## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pa	rt I   Annual Report I	dentification Information							
For o	calendar plan year 2009 or fisc			and ending 1	1/30/2	010			
<b>A</b> T	his return/report is for:	xingle-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan			
	his return/report is for:	first return/report	final retur	n/report		_			
		an amended return/report	short plar	year return/report (less than 12 mor	nths)				
C	Check box if filing under:	Form 5558	H	extension	,	DFVC program			
	meck box if filling drider.	special extension (enter desc	ш	- CALCHOIGH		_ D. ve pregram			
Do	rt II Basic Plan Infor	<u> </u>	<u>'</u>						
	Name of plan	mation—enter all requested in	rormation		1h	Three-digit			
		INC. PROFIT SHARING PLA			15	plan number			
						(PN) • 001			
					1c	Effective date of plan			
0-		, , , , , , , , , , , , , , , , , , , ,			O.I.	12/01/2003			
	Plan sponsor's name and add REWS CONSTRUCTION CO.,	ress (employer, if for single-employer	oyer plan)		∠D	Employer Identification Number (EIN) 06-0877201			
ANDI	LEVIO CONOTROCTION CO.,	ino.			2c	Plan sponsor's telephone number			
5 EVE	RSLEY AVENUE, SUITE 200	)				203-853-1125			
NOR	VALK, CT 06851				2d Business code (see instruction				
32	Plan administrator's name and	d address (if same as Plan snons	or enter "Same	5")	3h	236110 Administrator's EIN			
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") ANDREWS CONSTRUCTION CO., INC. 5 EVERSLEY AVENUE, SUITE 200					06-0877201				
		NORWA	LK, CT 06851		3с	Administrator's telephone number			
<b>1</b> 1f	the name and/or EIN of the n	lan sponsor has changed since the	o lact roturn/ro	port filed for this plan, enter the	1h	203-853-1125			
		er from the last return/report. Spi		port med for this plan, enter the	4b	EIN			
		· · ·			4c	PN			
5a	a Total number of participants at the beginning of the plan year				5a	10			
b	<b>b</b> Total number of participants at the end of the plan year				5b	7			
С				e plan year (defined benefit plans do not		7			
<u> </u>	•			/O	5c				
	•	• , ,	J	(See instructions.)dent qualified public accountant (IQI		X Yes No			
D				ons.)		X Yes No			
_			se Form 5500-	SF and must instead use Form 55	00.				
Pai	t III   Financial Inform	nation							
7	Plan Assets and Liabilities			(a) Beginning of Year	-	(b) End of Year			
	•			599947		496582			
	Total plan liabilities		7b	0		0			
	·	7b from line 7a)	7c	599947	,	496582			
	Income, Expenses, and Trans			(a) Amount		(b) Total			
а	Contributions received or rece	eivable from: 	8a(1)	C					
	` ' ' '			8880	)				
	• •	s)		C	)				
b		<i>'</i>		46608	3				
С	Total income (add lines 8a(1)	, 8a(2), 8a(3), and 8b)				55488			
_		rollovers and insurance premium							
	. ,			158853					
e		ctive distributions (see instructions	′	C					
f	Administrative service provide	ers (salaries, fees, commissions).	8f	C	)				
g	·			C	)				
_		8e, 8f, and 8g)				158853			
į	`	ne 8h from line 8c)				-103365			
	Transfers to (from) the plan (s	see instructions)	8j	0	\				

Part IV	Plan	Charact	teristics

SIGN HERE

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 3D

D	ii th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the L	list of Pian Charac	cteris	iic Coo	ies in	tne instruc	tions:		
Part	٧	Compliance Questions									
10	Dui	During the plan year:				Yes	No		Amoun	it	
а		Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)				10b		X				
С	C Was the plan covered by a fidelity bond?				10c	X				20000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?						X				
	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)						X				
f	Has the plan failed to provide any benefit when due under the plan?				10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)						X				
		If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)					X				
i		f 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3									
Part \		Pension Funding Compliance									
		nis a defined benefit plan subject to minimum funding requirements?							Пу	es X No	
12		his a defined contribution plan subject to the minimum funding requi								es X No	
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 1110 0000	01 30	Clion	JOZ 01	LINIOA:	ш.	оо <sub>Ш</sub> о	
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver										
	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB					,				
b	Ent	er the minimum required contribution for this plan year					12b				
		er the amount contributed by the employer to the plan for this plan y					12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)						12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes	No	N/A	
Part \	VII	Plan Terminations and Transfers of Assets									
13a	Has	s a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?				1	Υ	es No	
		es," enter the amount of any plan assets that reverted to the emplo					13a				
	of t	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)										
13c(1) Name of plan(s):					<b>13c(2)</b> EIN(s) <b>13c(3)</b>				(3) PN(s)		
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.											
SB or	Sch	nalties of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.									
SIGN	F	Filed with authorized/valid electronic signature. 09/12/2011 PATRICIA KERS				SCHNER					
HERE	- T	Signature of plan administrator Date Enter name of			individual signing as plan administrator						

Date

Enter name of individual signing as employer or plan sponsor