Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [X] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MCCLONE CONSTRUCTION COMPANY PROFIT SHARING 401(K)PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1985

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
MCCLONE CONSTRUCTION COMPANY

PO BOX 4620
EL DORADO HILLS, CA 95762-0021

2b Employer Identification Number (EIN)
68-0300753

2c Sponsor's telephone number
916-933-8633

2d Business code (see instructions)
236110

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 accompanying schedules, statements and attachments, 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.	06/24/2011	SCOT MCCLONE
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MCCLONE CONSTRUCTION COMPANY P.O. BOX 4620 EL DORADO HILLS, CA 95762	**3b** Administrator's EIN 68-0300753 **3c** Administrator's telephone number 916-933-8633

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: **a** Sponsor's name		**4b** EIN **4c** PN
5 Total number of participants at the beginning of the plan year	**5**	130
6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a Active participants	**6a**	0
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	0
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2J 2K

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)**	Insurance
(2)	Code section 412(e)(3) insurance contracts	**(2)**	Code section 412(e)(3) insurance contracts
(3) X	Trust	**(3)** X	Trust
(4)	General assets of the sponsor	**(4)**	General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules		**b General Schedules**		
(1) X	**R** (Retirement Plan Information)	**(1)** X	**H** (Financial Information)	
(2)	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)**	**I** (Financial Information – Small Plan)	
		(3) 0	**A** (Insurance Information)	
		(4) X	**C** (Service Provider Information)	
(3)	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)**	**D** (DFE/Participating Plan Information)	
		(6)	**G** (Financial Transaction Schedules)	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
MCCLONE CONSTRUCTION COMPANY PROFIT SHARING 401(K)PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MCCLONE CONSTRUCTION COMPANY

D Employer Identification Number (EIN)
68-0300753

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

ROBERT W. BAIRD & CO., INC.

360 SIERRA COLLEGE DRIVE, SUITE 200
GRASS VALLEY, CA 95945

39-6037917

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 16 49 70	NONE	25193	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
MCCLONE CONSTRUCTION COMPANY PROFIT SHARING 401(K)PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MCCLONE CONSTRUCTION COMPANY

D Employer Identification Number (EIN)
68-0300753

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	341124	0
(2) Participant contributions	1b(2)	100	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	21611	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9214864	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	9577699	0
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9577699	0

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)	0	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	26107	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		26107
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	104173	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		104173
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		130280
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9674432	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		9674432
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: **(1)** Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)	33547	
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		33547
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9707979
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		-9577699
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [X] Unqualified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [ ] Yes [X] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GALLINA LLP **(2)** EIN: 94-2147510

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		100000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ... [X] **Yes** [ ] **No** **Amount:** 0

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
MCCLONE CONSTRUCTION COMPANY PROFIT SHARING 401(K)PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
MCCLONE CONSTRUCTION COMPANY

D Employer Identification Number (EIN)
68-0300753

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 94-6747253

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

McClone Construction Company
Profit Sharing 401(k) Plan

Financial Statements
and Supplemental Information
July 31, 2010 and 2009

GALLINA LLP
CERTIFIED PUBLIC ACCOUNTANTS

Independent Auditor's Report

To the Trustees
McClone Construction Company
Profit Sharing 401(k) Plan
El Dorado Hills, California

We have audited the accompanying statement of net assets available for benefits of McClone Construction Company Profit Sharing 401(k) Plan as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended, and the supplemental Schedule of Assets (Held at End of Year) as of December 31, 2009. In addition, we audited the statement of net assets in liquidation available for benefits as of July 31, 2010, and the related statement of changes in net assets in liquidation available for benefits for the period from January 1, 2010 to July 31, 2010. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As further discussed in Note 6, McClone Construction Company, the Plan sponsor, elected on December 1, 2009 to terminate the Plan. Final distributions were made prior to report issuance and were based on all participants being 100% vested. In accordance with generally accepted accounting principles, the Plan has changed its basis of accounting used to value plan assets from the ongoing plan basis to the liquidation basis for periods after December 31, 2009.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits as of December 31, 2009 and July 31, 2010, and the changes in net assets available for benefits for the year and period then ended, in conformity with accounting principles generally accepted in the United States of America.

Gallina LLP

Rancho Cordova, California
February 28, 2011

McClone Construction Company
Profit Sharing 401(k) Plan
Statement of Net Assets in Liquidation Available for Benefits and Statement of Net Assets Available for Benefits
July 31, 2010 and 2009

Assets

	July 31, 2010 in liquidation	December 31, 2009
Investments, at fair value:		
Individual brokerage accounts - participant directed	$ -	$ 9,214,864
Total investments	-	9,214,864
Receivables:		
Employer's contributions	-	341,124
Other	-	100
Total receivables	-	341,224
Cash:		
Participant directed	-	21,510
Non-participant directed	-	101
Total cash	-	21,611
Total assets	$ -	$ 9,577,699

Net Assets Available for Benefits

Net assets available for benefits	$ -	$ 9,577,699

See accompanying notes.

McClone Construction Company
Profit Sharing 401(k) Plan
Statement of Changes in Net Assets in Liquidation Available for Benefits and Statement of Changes in Net Assets Available for Benefits
for the period ended July 31, 2010 and the year ended December 31, 2009

	July 31, 2010 in liquidation	December 31, 2009
Additions to net assets attributed to:		
Investment income:		
Net realized and unrealized appreciation in fair value of investments	$ 104,173	$ 2,086,061
Dividends	26,107	163,747
Net investment income	130,280	2,249,808
Contributions:		
Employee	-	572,258
Employer match	-	341,124
Total contributions	-	913,382
Total additions	130,280	3,163,190
Deductions from net assets attributed to:		
Benefits paid to participants	9,674,432	79,368
Plan expenses	33,547	51,149
Total deductions	9,707,979	130,517
Net increase (decrease)	(9,577,699)	3,032,673
Net assets available for benefits:		
Beginning of period	9,577,699	6,545,026
End of period	$ -	$ 9,577,699

See accompanying notes.

McClone Construction Company
Profit Sharing 401(k) Plan
Notes to the Financial Statements
July 31, 2010 and 2009

Note 1: Description of Plan:

The following description of McClone Construction Company (the Company) Profit Sharing 401(k) Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General:

The Plan is a defined contribution 401(k) plan covering substantially all full-time employees of the Company who have at least one year of service, are age 21 or older, and are not covered by a collective-bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions:

Participants may make elective salary deferral contributions up to limits set annually by the Internal Revenue Service. For participants age 50 or older, an additional "catch-up" contribution was allowed up to limits as established by the IRS for the year ended December 31, 2009. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. The Company will make a mandatory 401(k) safe harbor matching contribution equal to 100% of each participant's elective deferrals, not to exceed 4% of total compensation.

In addition, the Company may elect to contribute annually an additional discretionary match amount and a profit sharing contribution as determined by the Company's Board of Directors. No discretionary contributions were made during the period ended July 31, 2010 and year ended December 31, 2009.

Participant Accounts:

The Plan administrator maintains a separate account for each participant and each type of contribution. Each participant may select from a series of investment options designated by the Company and Plan administrator. Earnings on each investment selection are credited to the participant's account.

Vesting:

Participants are fully vested in their salary deferral contributions, safe harbor matching and discretionary matching contributions plus actual earnings thereon. Vesting in the Company's discretionary profit sharing contributions is based on years of service as defined. A participant is fully vested after six completed years of service. A year of service is a twelve-month period ending December 31, during which a participant works for the Company for at least 1,000 hours. A participant is also fully vested upon reaching normal retirement age, upon death, or upon becoming totally and permanently disabled. See Note 6.

Note 1: Description of Plan, continued:

Forfeitures:

Forfeitures of terminated participants' non-vested accounts are first used to pay administrative expenses with excess forfeitures allocated to all participants eligible to share in the allocations of profit sharing contributions or proportionally allocated among participants based on each participant's compensation for the plan year to total compensation of all participants. Forfeitures are not allowed to offset matching contributions. Forfeitures in the amount of $2,582 were used to pay Plan expenses as of December 31, 2009.

Loans to Participants:

Loans to participants are not permitted.

Payment of Benefits:

On termination of service, death, disability, or retirement, a participant may elect to receive either a lump-sum amount or a partial withdrawal equal to the value of the participant's vested interest in his or her account. No more than one distribution may be made during the Plan year. Hardship distributions are not permitted by the Plan.

Costs:

Plan expenses consist of investment advisory fees and are deducted from participants' individual accounts. Plan expenses paid by participants amounted to $33,547 and $51,149 for the period ended July 31, 2010 and the year ended December 31, 2009. All expenses of administration of the Plan are paid by the Company.

Change in custodian:

During April 2009, the Plan changed the custodian from Wachovia Securities to Robert W. Baird & Co. Inc. Advisory Services.

Note 2: Summary of Significant Accounting Policies:

Basis of Accounting:

The financial statements of the Plan are prepared using the liquidation basis for July 31, 2010 and the accrual method of accounting for the year ended December 31, 2009.

Use of Estimates:

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Note 2: Summary of Significant Accounting Policies, continued:

Concentration of Credit Risk:

The Plan maintains its cash in a bank deposit account. The Plan has not experienced any losses in such account. The Plan believes it is not exposed to any significant credit risk on cash.

Investment Valuation and Income Recognition:

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits:

Benefits are recorded when paid.

Date of Management Evaluation:

Management has evaluated subsequent events through February 28, 2011, the date on which the financial statements were available to be issued. No subsequent events requiring disclosure existed as of this date.

Note 3: Investments:

The following table presents investments by type as of December 31, 2009:

Investments at Fair Value as Determined by Quoted Market Price	
Money market funds	$ 568,009
Common stocks	49,950
Mutual funds	7,228,552
Bond funds	1,368,353
Total investments	$ 9,214,864

During the year ended December 31, 2009, the Plan's investments (including realized and unrealized gains and losses) appreciated in value by $2,086,061.

Note 3: Investments, continued:

The following presents investments by fund at December 31, 2009 which represents 5% or more of the Plan's net assets:

General Money Market Class A	$ 568,009
Longleaf Partners Fds Tr Sh Ben Int	552,591

Note 4: Fair Value Measurements of Investments:

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Note 4: Fair Value Measurement of Investments, continued:

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at July 31, 2010 and 2009.

Money market funds: Valued at cost, which approximates fair value.

Common stock and bond funds: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year end.

The methods described above may produce a fair value calculation that may not be as indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2009:

	Investments at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Money market funds	$ -	$ 568,009	$ -	$ 568,009
Common stock	49,950	-	-	49,950
Mutual funds	7,228,552	-	-	7,228,552
Bond funds	1,368,353	-	-	1,368,353
Total investments at fair value	$ 8,646,855	$ 568,009	$ -	$ 9,214,864

Note 5: Transactions with Parties-in-Interest:

The Company provides to the Plan certain accounting and administrative services for which no fees are charged.

Note 6: Plan Termination:

The Board of Directors resolved to terminate the Plan as of December 1, 2009 effective December 31, 2009. Notification of this decision to terminate the Plan was sent to participants shortly thereafter. In accordance with Plan provisions, participants became fully vested in their account balances at the time the Plan terminated.

Note 7: Net Assets Available for Benefits:

Net assets available for benefits at December 31, 2009 include $752,922 allocated to the accounts of persons who as of that date had withdrawn from participating in the earnings and operations of the Plan. The amount is payable to the former participants as provided under the terms of the Plan. This amount has not been recorded as a liability as of December 31, 2009.

Note 8: Tax Status:

The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code, therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 9: Risks and Uncertainties:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of the investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

McClone Construction Company
Profit Sharing 401(k) Plan
Employer Identification Number – 68-0300753
Plan Number - 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Wells Fargo	Cash	$ 2,080	$ 2,080
	Baird	Cash	19,430	19,430
	Baird	General Mmkt Class A	568,009	568,009
	Baird	Common Stock - Bank of America Corporation	10,169	3,389
	Baird	Common Stock - Citigroup, Inc.	9,520	910
	Baird	Common Stock - Fairchild Semicon International Class A	4,765	3,496
	Baird	Common Stock - General Electric Company	24,917	11,726
	Baird	Common Stock - Intel Corporation	9,454	8,160
	Baird	Common Stock - Intl Rectifier Corporation	5,419	2,765
	Baird	Common Stock - Microsoft Corporation	10,139	12,192
	Baird	Common Stock - Morgan Stanley & Company	11,173	5,920
	Baird	Common Stock - Washington Mutual, Inc.	10,635	70
	Baird	Common Stock - Wells Fargo & Company	10,297	1,322
	Baird	Blackrock Fds Intl Opportunities Port Instl Shs	2,633	2,840
	Baird	Advisors Inner Circle Fund Cambiar Opportunity Fund Institutional Class	2,473	2,763
	Baird	Diamond Hill Fds Small Cap Fd Classs A	1,888	2,424
	Baird	Park Ave Portoflio Rs Emerging Markets Fund Class A	4,692	6,047
	Baird	Harbor Fund International Fund	2,221	2,544
	Baird	Hartford Mutual Funds Inc International	3,211	3,082
	Baird	Hotchkis & Wiley Fds Mid Cap Calue Fd Cl I	2,281	2,881
	Baird	Hancock John Cap Ser Classic Value Fd Cl I	2,595	2,945
	Baird	Artio Global Invt Funds International Equity Fund II Class I	3,823	3,567
	Baird	Kinetics Mutual Fd Inc Small Cap Opportunities Fund Institutional Class	2,313	2,699
	Baird	Legg Mason Capital Mgmt Value Trust Inc Cl I	2,502	2,886
	Baird	Blackrock Large Cap Series Funds Inc Large Cap Value Fund Class A	2,229	2,186
	Baird	Neuberger Berman Equity Funds Small Cap Growth Funds Investor Cl	2,185	2,353
	Baird	Nuveen Investment Trust II Tradewinds International Value Fd I	1,780	1,649
	Baird	Rs Investment Trust Global Natural Resources Fund Class A	2,783	3,150

McClone Construction Company
Profit Sharing 401(k) Plan
Employer Identification Number – 68-0300753
Plan Number - 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued
December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Baird	Satuit Cap Mgmt Tr Micro Cap Fd Cl A	$ 1,144	$ 1,327
	Baird	Security Equity Fund Mid Cap Calue Fund Cl A	2,818	3,201
	Baird	Touchstone Strategic Trust Large Cap Growth Fund Class Y	3,013	3,034
	Baird	Managers AMG Funds Timesquare Mid Cap Growth FD Premier Class	2,272	2,531
	Baird	TIAA-CREF Instl Mut Funs Intl Equity Fund Retirement Class	3,228	3,263
	Baird	American Centy Mut Fds Twentieth Centy Vista Fd Instl	2,269	2,111
	Baird	Wells Fargo Funds Tr Advantage Endeavor Select Fund Class I	4,404	4,273
	Baird	Wells Fargo Funds Tr Advantage Small Cap Growth Fund Admin Class	1,300	2,276
	Baird	Alliancebernstein International Value Fund Advisor	3,771	5,615
	Baird	Alger Funds SmidCap Growth Fund Class A	3,585	5,258
	Baird	Alger Institutional Fund Small Cap Instl Portfolio Class I	9,044	9,520
	Baird	American Century Quantitative Equity Fds Income & Growth Instl Cl	6,829	8,847
	Baird	Riversource Investment Series Inc Mid Cap Value Fund Class A	113,305	175,268
	Baird	Blackrock Fds Intl Opportunities Port Instl Shs	7,327	7,796
	Baird	Brandywine Blue Fd Inc	99,567	116,159
	Baird	Bridgeway Funds Inc Ultra Small Company Market Fd	20,735	18,423
	Baird	Bridgeway Fds Inc Small-Cap Value Fund Cl N	2,866	4,084
	Baird	Advisors Inner Circle Fund Cambiar Small/Mid Cap Fd Institutional Cl	24,717	25,460
	Baird	Advisors Inner Circle Fund Cambiar Opportunity Fund Institutional Class	29,815	29,164
	Baird	Touchstone Instl Funds Trust Sands Cap Instl Growth Fund	135,095	142,733
	Baird	Wt Mut Fd Crm Mid Cap Value Fd Instl Cl	147,554	129,734
	Baird	Cohen& Steers Realty Shs Inc	927	1,106

McClone Construction Company
Profit Sharing 401(k) Plan
Employer Identification Number – 68-0300753
Plan Number - 002
Schedule H, line 4i - Schedule of Assets (Held at End of Year), continued
December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Baird	Columbia Funds Trust I Technology Fund Class A	$ 781	$ 931
	Baird	Pioneer Series Trust III Cullen Value Fund Class Y	3,245	4,272
	Baird	Calamos Investment Trust New Growth Fund Class A	264,433	233,082
	Baird	Calamos Invt Tr New Global Growth income Fd Cl C	28,519	32,392
	Baird	Delaware Us Growth Fd Instl	18,806	24,715
	Baird	Diamond Hills Fds Small Cap Fd Class A	7,453	8,933
	Baird	Dodge & Cox Intl Stock Fund	299,267	267,650
	Baird	Evergreen Equity Tr Asset Allocation Fund Class C	unavailable	3,535
	Baird	Evergreen Equity trust Intrinsic Value Fund Class I	10,212	13,019
	Baird	Forward Funds Inc Forward Small Cap Equity Fund Institutional Class	40,449	33,684
	Baird	FMI focus Fund	142,299	117,408
	Baird	Franklin Value Invs Tr Small Cap Value Fd Advisor Cl	26,810	38,159
	Baird	Park Ave Portfolio Rs Emerging Market Fund Class A	14,944	25,516
	Baird	Market Vectors Etf Tr Gold Miners Fund	12,765	11,553
	Baird	Spdr Gold Trust Gold Shares	11,426	10,731
	Baird	Harbor Fd Cap Apprec Fd Instl Clas	3,440	4,863
	Baird	Harbor Fd Intl Growth Fd	141,384	181,004
	Baird	Harbor Fund International Fund Institutional Class	165,414	183,132
	Baird	Harbor Fund Small Cap Value Fund Institutional	140,953	126,957
	Baird	Hartford Mutual Funds Inc International Cap Appreciation Fd Cl I	12,600	11,405
	Baird	Hotchkis & Wiley Funds Diversified Calue Fund I	255,389	270,376
	Baird	Hotchkis & Wiley Fds Mid Cap Value Fd Cl I	37,329	35,381
	Baird	Transamerica Fund Asset Allocation Growth Portoflio Cl C	14,029	14,537
	Baird	Ivy Fd Glbl Mat Res Cl A	96,840	93,524
	Wells Fargo	Transamerica Fund Asset Alloc Moderate Growth Portfolio Cl C	11,989	10,053

McClone Construction Company
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(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Baird	Transamerica Fund Asset Alloc Moderate Growth Portfolio Cl C	$ 103,134	$ 206,345
	Wells Fargo	Transamerica Fund Asset Alloc Moderate Portfolio Cl C	3,194	2,800
	Baird	Transamerica Fund Asset Alloc Moderate Portfolio Cl C	unavailable	11,883
	Baird	Hancock John Cap Ser Classic Value Fd Cl I	24,993	29,843
	Baird	Artio Global Invt Funds International Equity Funds II Class I	155,724	155,280
	Baird	Artio Global Invt Funds International Equity Fund Class I	323,664	245,097
	Baird	JPMorgan Trust I US Large Cap Core Plus Fund Select Class	47,500	47,009
	Baird	Janus Invt Fd Perkins Mid Cap Value Fd Class L	26,304	22,836
	Baird	Janus Investment Fund Contrarian Fund Class J	2,374	2,672
	Baird	DWS Value Series Inc Small Cap Value Fund Class S	12,286	13,535
	Baird	Kinetics Mutual Fd Inc Small Cap Opportunities Fund Institutional Class	15,952	16,948
	Baird	Longleaf Partners Fds Tr Sh Ben Int	646,262	552,591
	Baird	Legg Mason Capital Mgmt Value trust Inc CL I	219,817	155,075
	Baird	Blackrock Large Cap Series Funds Inc Large Cap Value Fund Class A	39,808	32,514
	Baird	Munder Ser Tr Mid Cap Core Growth Fund Class Y	48,190	71,901
	Baird	MFS Ser Tr Vi utils Fd Cl A	unavailable	2,310
	Baird	Marisco Invt 21st Century Fd	12,765	13,432
	Baird	Columbia Funds Series Trust Mid Cap Value Fund Class Z	992	1,410
	Baird	Neuberger Berman Equity Funds Small Cap Growth Fund Investor Cl	31,210	38,964
	Baird	Columbia Funds Ser Tr Marisco Focused Equities Fund Class A	103,822	140,989
	Baird	Nuveen Investment Trust II Tradewinds International Value Fd I	8,131	7,352
	Baird	Columbia Funds Ser Tr Marisco Growth Fund Class A	unavailable	2,274

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	Baird	Nuveen Investment Trust Nwq Multi Cap Value Fund Cl I	$ 12,670	$ 12,731
	Baird	Harris Assoc Invt Tr Oakmark Intl Fd Cl I	81,622	117,476
	Baird	Oppenheimer Global Fd Cl Y	11,442	10,812
	Baird	Oppenheimer Intl Growth Fund Class Y	170,170	208,059
	Baird	Oppenheimer Gold & Spl Minerals Fd Inc A Shs	unavailable	687
	Baird	Oppenheimer Main Street Small Capital Fund Class Y	60,535	62,861
	Baird	Pioneer Ser Tr I Oak Ridge Small Cap Growth Fund Class A	979	1,337
	Baird	Jennison nat Res Fd Inc CL Z	615	712
	Baird	Rowe T Price Intl Fds Global Stk Fd	9,860	9,993
	Baird	Pimco Fds Pac Invt Mgmt Ser Total Return Fd Instl Cl	59	61
	Baird	Quantitative Group Fds Foreign Value Fd Ord Shs	139,912	110,596
	Baird	Russel Investment Company Emerging markets Fund Class S	46,863	48,479
	Baird	Russell Investment Company Russell U S Quantitative Equity Fd S	207,699	214,969
	Baird	Russell Investment Company Global Equity Fund Class S	66,435	68,076
	Baird	Rainier Investment Mgmt Mutual Funds Mis Cap Equity Portfolio	54,888	50,079
	Baird	Ranier Inv Mgmt Mut Fds Small Mid/Cap Equity Portfolio	322,018	251,056
	Baird	Russell Investment Company International Developed Markets Fund S	191,057	188,305
	Baird	Russell investment Company U S Small & Mid Cap S	66,251	70,009
	Baird	Russell Investment Company Russell U S Core Equity Class S	217,616	224,008
	Baird	Davis Series inc Davis Finl Fund Class A	unavailable	714
	Baird	Rowe T Price Mid-Cap Growth Fd	13,293	17,428

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	Baird	Russell Investment Company Real Estate Securities Fund Class S	$ 66,051	$ 69,912
	Baird	RS Investment Trust Global Natural Resources Fund Class A	85,264	86,483
	Baird	Legg Mason Clearbridge Aggressive Growth Fund Cl I	9,186	9,103
	Baird	Satuit Cap mgmt Tr Micro Cap Fd CL A	3,527	4,256
	Baird	Security Equity Fund Mid Cap Value Cl A	20,030	23,927
	Baird	First Eagle Funds Inc Global Fund Class A	unavailable	1,080
	Baird	Selected Amer Shs Inc Class S	9,307	10,012
	Baird	Stratton Fds Inc Small Cap Value Fd	25,440	23,206
	Baird	Templeton Global Invstment Trust Bric Fund Class A	unavailable	804
	Baird	Transamerica Funds Equity Cl P	244,688	199,416
	Baird	Third Ave Value Fd Inc	9,228	8,968
	Baird	Tweedy Browne Fd Inc Global Value	6,964	6,204
	Baird	TCW Funds Inc Select Equities Fund Class I	28,385	22,483
	Baird	TCW Funds Inc Relative Value Large Cap Class I	213,849	232,789
	Baird	Thornburg Investment Trust Global Opportunities Fund CL I	7,624	7,362
	Baird	Thornburg Investment Tr investment Income Builder Fund Class I	14,073	17,880
	Baird	Touchstone Strategic Trust Large Cap Growth Fund Class Y	28,437	31,023
	Baird	Managers Amg Funds Timessquare Mid Cap Growth Fd Premier Class	9,333	9,886
	Baird	TIAA-Cref Instl Mut Funds Intl Equity Fund Retirement Class	8,246	7,857
	Baird	American Centy Mut Fds Twentieth Centy Growth Fd Instl	8,232	11,361
	Baird	American Centy Mut Fds Twentieth Centy Vista Fd Instl	10,284	9,354
	Baird	Columbia Fund Series Trust Value & Restructuring Fund Cl Z	12,773	13,890
	Baird	Vanguard Index Trust Extended Mrkt Portfolio	22,512	21,069

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December 31, 2009

(a)	(b) *Identity of Issue, Borrower, Lessor, or Similar Party*	(c) *Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value*	(d) *Cost*	(e) *Current Value*
	Baird	Victory Portfolios Small Company Opportunity Fund Class I	$ 984	$ 1,450
	Baird	Vanguard Trustees Equity Fd International Value Fund	24,357	20,926
	Baird	Ivy Funds Inc Asset Strategy Fund Class C	10,395	10,627
	Baird	Wells Fargo Funds Tr Advantage Endeavor Select Fund Class I	149,676	137,460
	Baird	Wells Fargo Funds Tr Advantage Small Cap Growth Fund Admin Class	13,869	23,401
	Baird	Weitz Funds Partners Value Fund	357,697	262,844
	Baird	Principal Fund Inc High yield Fund Class A	unavailable	11,172
	Baird	Mfs Ser Tr X Emerging Mkts Debt Fd Cl A	3,500	6,576
	Baird	Dodge & Cox Inc Fd	10,171	10,981
	Baird	Eaton Vance Income Fund Of Boston Cl I	104,707	120,523
	Baird	Goldman Sachs Tr Finl Square Money Mkt Fd Instl Cl	47,561	54,002
	Baird	Fidelity Advisor Sr II Short Fixed Inc Fd Cl I	4,994	5,181
	Baird	Loomis Sayles Fds I Bond Fd instl Cl	82,652	79,659
	Baird	DWS Investments Trust Core Fixed Income Fund Institutional Class	142,288	134,471
	Baird	Managers Fds Bond Fd	7,598	9,103
	Baird	Mainstay Funds High Yield Corporate Bond Fund Cl I	9,164	11,294
	Baird	Metropolitan West Fds Total Return Bond Fund Class I	8,560	9,456
	Baird	Oppenheimer Intl Bond Fund Class Y	5,015	5,618
	Baird	Pimco Fd Pac Ivt Mgmt Emerging Mkt Inst	28,711	27,018
	Baird	Pimco Fd Pac Invt Mgmt Total Return Fd Instl Cl	298,382	308,670
	Baird	Russell Investment Company Strategic Bond Fund Class S	222,201	221,224
	Baird	Vanguard Wellington Fund	292,979	281,454
	Baird	Western Asset Fds Inc Core Plus Bd Port Instl Cl	71,157	71,951

* Party-in-Interest