	402756
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	402756
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	858877
38 Interest-adjusted excess contributions for current year (see instructions).....	38	456121
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) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	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
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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 Sherman & Howard Equity Member Plan (1)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">020</td> </tr> <tr> <td colspan="2">C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Sherman & Howard LLC</td> </tr> <tr> <td colspan="2">D Employer Identification Number (EIN) 84-0420314</td> </tr> </table>	B Three-digit plan number (PN) ►	020	C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Sherman & Howard LLC		D Employer Identification Number (EIN) 84-0420314	
B Three-digit plan number (PN) ►	020						
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Sherman & Howard LLC							
D Employer Identification Number (EIN) 84-0420314							
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B							
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500							

Part I	Basic Information
1	Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2009</u>
2	Assets:
a	Market value 2a 4,818,176
b	Actuarial value 2b 4,818,176
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 0 0
c	For active participants:
(1)	Non-vested benefits 3c(1) 0
(2)	Vested benefits 3c(2) 4,445,599
(3)	Total active 3c(3) 62 4,445,599
d	Total 3d 62 4,445,599
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 6.50 %
6	Target normal cost 6 773,336

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	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="text-align: right; margin-right: 20px;">Signature of actuary</div> <div style="display: flex; justify-content: space-between;"> Scott A Hittner SAH </div> <div style="text-align: right; margin-right: 20px;">Type or print name of actuary</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="text-align: right; margin-right: 20px;">Firm name</div> <div>Aon Hewitt</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="text-align: right; margin-right: 20px;">Address of the firm</div> <div>4100 E. Mississippi Ave Floor 16 Denver CO 80246</div> </div>	<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="text-align: right; margin-right: 20px;">Date</div> <div style="text-align: center; font-family: cursive; font-size: 1.2em;">10-12-2010</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="text-align: right; margin-right: 20px;">Most recent enrollment number</div> <div style="text-align: center;">08-05421</div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> <div style="text-align: right; margin-right: 20px;">Telephone number (including area code)</div> <div style="text-align: center;">(303) 639-4142</div> </div>
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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 ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

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)	2,225	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).....	2,225	0
10	Interest on item 9 using prior year's actual return of <u>(15.74)</u> %	(350)	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		630,632
b	Interest on (a) using prior year's effective rate of <u>8.36</u> %		52,721
c	Total available at beginning of current plan year to add to prefunding balance		683,353
d	Portion of (c) to be added to prefunding balance.....		0
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)	1,875	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	108.33 %
15	Adjusted funding target attainment percentage.....	15	117.99 %
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	107.87 %
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	
02/05/2010	864,229		
		Totals ▶	18(b) 864,229 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	858,877

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ 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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.12 %	2nd segment: 6.74 %	3rd segment: 6.83 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
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	402,756
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
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	402,756
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	402,756
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	858,877
38 Interest-adjusted excess contributions for current year (see instructions).....	38	456,121
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

Summary of actuarial assumptions

Demographic assumptions

Retirement

100% of employees are assumed to retire at age 65.

Summary of actuarial assumptions

Economic assumptions	2009	2008
Effective interest rate	6.50%	8.36%
1st segment rate (years 0 to 4)*	5.12%	N/A
2nd segment rate (years 5 to 19)*	6.74%	N/A
3rd segment rate (years 20 and after)*	6.83%	N/A
Interest crediting rate for future years	5.00%	5.00%

*For 2008, the yield curve in effect during the month of October 2008 was used to calculate the ERISA liabilities and the PBGC premium funding target.

All of the interest rates above are compounded annually.

Demographic assumptions

Retirement

100% of employees are assumed to retire at age 65.

Withdrawal

No withdrawal decrement is assumed.

Mortality

No preretirement mortality is assumed. The post-retirement mortality is the prescribed 2009 static mortality table, with combined rates for annuitants and non-annuitants.

Other assumptions

Form of payment

The form of payment for future retirees is assumed to be a lump sum equal to the participant's account balance.

Maximum earnings

The maximum compensation limit under IRC section 401(a)(17) is \$245,000 for 2009.

Maximum benefit

The maximum benefit payable under IRC section 415 at normal retirement age is \$195,000 for 2009.

Changes from prior year

Yield curve interest rates

The yield curve interest rates for ERISA changed from the full yield curve reflecting interest rates as of October 2008 for 2008 to three-segment interest rates of 5.12% for years zero to four, 6.74% for years five to 19 and 6.83% for years 20 and after for 2009. The effective interest rate for ERISA changed from 8.36% for 2008 to 6.50% for 2009.

Summary of actuarial assumptions

Actuarial methods

Valuation date

The valuation date is December 31.

Calculation of normal costs and liabilities

The method used to calculate the ERISA target normal cost and funding target, PBGC premium funding target and FAS 35 liabilities is the unit credit cost method.

Under this method, benefits are estimated at each decrement age using service and earnings as of the valuation date. The present value of these estimated benefits using the applicable ERISA or FAS 35 assumptions is the ERISA funding target or FAS 35 actuarial present value of accumulated plan benefits. The target normal cost is the present value of the benefits earned during the year.

For calculating the actuarial present value of vested benefits, including the PBGC premium funding target, benefits at each decrement age are determined in the same manner, but are then multiplied by each participant's vesting percentage as of the valuation date. The present value of these estimated vested benefits is determined without recognition of any benefit for which a participant will become entitled only through the advancement in service or age while actively employed. In addition, the following ancillary benefits have been treated as vested: disability and temporary supplemental retirement benefits in pay status and death benefits.

The ERISA funding target for lump sum benefits is determined by valuing the annuity that corresponds to the distribution using special actuarial assumptions, as described under proposed Treasury regulations section 1.430(d). Under these special assumptions, for the period beginning with the annuity starting date, the current IRC section 417(e) applicable mortality table is substituted for the mortality table otherwise used.

Yield curve interest rates

The company has elected to use the 3-segment yield curve interest rates without applying the available phase-in from prior RPA '94 interest rate methodology to PPA interest rate methodology, using the August preceding the valuation date as the applicable lookback month.

Actuarial value of assets

The actuarial value of assets is used to calculate contribution requirements under ERISA and is equal to the market value of assets.

Summary of plan provisions

Effective date

The effective date of the plan was January 1, 2003. The plan was last amended and restated effective January 1, 2009.

Contributions

The firm will pay to the trustee such sums of money as the enrolled actuary shall certify as the amounts necessary to provide the retirement income benefits specified by the plan and to meet the minimum required contribution within the meaning of IRC sections 412 and 430. The firm may also provide, from time to time, additional sums of money to the trustee as deemed appropriate.

Employee contributions are neither required nor permitted under the plan.

Expenses

All expenses incurred in connection with the administration of the plan and the trust are paid by the fund to the extent they are not paid by the firm.

Changes from prior year

Effective December 31, 2009, the plan automatically recognized the higher IRC maximum compensation and benefit limits resulting from inflation adjustments. The annual limit on recognizable compensation increased to \$245,000 and the annual dollar limit on benefits increased to \$195,000.

Employees eligible for participation

Unless otherwise specifically excluded, equity members of the firm are eligible to participate upon the entry date coincident with or next following the date he or she has completed two Years of Service with the firm. The dates on which an employee may become a participant in the plans shall be January 1 and July 1. Prior service with certain employers is taken into consideration for eligibility purposes, as listed in the plan document. Effective July 1, 2008, the plan was frozen to new participants.

Definitions

Accrued Benefit

At any point in time, a participant's Accrued Benefit shall be the balance of such participant's Cash Balance Account.

Cash Balance Account

Notional account balance, which grows each year with Cash Balance Credits and Interest Credits.

Plan Year

The twelve month period beginning January 1 and ending December 31.

Summary of plan provisions

Definitions

Year of Service

A year of service is granted to an employee if the employee completes 1,000 hours of service in the first twelve month period of his employment. Subsequent years of service are counted on anniversaries of the employee's hire date.

Cash Balance Credits

The preliminary Cash Balance Credit is calculated by applying the following formula to the points for each participant: \$W multiplied by points in excess of 50, plus \$X multiplied by points in excess of 100, plus \$Y multiplied by points in excess of 150, plus \$Z multiplied by points in excess of 200. The amounts of \$W, \$X, \$Y and \$Z for the first eight groups listed in the plan document (List A, List B, List C, List D, List E, List F, List G and List H) are listed on the table below. Points for each participant are determined by multiplying each participant's proportionate ownership of the firm by 10,000.

	<u>List A</u>	<u>List B</u>	<u>List C</u>	<u>List D</u>	<u>List E</u>	<u>List F</u>	<u>List G</u>	<u>List H</u>
Tier W	\$50	\$100	\$200	\$300	\$400	\$675	\$1,500	\$500
Tier X	\$40	\$80	\$160	\$240	\$320	\$600	\$1,200	\$400
Tier Y	\$30	\$60	\$120	\$180	\$240	\$450	\$900	\$300
Tier Z	\$30	\$60	\$120	\$180	\$240	\$450	\$900	\$300

The preliminary Cash Balance Credit is \$1,000 for participants on List I and is \$2,500 for participants on List J.

The Cash Balance Credit is determined by multiplying the preliminary Cash Balance Credit by the applicable budget factor (either 100% or 0%), and will be limited to the Maximum Credit Amount.

The Maximum Credit Amount for any participant is equal to 5% of the actuarial present value of the IRC section 415(b) dollar limitation applicable to the participant for the Plan Year and based on the participant's age (computed in completed years) as of the last day of the Plan Year. The actuarial present value shall be determined using a 7% interest rate and the mortality table provided in Revenue Ruling 2001-62, rounded to the nearest \$500.

Interest Credits

As of the last day of each Plan Year, an Interest Credit based on the amount of the Cash Balance Account as of the first day of each Plan Year shall be credited to the Cash Balance Account of each participant prior to the crediting of any Cash Balance Credits for that Plan Year. The rate of interest used to determine the Interest Credit for the Plan Year shall be the 30-year Treasury securities rate in effect for the month of December immediately preceding the Plan Year.

Actuarial Equivalent

For purposes of converting the accrued benefit to a life annuity, the 30-year Treasury securities rate for December of the preceding Plan Year and the mortality table provided in Revenue Ruling 2001-62. For purposes of converting the accrued benefit to any other optional form of benefit, replace the 30-year Treasury securities rate with 5% interest.

Summary of plan provisions

Normal retirement

Eligibility

The attainment of age 65.

Benefit

The Cash Balance Account, or its Actuarial Equivalent payable as an annuity, subject to IRS maximums.

Deferred vested pension

Eligibility

Termination of employment after having earned an accrued benefit.

Benefit

The Cash Balance Account, or its Actuarial Equivalent payable as an annuity, subject to IRS maximums.

Death benefit

Eligibility

Spouse or other named beneficiary of an active or terminated participant prior to normal retirement age and before benefit payments commence.

Benefit

The Cash Balance Account, or its Actuarial Equivalent payable as an annuity, subject to IRS maximums.

Forms of payment

The normal form is a straight life annuity. The automatic form of payment for a single participant is the normal form and for a married participant at the benefit commencement date is a reduced qualified joint and survivor annuity, with 50% of the benefit continuing to the surviving spouse upon the earlier death of the participant.

In lieu of the automatic form of payment, a participant may elect, with the proper spousal consent, a reduced joint and survivor annuity, with 75% of the benefit continuing to the surviving spouse upon the earlier death of the participant or a single lump sum payment.

Change in actuarial methods

Actuarial methods

Yield curve interest rates

The yield curve interest rates for ERISA changed from the full yield curve reflecting interest rates as of October 2008 for 2008 to the 3-segment yield curve interest rates without applying the available phase-in from prior RPA '94 interest rate methodology to PPA interest rate methodology, using the August preceding the valuation date as the applicable lookback month for 2009.

Sherman & Howard Equity Member Plan (1)
EIN / PN: 84-0420314 / 020
Schedule SB, Line 26 - Schedule of Active Participant Data

Number of active participants by age and service

Attained age	Completed years of credited service as of December 31, 2009										Total
	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 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	1	2	-	-	-	-	-	-	-	3
45 to 49	-	-	9	-	-	-	-	-	-	-	9
50 to 54	-	2	8	-	-	-	-	-	-	-	10
55 to 59	-	2	13	-	-	-	-	-	-	-	15
60 to 64	-	-	20	-	-	-	-	-	-	-	20
65 to 69	-	-	4	-	-	-	-	-	-	-	4
70 & up	-	-	1	-	-	-	-	-	-	-	1
Total	-	5	57	-	-	-	-	-	-	-	62