Form 5500-SF		Short Form Annual R	yee	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service	This forms is required to be file	_	2010							
E	Department of Labor mployee Benefits Security Administration	Retirement Income Security A	Act of 1974	ctions 104 and 4065 of the Employe (ERISA), and section 6058(a) of the Code (the Code).		This Form is Open to Public					
F	Pension Benefit Guaranty Corporation			the instructions to the Form 550	0-SF.	SF.					
Pa	art I Annual Report Id	entification Information									
For	For calendar plan year 2010 or fiscal plan year beginning       01/01/2010       and ending       12/31/2010         A This return (report is far:       Image: Single-employer plan       Image: Single-employer plan       Image: Single-employer plan										
Α	This return/report is for:	mployer plan (not multiemployer)	) one-participant 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 mor	nths)	_					
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program					
	special extension (enter description)										
		nation—enter all requested information	ation		16	Thursday diata					
	Name of plan	S-BACON PENSION PLAN AND TR	UST		ai	Three-digit plan number					
CON						(PN) ► 001					
					1c	Effective date of plan 04/01/2007					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 71-0864655					
	PEASE AVE				2c	Plan sponsor's telephone number 206-826-2050					
SUM	INER, WA 98390				2d	Business code (see instructions) 237310					
3a	Plan administrator's name and	address (if same as Plan sponsor, ei 1621 PEASE		")	3b	Administrator's EIN 71-0864655					
		SUMNER, W			3c	Administrator's telephone number 206-826-2050					
4	If the name and/or EIN of the pla	n sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN					
		r from the last return/report. Sponso									
52	Total number of participants at	the beginning of the plan year			4c	PN 37					
b		the end of the plan year			5a 5b	32					
c		th account balances as of the end of			ac	02					
	complete this item)				5c	32					
	-	uring the plan year invested in eligible				Yes No					
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No					
-	If you answered "No" to eith	er 6a or 6b, the plan cannot use Fo									
Pa	rt III Financial Informa	ation									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
a L	•		7a	176023		162597					
b	•	(h fra - 1a - 7a)		176023	-	162597					
<u> </u>	•	'b from line 7a)	7c		, 						
a	Income, Expenses, and Transf Contributions received or recei			(a) Amount		(b) Total					
u			8a(1)	10826	5						
	(2) Participants		8a(2)	C							
_	(3) Others (including rollovers)	)	8a(3)	C	_						
b				11935		00704					
с С		8a(2), 8a(3), and 8b)	8c			22761					
d		ollovers and insurance premiums	8d	36187	7						
е	, ,	ive distributions (see instructions)	8e	C	)						
f	Administrative service provider	s (salaries, fees, commissions)	8f	C	)						
g	Other expenses		8g	C	)						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h			36187					
i	( )(	e 8h from line 8c)				-13426					
	Transfora to (from) the plan (or	e instructions)	8j								

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

## 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: 2C 2F 2G 2T 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	Du	ring the plan year:		Yes	No		Am	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b	10b					
С	W	as the plan covered by a fidelity bond?	10c	Х	X				20000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud dishonesty?	10d		×				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, aurance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e	X					298
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f	Df ×					
g	Dio	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	0g					
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h	Х					
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	Х					
Part	VI	Pension Funding Compliance							
11		his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 00))						Yes	× No
lf	(If ' If a gra <b>you</b> Eni Eni Sul	this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code 'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- inting the waiver	ctions, th of a	and e	enter th	ie date o	f the le		ing
е	Wil	I 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	На	s a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	× No
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought					Г	Yes	× No
С	lf c	the PBGC? luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th ich assets or liabilities were transferred. (See instructions.)					L	163	
1		1) Name of plan(s):		13	c(2) El	N(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	Filed with authorized/valid electronic signature.	06/22/2011	DAN SWEENEY					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

Form 5500-SF			<del>?N 001 / CSTRCTCO.R</del> NReport of Small Emplo			OMB Nos. 1210-0110		
Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4085 of the Emplo						1210-0089 2010		
Department of Labor Employee Benefits Security Administration	Retirement Income Secu	urity Act of 19	sections 104 and 4085 of the Employ 74 (ERISA), and section 6058(a) of th Code (the Code).	ee Ie	This Form is Open to Public Inspection			
Pension Benefit Guaranty Corporation			ith the instructions to the Form 55	00-SF.	111			
For calendar plan year 2010 or fisc	al plan year beginning	017017	2010 and ending		12/31/20	10		
A This return/report is for:	Single-employer plan	multiple	⊳employer plan (not multiemployer)		🔲 one-participa	ant plan		
B This return/report is for:	first return/report	8	urn/report					
	an amended return/report		an year return/report (less than 12 mo	onths)	<b>—</b>			
C Check box if filing under:	Special extension (enter desc	<b>□</b> ·	tic extension			am		
Part III Basic Plan Infor					·····			
1a Name of plan			<del></del>	1b	Three-digit	T		
CONSTRUCT COMPANY 1	•				plan number (PN) ▶	001		
PENSION PLAN AND TH	RUST			1c	Effective date o 04/01/200	if plan		
a Plan sponsor's name and addr CONSTRUCT COMPANY I	ess (employer, if for single-emplo	oyer plan)		2b	Employer Identi (EIN) 71-086	fication Number		
1621 PEASE AVE	-					telephone number		
				<b>2</b> d	Business code (see Instructions)			
SUMNER Ba Plan administrator's name and same	address (if same as Plan sponso	or, enter "San	WA 98390 ·		237310 Administrator's	EIN		
	3c Administrator's telephone number							
				3C .	Administrators	telephone number		
If the name and/or EIN of the pla	n sponsor has changed since the	e last retum/n	eport filed for this plan, enter the	3c 4b				
If the name and/or EIN of the pla name, EIN, and the plan number	n sponsor has changed since the from the last return/report. Spo	e last retum/n msor's name	eport filed for this plan, enter the		EIN	elephone number		
name, EIN, and the plan number	r from the last return/report. Spo	hsor's name		4b	EIN	alephone number		
name, EIN, and the plan number a Total number of participants at b Total number of participants at	r from the last return/report. Spo the beginning of the plan year the end of the plan year	hisor's name		4b 4c	EIN	· · · · · · · · · · · · · · · · · · ·		
a Total number of participants at b Total number of participants at c Total number of participants at	r from the last return/report. Spo the beginning of the plan year the end of the plan year th account balances as of the en	d of the plan	year (defined benefit plans do not	4b 4c 5a	EIN	37		
<ul> <li>name, EIN, and the plan number</li> <li>a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants with complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year th account balances as of the en uring the plan year invested in eli	d of the plan gible assets?	year (defined benefit plans do not ) (See instructions.)	4b 4c 5a 5b 5c	EIN PN	<u> </u>		
<ul> <li>name, EIN, and the plan number</li> <li>a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants with complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year th account balances as of the en uring the plan year invested in ell e annual examination and repor	d of the plan gible assets? t of an indepe	year (defined benefit plans do not ? (See Instructions.) Indent qualified public accountant (iQ	4b 4c 5a 5b 5c	EIN PN	37 32 32 32 X Yes [] No		
<ul> <li>name, EIN, and the plan number</li> <li>Total number of participants at</li> <li>Total number of participants at</li> <li>Total number of participants wit complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year th account balances as of the en uring the plan year invested in ell e annual examination and report tee instructions on waiver eligibil ar 6a or 6b, the plan cannot use	d of the plan gible assets? t of an indepe	year (defined benefit plans do not ) (See instructions.)	4b 4c 5a 5b 5c PA)	EIN PN	<u> </u>		
<ul> <li>a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants wit complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year th account balances as of the en uring the plan year invested in ell e annual examination and report tee instructions on waiver eligibil ar 6a or 6b, the plan cannot use	d of the plan gible assets? t of an indepe lity and condit e Form 5500-	year (defined benefit plans do not ? (See Instructions.) Indent qualified public accountant (IQ ISF and must instead use Form 550	4b 4c 5a 5b 5c PA)		37 32 32 X Yes No X Yes No		
<ul> <li>a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants with complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year th account balances as of the en uring the plan year invested in ell e annual examination and repor see instructions on waiver eligibil ar 6a or 6b, the plan cannot use tion	d of the plan gible assets? t of an indepe lity and condif e Form 5500	year (defined benefit plans do not (See Instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year	4b 4c 5a 5b 5c PA)	EIN PN	37 32 32 X Yes No X Yes No Of Year		
a Total number of participants at b Total number of participants at c Total number of participants at c Total number of participants with complete this item)	r from the last return/report. Spo the beginning of the plan year the end of the plan year th account balances as of the en uring the plan year invested in ell e annual examination and report see instructions on waiver eligibil ar 6a or 6b, the plan cannot use tion	d of the plan gible assets? t of an indepe lity and condit e Form 5500- 7a	year (defined benefit plans do not ? (See Instructions.) Indent qualified public accountant (IQ ISF and must instead use Form 550	4b 4c 5a 5b 5c PA)		37 32 32 X Yes No X Yes No		
<ul> <li>a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants with complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year th account balances as of the en uring the plan year invested in ell e annual examination and report see instructions on waiver eligibil ar 6a or 6b, the plan cannot use tion	d of the plan gible assets? t of an indepe lity and condif e Form 5500. 7a 	year (defined benefit plans do not (See Instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 176,02	4b 5a 5b 5c PA)		37 32 32 X Yes No X Yes No Of Year		
<ul> <li>name, EIN, and the plan number</li> <li>Total number of participants at</li> <li>Were all of the plan's assets dt</li> <li>b Are you claiming a waiver of the under 29 CFR 2520.104-467 (S</li> <li>If you answered "No" to either an assets and Liabilities</li> <li>Total plan assets</li> <li>Total plan fiabilities</li> <li>Total plan assets (subtract line 7the income, Expenses, and Transference)</li> </ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year south the account balances as of the en using the plan year Invested in ell e annual examination and report see instructions on waiver eligibil ar 6a or 6b, the plan cannot use tion	d of the plan gible assets? t of an indepe lity and condif e Form 5500. 7a 	year (defined benefit plans do not (See Instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year	4b 5a 5b 5c PA)		37 32 32 X Yes No X Yes No of Year 162, 597 0 162, 597		
<ul> <li>name, EIN, and the plan number</li> <li>Total number of participants at</li> <li>Total number of participants at</li> <li>Total number of participants at</li> <li>Total number of participants wit complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year state th account balances as of the en using the plan year Invested in ell e annual examination and report see instructions on waiver eligibil ar 6a or 6b, the plan cannot use tion	d of the plan g lgible assets? t of an indepe lity and condif e Form 5500- 7a 7b 7b 7c	year (defined benefit plans do not (See Instructions.)	4b 4c 5a 5b 5c PA) 30.	EIN PN (b) End	37 32 32 X Yes No X Yes No of Year 162, 597 0 162, 597		
<ul> <li>name, EIN, and the plan number</li> <li>Total number of participants at</li> <li>Total number of participants at</li> <li>Total number of participants at</li> <li>Total number of participants with complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year set th account balances as of the en uring the plan year Invested in ell e annual examination and repor see instructions on waiver eligibil ar 6a or 6b, the plan cannot use tion	d of the plan y lgible assets? t of an indepe lity and condif e Form 5500- 7a 7b 7c 8a(1)	year (defined benefit plans do not (See instructions.) indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 176,02	4b 4c 5a 5b 5c PA) 30.	EIN PN (b) End	37 32 32 X Yes No X Yes No of Year 162, 597 0 162, 597		
<ul> <li>name, EIN, and the plan number</li> <li>Total number of participants at</li> <li>Total number of participants at</li> <li>Total number of participants at</li> <li>Total number of participants with complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year th account balances as of the en arring the plan year Invested in ell e annual examination and repor see instructions on waiver eligibil ar 6a or 6b, the plan cannot use tion	d of the plan f igible assets? t of an indepe lity and condif e Form 5500 7a 7b 7c 8a(1) 8a(2)	year (defined benefit plans do not (See Instructions.)	4b 4c 5a 5b 5c PA) 30.	EIN PN (b) End	37 32 32 X Yes No X Yes No of Year 162, 597 0 162, 597		
<ul> <li>a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants wit complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year th account balances as of the en aring the plan year invested in ell e annual examination and report see instructions on waiver eligibil ar 6a or 6b, the plan cannot use tion	d of the plan igible assets? t of an indepe lity and condif e Form 5500 7a 7b 7c 8a(1) 8a(2) 	year (defined benefit plans do not P (See Instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 176,02 176,02 (a) Amount 10,82 11,93	4b 4c 5a 5b 5c PA) 00. 3 0 3 6 0 5 5 5 5 5 5 5 5 5 5 5 5 5	EIN PN (b) End	37 32 32 X Yes No X Yes No of Year 162, 597 0 162, 597		
<ul> <li>a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants with complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year th account balances as of the en uring the plan year invested in ell e annual examination and report see instructions on waiver eligibil ar 6a or 6b, the plan cannot use tion	d of the plan d of the plan igible assets? t of an indepe lity and condif e Form 5500. 7a 7b 7c 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	year (defined benefit plans do not 9 (See Instructions.) endent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 176,02 176,02 (a) Amount 10,82	4b 4c 5a 5b 5c PA) 00. 3 0 3 6 0 5 5 5 5 5 5 5 5 5 5 5 5 5	EIN PN (b) End	37 32 32 X Yes No X Yes No of Year 162, 597 0 162, 597		
a Total number of participants at b Total number of participants at c Total number of participants at c Total number of participants with complete this item)	r from the last return/report. Spo the beginning of the plan year the end of the plan year th account balances as of the en uring the plan year invested in ell e annual examination and report see instructions on waiver eligibil ar 6a or 6b, the plan cannot use tion	d of the plan igible assets? t of an indepe ility and condif e Form 5500- 7a 7b 7c 7a 7b 7c 8a(1) 8a(2) 8b 8c	year (defined benefit plans do not (See Instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 176,02 176,02 (a) Amount 10,82 11,93	4b 4c 5a 5b 5c PA) 00. 3 6 0 5 5 5 5 5 5 5 5 5 5 5 5 5	EIN PN (b) End	37 32 32 32 ∑ Yes ☐ No ∑ Yes ☐ No of Year 162, 597 0 162, 597 otal		
<ul> <li>a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants with complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year south the account balances as of the en uring the plan year invested in ell e annual examination and report see instructions on waiver eligibil ar 6a or 6b, the plan cannot use tion	d of the plan d of the plan igible assets? t of an indepe lity and condif e Form 5500. 7a 7b 7c 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8d	year (defined benefit plans do not P (See Instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 176,02 176,02 (a) Amount 10,82 11,93	4b 4c 5a 5b 5c PA) 00. 3 6 0 5 5 5 5 5 5 5 5 5 5 5 5 5	EIN PN (b) End	37 32 32 32 ∑ Yes ☐ No ∑ Yes ☐ No of Year 162, 597 0 162, 597 otal		
<ul> <li>a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants with complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year invested in ell e annual examination and report see instructions on waiver eligibilit ar <u>6a</u> or <u>6b</u> , the plan cannot use tion	d of the plan g lgible assets? t of an indepe lily and condit e Form 5500- 7a 7b 7c 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c	year (defined benefit plans do not (See Instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 176,02 176,02 (a) Amount 10,82 11,93	4b 4c 5a 5b 5c PA) 00. 3 6 0 5 5 5 5 5 5 5 5 5 5 5 5 5	EIN PN (b) End	37 32 32 32 ∑ Yes ☐ No ∑ Yes ☐ No of Year 162, 597 0 162, 597 otal		
<ul> <li>name, EIN, and the plan number</li> <li>Total number of participants at</li> <li>Were all of the plan's assets du</li> <li>b Are you claiming a waiver of the under 29 CFR 2520.104-467 (S if you answered "No" to either</li> <li>Are you claiming a waiver of the under 29 CFR 2520.104-467 (S</li> <li>if you answered "No" to either</li> <li>Are you claiming a waiver of the under 29 CFR 2520.104-467 (S</li> <li>if you answered "No" to either</li> <li>Are you claiming a waiver of the under 29 CFR 2520.104-467 (S</li> <li>if you answered "No" to either</li> <li>Are you claiming a waiver of the under 29 CFR 2520.104-467 (S</li> <li>if you answered "No" to either</li> <li>Are you claiming a waiver of the under 29 CFR 2520.104-467 (S</li> <li>if you answered "No" to either</li> <li>Are you claiming a waiver of the under 29 CFR 2520.104-467 (S</li> <li>if you answered "No" to either</li> <li>Are you claiming a waiver of the under 29 CFR 2520.104-467 (S</li> <li>if you answered "No" to either</li> <li>if you answered you answered you answered you and the plan is a set of the plan set of the p</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year invested in ell e annual examination and report see instructions on waiver eligibility of the plan cannot use tion	d of the plan y lgible assets? t of an indepe lity and condifi e Form 5500. 7a 7b 7c 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8c 8d 8c	year (defined benefit plans do not (See Instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 176,02 176,02 (a) Amount 10,82 11,93	4b 4c 5a 5b 5c PA) 00. 3 6 0 5 5 5 5 5 5 5 5 5 5 5 5 5	EIN PN (b) End	37 32 32 32 ∑ Yes ☐ No ∑ Yes ☐ No of Year 162, 597 0 162, 597 otal		
<ul> <li>name, EIN, and the plan number</li> <li>a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants wit complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year set of the en aring the plan year invested in ell e annual examination and report see instructions on waiver eligibil ar 6a or 6b, the plan cannot use tion	d of the plan igible assets? t of an indepe lity and condit e Form 5500 7a 7b 7c 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c	year (defined benefit plans do not (See Instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 176,02 176,02 (a) Amount 10,82 11,93	4b 4c 5a 5b 5c PA) 00. 3 6 0 5 5 5 5 5 5 5 5 5 5 5 5 5	EIN PN (b) End	37 32 32 32 32 32 32 № Yes No No M Yes No 0 162,597 0 162,597 0 162,597 0 162,597 30 162,597		
<ul> <li>name, EIN, and the plan number</li> <li>a Total number of participants at</li> <li>b Total number of participants at</li> <li>c Total number of participants at</li> <li>c Total number of participants wit complete this item)</li></ul>	r from the last return/report. Spo the beginning of the plan year the end of the plan year south the end of the plan year invested in ell e annual examination and report see instructions on waiver eligibil ar 6a or 6b, the plan cannot use tion	d of the plan igible assets? t of an indepe ility and condit e Form 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8c 8d 8c 8d 8b 8c 8d 8d 8b 8c 8d 8b 8c 8d 8b 8c 8d 8b 8c 8d 8b 8c 8d 8b 8c 8d 8b 8c 8d 8b 8c 8d 8b 8c 8d 8b 8c 8d 8b 8c 8d 8b 8c 8d 8b 8c 8d 8b 8c 8d 8b 8c 8d 8b 8c 8d 8b 8d 8b 8c 8d 8b 8c 8d 8b 8d 8d 8d 8d 8d 8d 8d 8d 8d 8d	year (defined benefit plans do not (See Instructions.) Indent qualified public accountant (IQ ions.) SF and must instead use Form 550 (a) Beginning of Year 176,02 176,02 (a) Amount 10,82 11,93	4b 4c 5a 5b 5c PA) 00. 3 6 0 5 5 5 5 5 5 5 5 5 5 5 5 5	EIN PN (b) End	37 32 32 32 ∑ Yes ☐ No ∑ Yes ☐ No of Year 162,597 0 162,597 otal 22,761		

## EIN 71-0864655 / PN 001 / CSTRCTCO.RF0

Form 5500-SF 2010

Page 2-

				·. ·						
- Ea	t M Plan Characteristics									
9a	If the plan provides pension benefits, enter the applicable pension to	featur	e code	s from t	he List of Plan Cha	racteri	slic Co	des ir	the instruc	tions:
2C 2F 2G 2T 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	V Compliance Questions	<del></del>	<u> </u>							
10	During the plan year:						Yes	No	T	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)							x		
b	Were there any nonexempt transactions with any party-in-Interest? on line 10a.)	' (Do i	not inc	lude ira	nsactions reported	10b		x		
C	Was the plan covered by a fidelity bond?									20,000
d								x	<u> </u>	
e	lere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)					10e	x	<b></b>		298
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 yea	arend	.)	****	10g		x		<u></u>
h	If this is an individual account plan, was there a blackout period? (S 2520.101-3.)	ee In	structio	ons and	29 CFR	10 <u>b</u>	x	<u>_A</u>		
ĭ	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-	requi	ired no	otice or o	one of the	101	x		1502 1920 1921	n ser persona and Sami and the states
Part	VI Pension Funding Compliance								1.377 Sec. 1284	- Addenta of the state of the s
11	Is this a defined benefit plan subject to minimum funding requiremen 5500))	1ts? (l	lf "Yes	," see in	structions and com	piete S	Schedu	ile SB	(Form	Yes X No
12	Is this a defined contribution plan subject to the minimum funding re									
lf y	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicat If a waiver of the minimum funding standard for a prior year is being granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule N	amor /IB (F	orm 5	500), ar	Mont Id skip to line 13.	h		Day_	e date of th	e letter ruling Year
	Enter the minimum required contribution for this plan year							25		· · · · · · · · · · · · · · · · · · ·
d	Enter the amount contributed by the employer to the plan for this pla Subtract the amount in line 12c from the amount in line 12b. Enter th negative amount)	e res	ult (en	ter a mi	us sian to the left o	fa		2c 2d	- <u> </u>	
	Mill the minimum funding amount reported on line 12d be met by the							¦	Yes	No TINA
	IN Plan Terminations and Transfers of Assets									
	las a resolution to terminate the plan been adopted during the plan	veard	nr anv	prior ve	ar?				· · ·	Yes X No
	f "Yes," enter the amount of any plan assets that reverted to the emp									<u>, , , , , , , , , , , , , , , , , , , </u>
þ,	Nere all the plan assets distributed to participants or beneficiaries, to of the PBGC?	ansfe	rred to	anothe	r plan, or brought u	nder ti	ne con	trol		Yes X No
С	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.)									
13	c(1) Name of pian(s):						13c(	13c(3) PN(s)		
		<u> </u>							· · · · · ·	·
Cautio	n: A penalty for the late or incomplete filing of this return/report	will	be ase	essed	uniess reasonable	caus	e ls es	tablis	shed.	
SBor	penalties of perjury and other penalties set forth in the instructions, I Schedule MB completed and signed by an enrolled actuary, as well a it is true, correct, and complete.	decia s the	re thai electre	l have onic ver	examined this return sion of this return/re	n/repo port, a	rt, incl and to	uding, the ba	lf applicab est of my kr	le, a Schedule nowledge and
SIGN	C Mose	6	16		6.1	M	0 5 41	· <u>····</u>	<u></u>	
HERE									nian edmin	istrator
SIGN			16	11			\++5			(Greater)
HERE		Date		<u>.,</u>	Enlar nome sfield					r niga époneor
	1	Laid			Enter name of ind	RDDRA	្ទាក់ទាប	<u> </u>	surpicyer o	PIRIT SPOILEDL