

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
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☒ 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:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>BARRIERE CONSTRUCTION CO., LLC SAVINGS PLAN & TRUST</u> 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>BARRIERE CONSTRUCTION COMPANY, LLC</u> <u>ONE GALLERIA BOULEVARD</u> <u>SUITE 1650</u> <u>METAIRIE, LA 70001</u> <u>ONE GALLERIA BOULEVARD</u> <u>SUITE 1650</u> <u>METAIRIE, LA 70001</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/01/1991</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>61-0624047</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>504-581-7283</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>237310</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/01/1991</u>		2b Employer Identification Number (EIN) <u>61-0624047</u>		2c Sponsor's telephone number <u>504-581-7283</u>		2d Business code (see instructions) <u>237310</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>03/01/1991</u>											
2b Employer Identification Number (EIN) <u>61-0624047</u>											
2c Sponsor's telephone number <u>504-581-7283</u>											
2d Business code (see instructions) <u>237310</u>											

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.	08/24/2011	CHARLES CASSREINO
	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BARRIERE CONSTRUCTION COMPANY, LLC ONE GALLERIA BOULEVARD SUITE 1650 METAIRIE, LA 70001	3b Administrator's EIN 61-0624047 3c Administrator's telephone number 504-581-7283
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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
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5 Total number of participants at the beginning of the plan year	5	440
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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	439
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	30
d Subtotal. Add lines 6a , 6b , and 6c	6d	469
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	1
f Total. Add lines 6d and 6e	6f	470
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	216
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	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2G 2J 2K 2T

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

- (1) ☒ **R** (Retirement Plan Information)
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.		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 BARRIERE CONSTRUCTION CO., LLC SAVINGS PLAN & TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BARRIERE CONSTRUCTION COMPANY, LLC	D Employer Identification Number (EIN) 61-0624047	

Part I	Service Provider Information (see instructions)
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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
FID.INV.INST.OPS.CO. 04-2647786

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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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 37 65 60	RECORDKEEPER	2781	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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation ABF SM CAP VAL INV - BOSTON FINANCI 04-2526037		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%		
(a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INSTITUTIONAL		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation BARON GROWTH - DST SYSTEMS, INC. 43-1581814		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.40%		
(a) Enter service provider name as it appears on line 2 FIDELITY INVESTMENTS INSTITUTIONAL		
(b) Service Codes (see instructions) 60		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation CRM MID CAP VAL INV - BNY MELLON IN PO BOX 9812 PROVIDENCE, RI 02940		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 0.35%		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
EATON LG CAP VALUE A - PNC GLOBAL I 04-2871943	0.50%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
FKLN FLEX CAP GRTH A - FRANKLIN TEM 94-3167260	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(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.	
JANUS ENTERPRISE T - JANUS SERVICES 43-1804048	0.34%	

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
(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
(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

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

a Name: POSTLEWAITE & NETTERVILLE	b EIN: 72-1202245
c Position: ACCOUNTANT	
d Address: ONE GALLERIA BLVD., SUITE 2100 METAIRIE, LA 70001	e Telephone: 504-837-5990

Explanation: CONTRACTED WITH NEW CPA FIRM-LAPROTE,SEHRT,ROMIG,HAND

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
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For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>		
A Name of plan <u>BARRIERE CONSTRUCTION CO., LLC SAVINGS PLAN & TRUST</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BARRIERE CONSTRUCTION COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>61-0624047</u>	

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)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2489626	2385164
(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)	180755	119763
(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)	11782942	13994592
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(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	14453323	16499519

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	14453323	16499519
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	471465	
(B) Participants	2a(1)(B)	1119824	
(C) Others (including rollovers)	2a(1)(C)	52922	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1644211

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	287	
(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)	10462	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10749

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	193382	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		193382

(3) Rents	2b(3)		
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(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)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(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)		1683840
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3532182

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1327762	
(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)		1327762
f Corrective distributions (see instructions)	2f		150726
g Certain deemed distributions of participant loans (see instructions).....	2g		4698
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2800	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2800
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1485986

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2046196
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) ☐ 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 ☐ No

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

(1) Name: LAPORTE, SHEHRT, ROMIG, HAND

(2) EIN: 72-1088864

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.		X	

- 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 ☒ 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 <u>BARRIERE CONSTRUCTION CO., LLC SAVINGS PLAN & TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BARRIERE CONSTRUCTION COMPANY, LLC</u>	D Employer Identification Number (EIN) <u>61-0624047</u>

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	<u>0</u>
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): <u>04-6568107</u>		
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 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
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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
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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

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

Schedule R (Form 5500) 2010
v.092308.1

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):

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): _____

**BARRIERE CONSTRUCTION COMPANY, LLC
SAVINGS PLAN & TRUST**

Audits of Financial Statements

December 31, 2010 and 2009

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Independent Auditor's Report

To the Board of Directors
Barriere Construction Company, LLC
Savings Plan & Trust

We were engaged to audit the statement of net assets available for benefits and supplemental schedule of the Barriere Construction Company, LLC Savings Plan & Trust, (the Plan), as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year then ended. These financial statements and supplemental schedule of assets held at end of year at December 31, 2010 are the responsibility of the Plan's management. Other auditors were engaged to audit the financial statements of the Plan for the year ended December 31, 2009, whose report dated August 23, 2010, disclaimed an opinion on the 2009 financial statements for the same reasons described in the following paragraph.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Fidelity Management Trust Company, the custodian of the Plan, except for comparing this information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan Administrator that the custodian holds the Plan's assets and executes transactions. The Plan Administrator has obtained certifications from the custodian regarding the completeness and accuracy of the information summarized in Note 3 that was provided to the Plan Administrator by the custodian as of and for the year ended December 31, 2010, and as of December 31, 2009.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A Professional Accounting Corporation

June 9, 2011

BARRIERE CONSTRUCTION COMPANY, LLC SAVINGS PLAN & TRUST
Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	2010	2009
Assets		
Investments, at Fair Value		
Money Market	\$ 2,385,164	\$ 2,489,626
Mutual Funds	<u>13,994,592</u>	<u>11,782,942</u>
Total Investments, at Fair Value	16,379,756	14,272,568
Notes Receivable from Participants	<u>119,763</u>	180,754
Total Assets	<u>16,499,519</u>	<u>14,453,322</u>
Liabilities		
Excess Contributions Payable	<u>139,209</u>	120,289
Net Assets Available for Benefits	<u>\$ 16,360,310</u>	<u>\$ 14,333,033</u>

The accompanying notes are an integral part of these financial statements.

BARRIERE CONSTRUCTION COMPANY, LLC SAVINGS PLAN & TRUST
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2010 and 2009

	2010	2009
Additions to Net Assets Attributed to:		
Investment Income		
Net Appreciation in Fair Value of Investments	\$ 1,683,841	\$ 2,368,251
Interest and Dividends	193,669	184,577
	<u>1,877,510</u>	<u>2,552,828</u>
Total Investment Income		
	<u>1,877,510</u>	<u>2,552,828</u>
Interest Income on Notes Receivable from Participants	10,462	12,484
	<u>10,462</u>	<u>12,484</u>
Contributions		
Participant	980,615	1,143,851
Employer	471,465	527,297
Rollover	52,922	-
	<u>1,505,002</u>	<u>1,671,148</u>
Total Contributions		
	<u>1,505,002</u>	<u>1,671,148</u>
Total Additions	<u>3,392,974</u>	<u>4,236,460</u>
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	1,362,897	909,957
Administrative Expenses	2,800	2,177
	<u>1,365,697</u>	<u>912,134</u>
Total Deductions	<u>1,365,697</u>	<u>912,134</u>
Net Increase	<u>2,027,277</u>	<u>3,324,326</u>
Net Assets Available for Benefits:		
Beginning of Year	14,333,033	11,008,707
End of Year	<u>\$ 16,360,310</u>	<u>\$14,333,033</u>

The accompanying notes are an integral part of these financial statements.

BARRIERE CONSTRUCTION COMPANY, LLC SAVINGS PLAN & TRUST

Notes to Financial Statements

Note 1. Description of Plan

The following is a general description of the Barriere Construction Company, LLC Savings Plan & Trust (the Plan). This description is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is sponsored by Barriere Construction Company, LLC (the Company).

The Plan is a defined contribution plan covering all employees with at least six months of service. The entry date for participants of the Plan is the first day of each month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may elect to contribute a percentage of their annual compensation to the Plan, subject to an annual limit of the lesser of 60% of eligible compensation or the maximum amount allowed by the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Employer matching contributions are made concurrently with participant contributions in an amount equal to a percentage of the first 4% of the participant's contribution to the Plan. Such percentage is discretionary and is determined by the employer as of the first day of each plan year. As of December 31, 2010, each participant receives a portion of such discretionary percentage and such portion is based on the participant's years of service in accordance with the following schedule:

Years of Service	Percentage of Employee Contribution that will be Matched
Less than 5 years	60%
At least 5 years, but less than 10 years	70%
At least 10 years	100%

Contributions received from participants for 2010 and 2009 are net of payments of \$139,209 and \$120,289 made in 2011 and 2010, respectively. These payments to certain active participants are to return to them excess deferral contributions as required to satisfy the relevant nondiscrimination provisions of the Plan. These amounts are also included in the Plan's statements of net assets available for benefits as excess contributions payable at December 31, 2010 and 2009.

BARRIERE CONSTRUCTION COMPANY, LLC SAVINGS PLAN & TRUST

Notes to Financial Statements

Note 1. Description of Plan (Continued)

Investment Options

The Plan provides a participant-directed investment program whereby participants select the investments for their accounts. The Plan currently offers 27 investment options under Fidelity Management Trust Company (Fidelity). These investment options include a Money Market Fund and shares of registered investment companies. Participants may change their investment options daily.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's matching contribution portion of their accounts plus actual earnings thereon is based on years of continuous service. Employees hired prior to November 2, 2009 are 100% vested after two years of credited service. Employees hired after November 2, 2009 are 100% vested after three years of service. Participants are credited with a year of service for each plan year during which they complete 1,000 or more hours of service. Further, a participant becomes 100% vested in employer matching contributions plus actual earnings thereon when he or she (1) reaches retirement age; (2) becomes permanently and totally disabled; or (3) upon death.

Payment of Benefits

Distributions from Plan assets are made upon the participant's death, disability, retirement, termination of service, or other circumstances as described in the Plan document. Distributions may be made in the form of a lump sum payment or an alternate form of payment as permitted in the Plan document. After attainment of age 59 ½, withdrawals can be made from any of the participant's accounts under the Plan. Additionally, under certain circumstances of financial hardship, the participant is allowed to withdraw funds from the Plan.

Notes Receivable from Participants

Participants may borrow from their fund account a minimum of \$1,000 up to a maximum of \$50,000, or 50% of their vested account balance, whichever is less. Loan terms range from five to ten years. The loans are secured by the balance in the participant's account and bear interest at rates that range from 5.25% to 9% at December 31, 2010, which are commensurate with local prevailing rates as determined monthly by the Plan Administrator. Principal and interest is paid ratably through payroll deductions.

Forfeitures

Forfeited balances of terminated participants' nonvested accounts are used to pay Plan expenses and to reduce future matching employer contributions. Unallocated forfeited balances remaining in Plan assets as of December 31, 2010 and 2009 approximated \$-0- and \$2,634, respectively.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon termination or partial termination of the Plan, or the complete discontinuance of contributions, the rights of all affected participants to their accrued benefits shall be fully vested and non-forfeitable.

BARRIERE CONSTRUCTION COMPANY, LLC SAVINGS PLAN & TRUST

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual method of accounting.

Notes Receivable from Participants

In September 2010, FASB issued an amendment, *Plan Accounting-Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Pension Plans* (ASU 2010-25), which provides guidance on how loans to participants should be classified and measured by defined contribution pension plans. This amendment requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the Plan Document. This amendment was effective for periods ending after December 15, 2010, with early adoption permitted. This amendment requires retrospective application to all periods presented.

This amendment was adopted for the year ended December 31, 2010, and retrospectively applied to December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this amendment. The adoption resulted in a reclassification of participant loans totaling \$119,763 and \$180,754, from investments to notes receivable from participants as of December 31, 2010 and 2009, respectively. There was no impact to the net assets as of December 31, 2010 or 2009, as a result of the adoption.

Investment Valuation and Income Recognition

The Plan's investments and changes therein of the funds have been reported to the Plan by Fidelity as having been determined through the use of fair values. Quoted market prices are used to value the investments. Valuations of the fair value of the Plan's assets are performed daily and, on the basis thereof, the value of each participant's account is determined.

Income Taxes

The Plan is a qualified cash or deferred arrangement established under Section 401(k) of the Internal Revenue Code. It is exempt from income taxes under Section 401(a) of the Internal Revenue Code. The Plan has executed an adoption agreement using the Fidelity Basic Plan Document No. 2, which has obtained an IRS determination letter as of January 14, 2005. The Plan Administrator believes the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2007.

BARRIERE CONSTRUCTION COMPANY, LLC SAVINGS PLAN & TRUST

Notes to Financial Statements

Note 2. Summary of Significant Accounting Policies (Continued)

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of income and expenses during the reporting period. Actual results could differ from these estimates.

Payments of Benefits

Benefits are recorded when paid.

Administrative Expenses

The Plan's administrative expenses may be paid by either the Plan, through the use of forfeitures, or by the Company, as defined in the Plan Document. For the years ended December 2010 and 2009, the Company paid all administrative expenses on behalf of the Plan, with exception of certain participant loan handling fees.

Note 3. Information Certified by Fidelity Management Trust Company (Unaudited)

The following is a summary of the Plan's asset information as of December 31, 2010 and 2009, and for the year ended December 31, 2010, included throughout the Plan's financial statements and supplemental schedule, that was prepared by information provided by Fidelity Management Trust Company, the custodian, and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the custodian that the information provided to the Plan Administrator by the custodian related to the following assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to information which appears throughout the financial statements and supplemental schedule related to the following assets:

	2010	2009
Investments, at Fair Value		
Money Market	\$ 2,385,164	\$ 2,489,626
Mutual Funds	13,994,592	11,782,942
Total Investments, at Fair Value	\$16,379,756	\$14,272,568
Notes Receivable from Participants	\$ 119,763	\$ 180,754

Fidelity Management Trust Company also certified to the completeness and accuracy of \$1,683,841 of net appreciation in fair value of investments and \$204,131 of interest and dividends related to the aforementioned plan assets for the year ended December 31, 2010.

BARRIERE CONSTRUCTION COMPANY, LLC SAVINGS PLAN & TRUST

Notes to Financial Statements

Note 3. Information Certified by Fidelity Management Trust Company (Unaudited) (Continued)

The fair values of individual investments which represent 5% or more of the Plan's total net assets available for benefits as of December 31, 2010 and 2009, are as follows:

	2010	2009
Money Market Accounts		
Fidelity Retirement Government Money Market	\$2,385,164	\$2,489,626
Mutual Funds		
Janus Enterprise T	1,978,836	1,592,810
Fidelity Spartan 500 Index	1,869,658	1,609,829
Fidelity Balanced Fund	1,677,968	1,346,533
Fidelity Diversified International	1,587,546	1,480,397
Fidelity Fund	1,310,214	1,233,572
Fidelity Low-Priced Stock	1,108,710	948,641
Fidelity Contrafund	1,014,835	819,699
Fidelity Freedom 2020	901,014	463,904 *

* Investment does not represent 5% or more of Plan assets for the indicated year, and is presented for comparative purposes only.

Note 4. Fair Value Measurements

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 as follows:

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.

BARRIERE CONSTRUCTION COMPANY, LLC SAVINGS PLAN & TRUST

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

Level 3

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

The asset 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.

The following is a description of the valuation methodologies used for investments measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Money Market Funds: Stated at cost, which approximates fair value.

Mutual Funds: Valued at the net asset value of shares held by the Plan at year end, based on quoted market prices.

The preceding methods described may produce a fair value calculation that may not be indicative of the net realizable value or reflective of future fair values. Furthermore, although 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, 2010:

December 31, 2010	Level 1	Level 2	Level 3	Total
Money Market Account	\$ 2,385,164	\$ -	\$ -	\$ 2,385,164
Mutual Funds:				
Balanced/Hybrid Fund	1,677,968	-	-	1,677,968
Bond Fund	784,795	-	-	784,795
Fidelity Freedom Funds	1,932,556	-	-	1,932,556
International Equity Fund	1,587,546	-	-	1,587,546
Mid Blend Domestic Equities Fund	1,179,173	-	-	1,179,173
Large Blend Domestic Equities Fund	3,179,872	-	-	3,179,872
Small Value Domestic Equities Fund	73,951	-	-	73,951
Large Value Domestic Equities Fund	51,008	-	-	51,008
Small Growth Domestic Equities Fund	382,852	-	-	382,852
Mid Growth Domestic Equities Fund	1,978,836	-	-	1,978,836
Large Growth Domestic Equities Fund	1,166,035	-	-	1,166,035
Total Mutual Funds	13,994,592	-	-	13,994,592
Total Investments, at Fair Value	\$16,379,756	\$ -	\$ -	\$16,379,756

BARRIERE CONSTRUCTION COMPANY, LLC SAVINGS PLAN & TRUST

Notes to Financial Statements

Note 4. Fair Value Measurements (Continued)

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

December 31, 2009	Level 1	Level 2	Level 3	Total
Money Market Account	\$ 2,489,626	\$ -	\$ -	\$ 2,489,626
Mutual Funds:				
Balanced/Hybrid Fund	1,346,533	-	-	1,346,533
Bond Fund	709,587	-	-	709,587
Fidelity Freedom Funds	1,429,535	-	-	1,429,535
International Equity Fund	1,480,397	-	-	1,480,397
Mid Blend Domestic Equities Fund	1,022,413	-	-	1,022,413
Large Blend Domestic Equities Fund	2,843,401	-	-	2,843,401
Small Value Domestic Equities Fund	23,442	-	-	23,442
Large Value Domestic Equities Fund	98,562	-	-	98,562
Small Growth Domestic Equities Fund	247,928	-	-	247,928
Mid Growth Domestic Equities Fund	1,592,810	-	-	1,592,810
Large Growth Domestic Equities Fund	988,334	-	-	988,334
Total Mutual Funds	11,782,942	-	-	11,782,942
Total Investments, at Fair Value	\$14,272,568	\$ -	\$ -	\$14,272,568

Note 5. Related Party Transactions

Certain Plan investments are shares of registered investment companies sponsored by Fidelity Management Trust Company. Fidelity Management Trust Company is the custodian as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Note 6. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, 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 reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

BARRIERE CONSTRUCTION COMPANY, LLC SAVINGS PLAN & TRUST

Notes to Financial Statements

Note 7. Reconciliation of Financial Statements to Schedule H of Form 5500

The following is a reconciliation of the financial statements to the Form 5500 as filed by the Plan for the year ended December 31, 2010:

Net Assets Available for Plan Benefits per Financial Statements	\$ 16,360,310
Add: 2010 Excess Contribution Payable	139,209
Differences in:	
Investments	119,763
Notes Receivable from Participants	<u>(119,763)</u>
Net Assets Available for Plan Benefits per Form 5500	<u>\$ 16,499,519</u>
Changes in Net Assets Available for Benefits per Financial Statements	\$ 2,027,277
Add: 2010 Excess Contribution Payable	139,209
Less: 2009 Excess Contribution Payable	<u>(120,289)</u>
Changes in Net Assets Available for Benefits per Form 5500	<u>\$ 2,046,197</u>

The following is a reconciliation of the financial statements to the Form 5500 as filed by the Plan for the year ended December 31, 2009:

Net Assets Available for Plan Benefits per Financial Statements	\$ 14,333,033
Add: 2009 Excess Contribution Payable	120,290
Differences in:	
Investments	180,754
Notes Receivable from Participants	<u>(180,754)</u>
Net Assets Available for Plan Benefits per Form 5500	<u>\$ 14,453,323</u>
Changes in Net Assets Available for Benefits per Financial Statements	\$ 3,324,326
Add: 2009 Excess Contribution Payable	120,290
Less: 2008 Excess Contribution Payable	<u>(71,199)</u>
Changes in Net Assets Available for Benefits per Form 5500	<u>\$ 3,373,417</u>

BARRIERE CONSTRUCTION COMPANY, LLC SAVINGS PLAN & TRUST

Notes to Financial Statements

Note 8. Subsequent Events

The Plan Administrator has evaluated subsequent events through the date that the financial statements were available to be issued, June 9, 2011, and determined the following event requiring disclosure.

Effective January 1, 2011, the Plan changed its custodian from Fidelity Management Trust Company to ING Life Insurance and Annuity.

No subsequent events occurring after this date have been evaluated for inclusion in these financial statements.

BARRIERE CONSTRUCTION COMPANY, LLC SAVINGS PLAN & TRUST
Supplemental Schedule - EIN 61-0624047 - Plan No. 001
Schedule H - Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2010

(a)	(b)	(c)	(d)	(e)
Party in Interest	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
<u>Money Markets</u>				
*	Fidelity Retirement Government Money Market Fund		**	\$ 2,385,164
<u>Mutual Funds</u>				
	Janus Enterprise T	33,483 shares	**	1,978,836
*	Fidelity Spartan 500 Index	42,034 shares	**	1,869,658
*	Fidelity Balanced Fund	92,044 shares	**	1,677,968
*	Fidelity Diversified International	52,655 shares	**	1,587,546
*	Fidelity Fund	40,753 shares	**	1,310,214
*	Fidelity Low-Priced Stock	28,888 shares	**	1,108,710
*	Fidelity Contrafund	14,984 shares	**	1,014,835
*	Fidelity Freedom 2020	65,338 shares	**	901,014
*	Fidelity US Bond Index	69,267 shares	**	784,795
	Baron Capital Group Growth Fund	7,473 shares	**	382,852
*	Fidelity Freedom 2040	45,920 shares	**	367,819
*	Fidelity Freedom 2030	17,638 shares	**	242,875
*	Fidelity Freedom 2010	13,037 shares	**	177,176
*	Fidelity Large Cap Stock	6,478 shares	**	114,072
*	Fidelity Freedom 2035	7,186 shares	**	82,424
	American Beacon Small Cap Value	3,810 shares	**	73,951
	CRM Mid Cap Value	2,496 shares	**	70,463
	Eaton Vance Large Cap Value A	2,800 shares	**	51,008
*	Fidelity Freedom 2015	3,560 shares	**	40,367
	Franklin Templeton Flex Cap Growth A	770 shares	**	37,128
*	Fidelity Freedom 2045	3,908 shares	**	37,086
*	Fidelity Freedom 2050	3,948 shares	**	37,034
*	Fidelity Freedom 2025	2,328 shares	**	26,821
*	Fidelity Freedom Income	1,198 shares	**	13,515
*	Fidelity Freedom 2000	439 shares	**	5,239
*	Fidelity Freedom 2005	110 shares	**	1,186
	Total Mutual Funds			13,994,592
*	Notes Receivable from Participants	Maturities to August 2017; at interest rates ranging from 5.25% to 9%.	**	119,763
				<u>\$ 16,499,519</u>

* Represents a party in interest as defined by ERISA.

** Cost omitted for participant directed investments.

BARRIERE CONSTRUCTION COMPANY, LLC SAVINGS PLAN & TRUST
Supplemental Schedule - EIN 61-0624047 - Plan No. 001
Schedule H - Line 4(i) - Schedule of Assets (Held at End of Year)
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