## 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).

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Pe	ension Benefit	Guaranty Corporation		▶ Complete all entries in acco	rdance wit	h the instructions to the Form 550	0-SF.	""	pcollon		
Pa	art I A	nnual Report	t Ide	ntification Information				•			
For	For calendar plan year 2009 or fiscal plan year beginning 09/15/2009 and ending 12/31/2009										
A	This return/	report is for:	X	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan		
		report is for:	X	first return/report	final retur						
	iiiis ietuiii/	report is ior.	H	an amended return/report	1	n year return/report (less than 12 mo	onthe)				
•						· ` `					
C	C Check box if filing under:				4	extension		DFVC progra	am.		
				special extension (enter descripti							
Pa	rt II B	asic Plan Info	orma	ation—enter all requested inform	nation						
	Name of p						1b	Three-digit			
SKYL	INE CONT	TRACTORS INC I	DAVIS	S-BACON PENSION PLAN AND	TRUST			plan number	001		
							4.0	(PN) •			
							10	Effective date of 09/15/2			
22	Dlan anan	nor's name and a	ddroo	s (employer, if for single-employe	r plan)		2h	Employer Identi		hor	
		RACTORS INC	aares	s (employer, ii for single-employe	r pian)		20	(EIN) 26-130		bei	
0.1.2							2c	Plan sponsor's		ımber	
		ON ST SUITE 209	9					509-47			
SPO	KANE, WA	99218					2d	Business code	•	ons)	
							-	236200			
		nistrator's name a FRACTORS INC	and ad	ddress (if same as Plan sponsor, of 12402 N DI			36	Administrator's			
SKIL	INE CONT	TRACTORS INC		SPOKANE,		3011L 209	30	26-1309184 <b>3c</b> Administrator's telephone number			
							30	509-47		IIIIDEI	
<b>4</b> If	the name	and/or EIN of the	plan	sponsor has changed since the la	ast return/re	eport filed for this plan, enter the	4b	4b EIN			
				rom the last return/report. Spons							
							<u> </u>	PN			
5a	Total num	ber of participants	s at th	ne beginning of the plan year			5a			0	
<b>b</b> Total number of participants at the end of the plan year						5b			0		
C Total number of participants with account balances as of the end of					•						
	complete	this item)		<u></u>			5c		V	0	
						(See instructions.)			X Yes	No	
b						ndent qualified public accountant (IC ions.)			X Yes	No	
						SF and must instead use Form 55				□	
Pa		inancial Infor		<u> </u>							
7	Plan Asse	ets and Liabilities				(a) Beginning of Year		(b) End	of Year		
					7a	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	0	(5) =	<u> </u>	0	
b							0			0	
C	•			from line 7a)			0			0	
8		•		,	/			/b) :	Tetal		
		ons received or re		s for this Plan Year		(a) Amount		(b)	Total		
и					8a(1)		0				
							0				
	` '	•			, ,		0				
b	• •		,				0				
C		` ′		a(2), 8a(3), and 8b)						0	
d				llovers and insurance premiums	60						
u					8d		0				
е	•	,		e distributions (see instructions)			0				
f				(salaries, fees, commissions)			0				
g		·					0				
h				, 8f, and 8g)						0	
;				Bh from line 8c)						0	
i				instructions)						<u> </u>	
j	1141131615	to (monn) the plan	. (366		··· 8j	1	0				

D ( IV/	DI	<b>O</b> L	
Part IV	Plan	Characi	reristics

SIGN HERE

Signature of employer/plan sponsor

**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2C 2F 2G 2T 3D

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

		, , , , , , , , , , , , , , , , , , , ,									
art	٧	Compliance Questions									
0		ing the plan year:				Yes	No		Amou	nt	
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)						X				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)						X				
С	Wa	Was the plan covered by a fidelity bond?									
d		the plan have a loss, whether or not reimbursed by the plan's fideli ishonesty?	10d		X						
е	insı	re any fees or commissions paid to any brokers, agents, or other per per arrance service or other organization that provides some or all of the ructions.)	benefits under the	plan? (See	10e	X				0	
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 y	year end.)		10g		X				
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)			10h	X					
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3			10i	X					
art '	VI	Pension Funding Compliance									
		is a defined benefit plan subject to minimum funding requirements?							П	∕es X No	
12		nis a defined contribution plan subject to the minimum funding requ								res X No	
		/es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.		1412 01 1110 0000	. 01 30	Clion	002 01	LINIOA:			
	grai	waiver of the minimum funding standard for a prior year is being am		Mon							
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB					12b				
		er the minimum required contribution for this plan year				1	12c				
		er the amount contributed by the employer to the plan for this plan y tract the amount in line 12c from the amount in line 12b. Enter the r					120				
	neg	ative amount)	······································			<u>.                                    </u>	12d		Пы	□ N/A	
	Will the minimum funding amount reported on line 12d be met by the funding deadline?							Yes	No	N/A	
art '	VII	Plan Terminations and Transfers of Assets									
3a	Has	a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	r?		r			\	res X No	
		es," enter the amount of any plan assets that reverted to the emplo					13a				
	of t	e all the plan assets distributed to participants or beneficiaries, tran								res X No	
С		uring this plan year, any assets or liabilities were transferred from the ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify th	ne plai				1		
1;	13c(1) Name of plan(s):					<b>13c(2)</b> EIN(s) <b>13</b> c				<b>c(3)</b> PN(s)	
Cauti	on:	A penalty for the late or incomplete filing of this return/report v	will be assessed ι	ınless reasonab	le cau	se is	establ	ished.			
B or	Sch	nalties of perjury and other penalties set forth in the instructions, I de edule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.									
SIGN	F	iled with authorized/valid electronic signature.	07/13/2010	DANIEL B SWEE	NEY						
HERE	TOP .					individual signing as plan administrator					

Date

Enter name of individual signing as employer or plan sponsor

\_Jul- 1. 2010\_ 1:00PM OMB Nos. 1210-0110

## Form 5500-SF

Department of the Tressury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Penalon Benefit Guaranty Corporation

## PM\_\_\_EIN\_26\_1309184 / PN\_001 / SKYLINE.RF9\_No.0883\_\_\_P. 3 Short Form Annual Return/Report of Small Employee | OMB 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).

2009

1210-0089

This Form is Open to Public Inspection

P		dance wit	h the instructions to the Form 550	0-SF.		
	Annual Report Identification Information		TANK TANK TANK TANK TANK TANK TANK TANK			
- PDF		)9/15/2	009 and ending		12/31/2009	
	This return/report is for: Single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan	
B.	This return/report is for: X first return/report	final retu	n/report			
	an amended return/report	short play	year return/report (less than 12 mor	nths)		
Ç.	Check box if filing under: Form 5558		DFVC program			
	special extension (enter description	on)			انسا	
Pa	rt II Basic Plan Information—enter all requested inform	nation		-		
	Name of plan		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1b	Three-digit	
	SKYLINE CONTRACTORS INC DAVIS-BACON PENS	NOI			plan number	
	PLAN AND TRUST				(PN) ▶ 001	
				1C	Effective date of plan 09/15/2009	
2a	Plan sconsor's name and address (employer, if for single-employer SKYLINE CONTRACTORS INC	r plan)		2h	Employer Identification Numb	ner
	SKYLINE CONTRACTORS INC.	pizit)			(EIN) 26-1309184	
				2c	Plan sponsor's telephone nul	mber
	12402 N DIVISION ST SUITE 209			24	(509) 474-0638	)
	<u>SPÖKANE</u>		WA 99218	4u	Business code (see instruction 236200	1115)
3а	Plan administrator's name and address (if same as Plan sponsor, e	inter "Same		3b	Administrator's EIN	
				36	Administrator's telephone nu	mper
4	the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN	
ı	name, EIN, and the plan number from the last return/report. Sponso	or's name	·			
5a	Total number of participants at the beginning of the plan year				PN	
			1	5a		
	Total number of participants at the end of the plan year		3	5b		0
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).						0
6a	Were all of the plan's assets during the plan year invested in eligit				X Yes	No
b	Are you claiming a waiver of the annual examination and report of		ndent qualified public accountant /IO	ĊΔ		_
		an indepe		rry	₹7 × - [	<b>7</b>
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit	ions.)		X Yes [	No
Pa	under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 8a or 6b, the plan cannot use F	and condit	ions.)		<u>∏</u> Yes [	] No
Pa 7	under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and condit orm 5500-	ions.) SF and must instead use Form 55			] No
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 8a or 6b, the plan cannot use F  IT III Financial Information  Plan Assets and Liabilities	and condit orm 5500-	ions.)	00.	☑ Yes [ (b) End of Year	No 0
7 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 8a or 6b, the plan cannot use F  If III Financial Information	and condit orm 5500- 7a	ions.) SF and must instead use Form 55			
7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 8a or 6b, the plan cannot use F  III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities	and conditions 5500-	ions.) SF and must instead use Form 55	0		0
7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility  If you answered "No" to either 8a or 6b, the plan cannot use F  III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	and conditions 5500-	ons.)	0	(b) End of Year	0
7 a b	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Fri III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:	and conditions 5500-	ions.) SF and must instead use Form 55	0		0
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Frt III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	and condit orm 5500- 7a 7b 7c	ons.)	0	(b) End of Year	0
7 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Fri III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers	and condit orm 5500- 7a 7b 7c 8a(1) 8a(2)	ons.)	0	(b) End of Year	0
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Fri III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers).	7a 7b 7c 8a(1) 8a(2) 8a(3)	ons.)	0	(b) End of Year	0
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Fri III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers).	7a 7b 7c 8a(1) 8a(2) 8b	ons.)	0	(b) End of Year	0
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Fri III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a).  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers).  Other income (loss).  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	7a 7b 7c 8a(1) 8a(2) 8a(3)	ons.)	0	(b) End of Year	0
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Fri III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums	7a 7b 7c 8a(1) 8a(2) 8b 8c	ons.)	0	(b) End of Year	0
7 a b c 8 a	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Fri III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ons.)	0	(b) End of Year	0
7 a b c 8 a b c	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Fri III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance pramiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)	and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	ons.)	0	(b) End of Year	0
7 a b c 8 a b c d	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Fri III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (loss)  Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance pramiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	ons.)	0	(b) End of Year	0
7 a b c 8 a b c d e f	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Fri III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses	and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8c	ons.)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year	0
7 a b c 8 a b c d e f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Fri III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance pramiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses  Total expenses (add lines 8d, 8e, 8f, and 8g)	and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8d 8d	ons.). SF and must Instead use Form 556  (a) Beginning of Year  (a) Amount	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year	0 0 0
7 a b c 8 a b c d e f g	under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 8a or 6b, the plan cannot use Fri III Financial Information  Plan Assets and Liabilities  Total plan assets  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)  Other expenses	and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8d 8d	ons.). SF and must Instead use Form 556  (a) Beginning of Year  (a) Amount	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(b) End of Year	0 0 0

Jul. 1. 2010 1:01PM EIN

EIN 26-1309184 / PN 001 / SKYLINE.RF9N0.0883 P. 4

Form 5500-SF 2009 Page 2-

1. St.	T P.K.	Plan Unaracteristics							
9a	If th X	e plan provides pension benefits, enter the applicable pension feature  2C 2F 2G 2T 3D	e codes from the	List of Plan Characte	istic Co	des in	the instructi	ons:	
b	If th	e plan provides welfare benefits, enter the applicable welfare feature	codes from the l	List of Plan Character	stic Co	des in 1	the instructio	ons:	
Part	٧	Compliance Questions		/ Wham	-	-	****	*	
10	Dυ	ring the plan year:	MANAGE II.		Yes	No			-10/
					168	NO	<u>^</u>	Amount	
	29	e there a failure to transmit to the plan any participant contributions v CFR 2510.3-102? (See Instructions and DOL's Voluntary Fiduciary	Correction Progra	ım) 10:	1	х		<u> </u>	
מ	We	re there any nonexempt transactions with any party-in-interest? (Do	not include transa	actions reported		1 :			
	on	line 10a.)	***************************************	101	<u> </u>	X			
C	W	as the plan covered by a fidelity bond?		100	×				0
d	Did	the plan have a loss, whether or not reimbursed by the plan's fidelity	y bond, that was o	aused by fraud		x			
ę	We ins	re any fees or commissions paid to any brokers, agents, or other per urance service or other organization that provides some or all of the t nuctions.)	sons by an insuration	ance carrier,				<u>.</u>	0
f		s the plan failed to provide any benefit when due under the plan?				37			
А				13		X			
9		the plan have any participant loans? (If "Yes," enter amount as of ye			<u> </u>	X			
h	If () 253	iis is an Individual account plan, was there a blackout period? (See ir or rod.3.)	nstructions and 29	OFR I					· · [
i	1F 1	20.101-3.) Oh was answered "Yes," check the box if you either provided the requ			1 X	<u> </u>		· · · · · ·	
•	exc	splions to providing the notice applied under 29 CFR 2520.101-3	utes notice of on	e or the	X				į
art		Pension Funding Compliance		1			<u> </u>		
11	ls ti	nis a defined benefit plan subject to minimum funding requirements?	(If "Yes," see inst	ructions and complete	Sched	lule SB	(Form	∏ Yes 5	 Κ Νο
12	lo 4	his a defined contribution plan author to the street of		a same of the same					X No
-		his a defined contribution plan subject to the minimum funding requir		1 412 of the Code of s	ection :	502 of 3	ERISA?	[] :es [	<u> </u>
	(II	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
4	IT A	waiver of the minimum funding standard for a prior year is being amo	ortized in this plar	t year, see instruction	s, and e	inter th	e date of th	e letter fulin	ıg
if s	egia Von A	oting the waiver		Monin _	- 14	Day		Year	
				•	Г	4.0L		· · · · · · · · · · · · · · · · · · ·	
		er the minimum required contribution for this plan year				12b		.,	
C	Ent	er the amount contributed by the employer to the plan for this plan ye	er,			12c			
þ	Sub Reg	stract the amount in line 12c from the amount in line 12b. Enter the re ative amount)	esult (enter a mino	is sign to the left of a		12d			
е		the minimum funding amount reported on line 12d be met by the fun					Yes	No 📗	N/A
art	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted during the plan year	r or any prior yea	r?,		*****		Yes	X No
		es," enter the amount of any plan assets that reverted to the employ				13a	<u> </u>		
þ	We	re all the plan assets distributed to participants or beneficiaries, trans	ferred to another	plan, or brought unde	r the co	ontrol			7
	of t If d	he PBGC?				121141		Yes [	_ No
	Whi	ch assets or liabilities were transferred. (See instructions.)						, -	777, 121124
1	3c(1	) Name of plan(s):	1211.11=1.115		13	c(2) Ei	N(s)	13c(3) F	<sup>2</sup> N(\$)
		112 cm + a 1			<del></del>				
Caut	ion:	A penalty for the late or Incomplete filing of this return/report wi	ill he speakend i	mlore roseonship o	wee ie	aatahi	liehad	1	
Unde \$8 o	r pe r Sch	naities of perjury and other penalties set forth in the instructions, I de- redule MB completed and signed by an enrolled actuary, as well as ti true, correct, and complete.	ciare that I have s	examined this return/r	eport. ir	cludin	g. If applicat	ile, a Sched nowledge a	dule
دغاوية	. 1	Steve Med 1	-31-10	Como una las	1.5/1	m	<u> </u>		
SIGI HER				STYEVE SIA.	<del></del>				
,,—, \	-	Signature of plan administrator Da	ate	Enter name of indivi	lual sig	ning a	s plan admir	nistrator	
SIG			77.70						
HER	E	Signature of employer/plan sponsor De	ate	Enter name of indivi	dual sig	ning as	s employer o	or plan spor	150f