# 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

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
ECORP CONSULTING INC

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 10/01/1998

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ECORP CONSULTING INC

2525 WARREN ST
ROCKLIN, CA 95677

**2b** Employer Identification Number (EIN)
68-0416814

**2c** Sponsor's telephone number
916-782-9100

**2d** Business code (see instructions)
541620

**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. | 10/13/2010 | ECORP CONSULTING INC |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
ECORP CONSULTING INC

2525 WARREN ST
ROCKLIN, CA 95677

**3b** Administrator's EIN
68-0416814

**3c** Administrator's telephone number
916-782-9100

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 124 |
| **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** | 100 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 17 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 117 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 117 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 84 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 1 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | 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)** | X | Trust |
| **(4)** | | General assets of the sponsor |

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

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | X | **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)** | X | | **H** (Financial Information) |
| **(2)** | | | **I** (Financial Information – Small Plan) |
| **(3)** | | 0 | **A** (Insurance Information) |
| **(4)** | | | **C** (Service Provider Information) |
| **(5)** | | | **D** (DFE/Participating Plan Information) |
| **(6)** | | | **G** (Financial Transaction Schedules) |

# 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

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ECORP CONSULTING INC

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ECORP CONSULTING INC

**D** Employer Identification Number (EIN)
68-0416814

## 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 | 0 | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 92606 | 85200 |
| **(2)** Participant contributions | 1b(2) | 0 | 0 |
| **(3)** Other | 1b(3) | 0 | 0 |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 335639 | 403698 |
| **(2)** U.S. Government securities | 1c(2) | 0 | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | 0 | |
| **(B)** All other | 1c(3)(B) | 0 | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | 0 | |
| **(B)** Common | 1c(4)(B) | 0 | |
| **(5)** Partnership/joint venture interests | 1c(5) | 0 | |
| **(6)** Real estate (other than employer real property) | 1c(6) | 0 | |
| **(7)** Loans (other than to participants) | 1c(7) | 0 | |
| **(8)** Participant loans | 1c(8) | 98852 | 77181 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 0 | 0 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | 0 | 0 |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | 0 | 0 |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 1553597 | 2517949 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | 0 | 0 |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | |
| | **(2)** Employer real property | 1d(2) | 0 | |
| **e** | Buildings and other property used in plan operation | 1e | 0 | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 2080694 | 3084028 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 0 | |
| **h** | Operating payables | 1h | 0 | |
| **i** | Acquisition indebtedness | 1i | 0 | |
| **j** | Other liabilities | 1j | 0 | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 2080694 | 3084028 |

## Part II Income and Expense Statement

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

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | 85200 | |
| | **(B)** Participants | 2a(1)(B) | 343600 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 10242 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 439042 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 0 | |
| | **(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) | 6080 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 6080 |
| | **(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) | 37977 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 37977 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 0 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | 0 |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | 0 |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | 0 |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 529076 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 1012175 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 8001 | |
| (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) | | 8001 |
| **f** Corrective distributions (see instructions) | 2f | | 0 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 0 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | 0 | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 840 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 840 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 8841 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 1003334 |
| **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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: BENN & LEMAN CPAS (2) EIN: 20-5281117

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 320000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

**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

**2009**

**This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ECORP CONSULTING INC

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ECORP CONSULTING INC

**D** Employer Identification Number (EIN)
68-0416814

## 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**

**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): 16-1470238

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

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

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

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

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

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**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):

**ECORP CONSULTING, INC.**
**401(k) PROFIT SHARING PLAN AND TRUST**

*December 31, 2009 and 2008*

**ECORP CONSULTING, INC.**
**401(k) PROFIT SHARING PLAN AND TRUST**

CONTENTS


| | Page |
|---|---|
| INDEPENDENT AUDITOR'S REPORT | 1 |
| FINANCIAL STATEMENTS | |
| Statements of Net Assets Available for Plan Benefits | 2 |
| Statements of Changes in Net Assets Available for Plan Benefits | 3 |
| Notes to Financial Statements | 4 - 8 |
| SUPPLEMENTAL SCHEDULE | |
| Schedule of Assets Held for Investment Purposes | 9 |

BENN & LEMAN ■ CPAs & ADVISORS

CHARLES K. BENN, CPA ■ KATHERINE L. LEMAN, CPA

INDEPENDENT AUDITOR'S REPORT

To the Plan Committee
ECorp Consulting, Inc.
401(k) Profit Sharing Plan and Trust
Rocklin, California

We were engaged to audit the financial statements of ECorp Consulting, Inc. 401(k) Profit Sharing Plan and Trust as of December 31, 2009 and 2008 and for the years then ended and the supplemental schedule as of December 31, 2009 as listed in the accompanying index. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the 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 4, which was certified by Counsel Trust Company, doing business as Mid Atlantic Trust Company, the Trustee for the Plan investments for the years ended December 31, 2009 and 2008, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and execute investment transactions. The plan administrator has obtained certification from the Trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the Trustee is complete and accurate.

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 schedules 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 Trustee, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Benn & Leman CPAs, Inc.

September 20, 2010
Sacramento, California

1610 Arden Way, Suite 193 ■ cbenn@bandlcpas.com ■ Phone (916) 760-1680
Sacramento, CA 95815 kleman@bandlcpas.com Fax (866) 598-7572

**ECORP CONSULTING, INC.**
**401(k) PROFIT SHARING PLAN AND TRUST**

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
December 31, 2009 and 2008

| | 2009 | 2008 |
|---|---|---|
| ASSETS: | | |
| Investments, at fair value: | | |
| Money market funds and mutual funds | $ 2,921,647 | $ 1,889,236 |
| Participant loans | 77,181 | 98,852 |
| Total investments | 2,998,828 | 1,988,088 |
| Employee deferral contributions receivable | - | - |
| Employer matching contributions receivable | 85,200 | 92,606 |
| Total assets | 3,084,028 | 2,080,694 |
| LIABILITIES: | | |
| Excess employer matching contributions payable | - | - |
| Excess employee deferral contributions payable | - | - |
| Total liabilities | - | - |
| NET ASSETS AVAILABLE FOR PLAN BENEFITS | $ 3,084,028 | $ 2,080,694 |

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

**ECORP CONSULTING, INC.**
**401(k) PROFIT SHARING PLAN AND TRUST**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
For the Years Ended December 31, 2009 and 2008

| | 2009 | 2008 |
|---|---|---|
| ADDITIONS TO NET ASSETS: | | |
| Investment income: | | |
| Net appreciation (depreciation) in fair value of investments | $ 529,076 | $ (926,256) |
| Dividends | 37,977 | 40,344 |
| Interest | 6,080 | 7,874 |
| Total investment income (loss) | 573,133 | (878,038) |
| Participant deferral contributions | 343,600 | 389,808 |
| Employer matching contributions | 85,200 | 92,606 |
| Rollover contributions | 10,242 | 512 |
| Total contributions | 439,042 | 482,926 |
| Total additions (subtractions) | 1,012,175 | (395,112) |
| DEDUCTIONS FROM NET ASSETS: | | |
| Benefits paid to participants | 8,841 | 210,100 |
| Net increase (decrease) | 1,003,334 | (605,212) |
| NET ASSETS AVAILABLE FOR BENEFITS: | | |
| Beginning of year | 2,080,694 | 2,685,906 |
| End of year | $ 3,084,028 | $ 2,080,694 |

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

## *NOTE 1:* DESCRIPTION OF PLAN

The following description of the ECorp Consulting, Inc. 401(k) Profit Sharing Plan and Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

### General

The Plan was established October 1, 1998 to provide benefits for employees of the Plan Sponsor and the employees' beneficiaries. The Plan is a combined 401(k) Profit Sharing Plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Counsel Trust Company, doing business as Mid Atlantic Trust Company, is the Trustee of the Plan as of December 31, 2009 and 2008. The Plan was restated effective September 20, 2006 to adopt the Volume Submitter Agreement of Paychex Retirement Services.

### Plan Year

The Plan year begins January 1 and ends December 31.

### Eligibility

Employees who are at least 21 years of age are eligible to enter the Plan.

### Contributions

The Plan allows for the following types of contributions:

- *Employee Salary Deferral 401(k) Contributions*
  The Plan includes an elective salary deferral arrangement pursuant to Section 401(k) of the Internal Revenue Code (the "Code"). Employees may voluntarily contribute up to 75% of their regular wages subject to various nondiscrimination tests and limitations prescribed by the Code.

- *Employer Matching Contributions*
  The Plan Sponsor may make discretionary matching contributions to the Plan. In order to be eligible for the matching contribution, an employee must have completed at least one year service with at least 1,000 hours of service, and be employed on the last day of the Plan year. The Plan Sponsor elected to make matching contributions of 25% of employee deferrals in 2009 and 2008.

- *Employee Rollover Contributions from Another Qualified Plan*
  Participants may make rollover contributions from another qualified plan.

- *Employer Profit Sharing Contributions*
  The Plan Sponsor may make an additional profit sharing contribution at management's discretion. In order to be eligible for the profit sharing contribution, an employee must have completed at least one year service with at least 1,000 hours of service, and be employed on the last day of the Plan year. There were no employer profit sharing contributions in 2009 or 2008.

*NOTE 1:* **DESCRIPTION OF PLAN (Continued)**

**Allocations**
The Plan provides various investment fund options and allows participants to direct their investments. Investment earnings and losses are allocated to participants accounts based on the earnings or losses of the investments selected. Forfeitures are used to reduce employer contributions. Forfeitures for the years ended December 31, 2009 and 2008 were $642 and $3,407, respectively.

**Vesting**
Participants are 100% vested in their voluntary contributions. Discretionary employer contributions credited thereon vest over a six-year period as follows:

| | |
|---|---|
| Less than 2 years credited service | 0% |
| 2 years credited service | 20% |
| 3 years credited service | 40% |
| 4 years credited service | 60% |
| 5 years credited service | 80% |
| 6 years credited service | 100% |

For vesting purposes, a year of service is equivalent to 1,000 hours of service during the Plan year.

**Retirement**
Normal retirement under the Plan is age sixty-five (65).

**Payment of Benefits**
Payment of benefits may be made at the following times under the Plan: 1) normal retirement; 2) termination of employment of the participant; 3) hardship withdrawal; or 4) death of the participant. The form of benefit payments may be in a single lump sum or in periodic installments over a period of time.

**Participant Loans**
The Plan allows participants to borrow from their accounts up to $50,000 or 50% of their vested account balance, whichever is less. Borrowings bear interest and payments are withheld from the participants' payroll until paid.

**Administrative**
The administrative expenses of the plan are paid for by the Plan Sponsor.

*NOTE 2*: **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**
The financial statements of the Plan are maintained on the accrual basis of accounting.

**Investments**
Investments in mutual funds and separate accounts are stated at fair market value using quoted market prices when available. Increases in the unit values of separate pooled funds are reflected in each participant's account. The plan provides for participant-directed investments.

**Contributions Receivable**
Contributions receivable are recorded in the financial statements for amounts contributed but not received as of year-end.

*NOTE 2*: **SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)**

**Income Taxes**

The Plan obtained its latest determination letter on November 26, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

**Estimates and Assumptions**

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

*NOTE 3:* **PLAN TERMINATION**

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

*NOTE 4:* **INFORMATION CERTIFIED BY THE TRUSTEE**

The following amounts are included in these financial statements and were taken directly from statements provided, and certified as complete and accurate, by Counsel Trust Company, doing business as Mid Atlantic Trust Company, the Trustee as of December 31, 2009 and 2008.

| | 2009 | 2008 |
|---|---|---|
| Money market and mutual funds: | | |
| T Rowe Price Retirement 2020 | $ 460,361 | $ 248,835 |
| Oppenheimer Money Market Fund | 403,698 | 335,639 |
| T Rowe Price Retirement 2030 | 198,302 | 116,552 |
| MFS Research International | 178,947 | - |
| T Rowe Price Retirement 2040 | 178,644 | 104,743 |
| Oppenheimer Main Street Opportunity | 176,489 | 104,600 |
| T Rowe Price Retirement 2010 | 132,853 | 89,651 |
| Jennison Mid Cap Growth | 127,107 | - |
| Fidelity Advisors Dynamic Capital Appr | 114,178 | 64,765 |
| American Funds Capital World | 107,074 | - |
| Franklin AGE High Income Fund | 107,032 | 53,962 |
| American Century Diversified Bond | 101,260 | - |
| Oppenheimer Intl Bond Fund | 100,721 | 107,963 |
| MFS Value | 100,639 | - |
| MFS International Value Fund | 90,277 | - |
| First American Real Estate Securities | 86,648 | 57,322 |
| Franklin Small Cap Value Fund | 86,405 | 52,245 |
| T Rowe Price Growth Stock | 80,528 | 31,704 |
| First American Small Cap Core | 66,170 | 53,491 |
| American Century Mid Cap Value | 17,781 | - |

*NOTE 4:* **INFORMATION CERTIFIED BY THE TRUSTEE (Continued)**

| | 2009 | 2008 |
|---|---|---|
| Janus Balance Fund | 6,421 | - |
| Delaware Corp Bond | 112 | 75,829 |
| Alliance Bernstein Intl Growth | - | 114,158 |
| Alliance Bernstein Mid Cap Growth | - | 81,624 |
| Alliance Bernstein Intl Value | - | 73,901 |
| Allianz OCC Value Fund | - | 68,884 |
| Oppenheimer Global Opportunities Fund | - | 51,350 |
| Alliance Bernstein Balance Wealth Str R | - | 1,867 |
| Alliance Bernstein Small-Mid Cap Value R | - | 151 |
| Net appreciation (depreciation) in fair value of investments | 529,028 | (926,256) |
| Interest and dividend income | 37,977 | 48,218 |
| Participant deferral contributions | 343,600 | 389,808 |
| Employer matching contributions | 85,200 | 92,606 |
| Rollover contributions | 10,292 | 512 |
| Benefits paid to participants | 8,843 | 210,100 |

*NOTE 5:* **INVESTMENTS**

At December 31, 2009 and 2008, investments included mutual funds that represent 5% or more of the net assets available for Plan benefits as follows:

| | 2009 | 2008 |
|---|---|---|
| T Rowe Price Retirement 2020 | $ 460,361 | $ 248,835 |
| Oppenheimer Money Market Fund | 403,698 | 335,639 |
| T Rowe Price Retirement 2030 | 198,302 | 116,552 |
| MFS Research International | 178,947 | - |
| T Rowe Price Retirement 2040 | 178,644 | 104,743 |
| Oppenheimer Main Street Opportunity | 176,489 | 104,600 |
| Alliance Bernstein Intl Growth | - | 114,158 |
| Oppenheimer Intl Bond Fund | 100,721 | 107,963 |

*NOTE 6:* **FAIR VALUE MEASUREMENTS**

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

| | | Fair Value Measurements Using: | |
|---|---|---|---|
| | Fair Value | Quoted Prices in Active Markets For Identical Assets (Level 1) | Significant Unobservable Inputs (Level 3) |
| December 31, 2009 | | | |
| Mutual funds | $ 2,921,647 | $ 2,921,647 | $ - |
| Participant loans | 77,181 | - | 77,181 |
| Total | $ 2,998,828 | $ 2,921,647 | $ 77,181 |

*NOTE 6:* **FAIR VALUE MEASUREMENTS** (Continued)

| | | | |
|---|---|---|---|
| December 31, 2008 | | | |
| Mutual funds | $ 1,889,236 | $ 1,889,236 | $ - |
| Participant loans | 98,852 | - | 98,852 |
| Total | $ 1,988,088 | $ 1,889,236 | $ 98,852 |

SFAS No. 157, Fair Value Measurements, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

**Level 1 Fair Value Measurements**

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end. The fair values of common stock, corporate bonds, and U.S. Government securities are based on quoted market prices.

**Level 3 Fair Value Measurements**

The participant loans are not actively traded and significant other observable inputs are not available. Thus, the fair value of the participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

**Fair Value Measurements Using Significant Unobservable Inputs (Level 3)**

| | Participant Loans | Total |
|---|---|---|
| December 31, 2009 | | |
| Beginning balance | $ 98,852 | $ 98,852 |
| Purchases, sales, issuances, and settlements (net) | (21,671) | (21,671) |
| Ending balance | $ 77,181 | $ 77,181 |
| December 31, 2008 | | |
| Beginning balance | $ 84,380 | $ 84,380 |
| Purchases, sales, issuances, and settlements (net) | 14,472 | 14,472 |
| Ending balance | $ 98,852 | $ 98,852 |

*NOTE 7*: **RISKS AND UNCERTAINTIES**

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

SUPPLEMENTAL SCHEDULE

**ECORP CONSULTING, INC.**
**401(k) PROFIT SHARING PLAN AND TRUST**

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
December 31, 2009

EIN: 68-0416814 / PLAN NO. 001

| | Identity | Description | Current Value |
|---|---|---|---|
| | Mid Atlantic Trust Company | T Rowe Price Retirement 2020 – 31,881 Shares | $ 460,361 |
| | Mid Atlantic Trust Company | Oppenheimer Money Market Fund – 403,698 Shares | 403,698 |
| | Mid Atlantic Trust Company | T Rowe Price Retirement 2030 – 13,238 Shares | 198,302 |
| | Mid Atlantic Trust Company | MFS Research International – 13,206 Shares | 178,947 |
| | Mid Atlantic Trust Company | T Rowe Price Retirement 2040 – 11,894 Shares | 178,644 |
| | Mid Atlantic Trust Company | Oppenheimer Main Street Opportunity – 16,433 Shares | 176,489 |
| | Mid Atlantic Trust Company | T Rowe Price Retirement 2010 – 9,599 Shares | 132,853 |
| | Mid Atlantic Trust Company | Jennison Mid Cap Growth – 5,622 Shares | 127,107 |
| | Mid Atlantic Trust Company | Fidelity Advisors Dynamic Capital Appr – 7,314 Shares | 114,178 |
| | Mid Atlantic Trust Company | American Funds Capital World – 3,158 Shares | 107,074 |
| | Mid Atlantic Trust Company | Franklin AGE High Income Fund – 55,457 Shares | 107,032 |
| | Mid Atlantic Trust Company | American Century Diversified Bond – 9,589 Shares | 101,260 |
| | Mid Atlantic Trust Company | Oppenheimer Intl Bond Fund – 15,787 Shares | 100,721 |
| | Mid Atlantic Trust Company | MFS Value – 4,881 Shares | 100,639 |
| | Mid Atlantic Trust Company | MFS International Value Fund – 4,174 Shares | 90,277 |
| | Mid Atlantic Trust Company | First American Real Estate Securities – 6,055 Shares | 86,648 |
| | Mid Atlantic Trust Company | First American Small Cap Core – 8,213 Shares | 86,405 |
| | Mid Atlantic Trust Company | T Rowe Price Growth Stock – 2,970 Shares | 80,528 |
| | Mid Atlantic Trust Company | Franklin Small Cap Value Fund – 1,892 Shares | 66,170 |
| | Mid Atlantic Trust Company | American Century Mid Cap Value – 1,657 Shares | 17,781 |
| | Mid Atlantic Trust Company | Janus Balance Fund – 262 Shares | 6,421 |
| | Mid Atlantic Trust Company | Delaware Corp Bond – 19 Shares | 112 |
| * | Mid Atlantic Trust Company | Outstanding Participant Loans – 4.25% to 9.25% | 77,181 |
| | Total investments | | $ 2,998,828 |

** Party in Interest*