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;
- [ ] 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
MTPCS, LLC 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 09/01/2005

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

1211 NW BYPASS
GREAT FALLS, MT 59404

2b Employer Identification Number (EIN)
20-2794120

2c Sponsor's telephone number
406-467-4814

2d Business code (see instructions)
517000

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.	10/14/2010	JEAN MURRAY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	JEAN MURRAY
	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") MTPCS, LLC 1211 NW BYPASS GREAT FALLS, MT 59404	**3b** Administrator's EIN 20-2794120 **3c** Administrator's telephone number 406-467-4814

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**	232
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**	224
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	63
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	287
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	287
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	179
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2G 2J 2K 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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	Insurance	**(1)**	Insurance
(2)	Code section 412(e)(3) insurance contracts	**(2)**	Code section 412(e)(3) insurance contracts
(3) X	Trust	**(3)** X	Trust
(4)	General assets of the sponsor	**(4)**	General assets of the sponsor

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

a Pension Schedules

- **(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)** ___ **A** (Insurance Information)
- **(4)** X **C** (Service Provider Information)
- **(5)** **D** (DFE/Participating Plan Information)
- **(6)** **G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
MTPCS, LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MTPCS, LLC

D Employer Identification Number (EIN)
20-2794120

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

EXPERTPLAN, INC.

52-2269494

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

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

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

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
MTPCS, LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MTPCS, LLC

D Employer Identification Number (EIN)
20-2794120

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)	37	
(2) Participant contributions	1b(2)	141	
(3) Other	1b(3)	0	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	627802	1228381
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	627980	1228381
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		163
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	163
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	627980	1228218

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)	103172	
	(B) Participants	2a(1)(B)	358502	
	(C) Others (including rollovers)	2a(1)(C)	6951	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		468625
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		
(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)		250343
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		718968
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	113795	
(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)		113795
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	4935	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4935
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		118730
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		600238
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: DOUGLAS WILSON & CO (2) EIN: 81-0446334

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		55130
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		50000
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
MTPCS, LLC 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MTPCS, LLC

D Employer Identification Number (EIN)
20-2794120

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): 75-3182674

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 _____

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(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 _____

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(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

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(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):

MTPCS, LLC 401(K) PROFIT SHARING PLAN AND TRUST

GREAT FALLS, MONTANA

FINANCIAL STATEMENT
AS OF
DECEMBER 31, 2009 AND 2008

Our reports are issued with the understanding that, without our consent, they may be reproduced only in their entirety. Should it be desired to issue or publish a condensation or a portion of this report and our name is to be used in connection therewith, our approval must first be secured.

Douglas Wilson & Company, P.C.

TABLE OF CONTENTS

PAGE

INDEPENDENT AUDITOR'S REPORT 3

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS 4

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS 5

NOTES TO FINANCIAL STATEMENTS 6-11

ACCOMPANYING INFORMATION

SCHEDULE OF ASSETS (HELD AT END OF YEAR) 12

SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS 13

Certified Public Accountants
Since 1913

Douglas **WILSON**
and Company, PC

Douglas N. **Wilson**, CPA
Randal J. **Boysun**, CPA
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Myra L. **Bakke**, CPA
Thomas A. **Kopp**, CPA

Bruce H. **Gaare**, CPA
Dixie L. **Swanson**, CPA

To the Administrative Committee
MTPCS, LLC 401(k) Profit Sharing Plan and Trust
Great Falls, Montana

INDEPENDENT AUDITOR'S REPORT

We have audited the accompanying statement of net assets available for benefits of MTPCS, LLC 401(k) Profit Sharing Plan and Trust ("Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits and the supplemental schedules as of and for the year ended December 31, 2009 and 2008 as listed in the accompanying contents. These financial statements and schedules are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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 3, which was certified by Capital Bank and Trust Company, the custodian of the Plan, 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 custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2009, that the information provided to the Plan administrator by the custodian 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 for the year ended December 31, 2009 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the statements of net assets available for benefits of MTPCS, LLC 401(k) Profit Sharing Plan and Trust as of December 31, 2008, and in our report dated January 28, 2010, we expressed our opinion that such financial statements present fairly, in all material respects, the financial status of MTPCS, LLC 401(k) Profit Sharing Plan and Trust as of December 31, 2008, in conformity with accounting principles generally accepted in the United States of America.

Douglas Wilson + Company, P.C.

Great Falls, Montana
October 15, 2010

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MTPCS, LLC 401(K) PROFIT SHARING PLAN AND TRUST

GREAT FALLS, MONTANA

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Accounts Receivable		
Employer Contributions Receivable	$ -	$ 37
Employee Contributions Receivable	-	141
	-	178
Investments At Fair Value:	1,228,381	627,802
LIABILITIES		
Accounts Payable	163	-
Net Assets Available For Benefits	**$ 1,228,218**	**$ 627,980**

The notes to financial statements are an integral part of this statement.

MTPCS, LLC 401(K) PROFIT SHARING PLAN AND TRUST

GREAT FALLS, MONTANA

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Additions to Net Assets Attributed to:		
Realized and Unrealized Gains (Losses) on Investments	$ 232,161	$ (305,939)
Interest and Dividends	18,182	35,163
Contributions:		
Participants'	358,502	274,960
Employer's	103,172	102,380
Other	6,951	106,511
Total Additions	718,968	213,075
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	113,795	114,049
Administrative Expenses	4,935	3,245
Total Deductions	118,730	117,294
Net Increase	600,238	95,781
Net Assets Available for Benefits:		
Beginning of Year	627,980	532,199
End of Year	**$ 1,228,218**	**$ 627,980**

The notes to financial statements are an integral part of this statement.

NOTE 1: PLAN DESCRIPTION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following description of the MTPCS, LLC 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution pension plan covering certain employees designated by the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees must be age eighteen and have six months of service to be eligible to participate in the plan. Employees must be employed as of the last day of the plan year and have completed 1,000 hours of service during the plan year in order to receive employer matching contributions and profit sharing contributions.

Pension Benefits - The Plan provides for normal retirement benefits upon reaching age sixty-five and contains no provisions for early retirement benefits.

Basis of Accounting - The accompanying financial statements are prepared using the accrual method of accounting.

Accounting Estimates - The preparation of financial statements in conformity with the accrual basis of accounting requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Contributions - The employer has the option of providing an annual discretionary contribution to the profit sharing portion of the Plan determined by the president of the employer. No profit sharing contribution was made for the years ended December 31, 2009 and 2008.

Participants may contribute up to the maximum percentage allowable not to exceed the limits of Code Sections 401(k), 402(g), 404 and 415. Contributions are calculated on gross pay. The employer makes a matching contribution equal to 50% of the employees' contribution with a maximum employer contribution of 3%. Employer contributions are calculated on gross pay less overtime, bonuses, and commissions.

Participant Accounts - Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's discretionary contribution; (b) Plan earnings; and (c) forfeitures of terminated participants' non-vested employer discretionary accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately 100% vested in their elective deferrals, plus actual earnings thereon. Prior to April 2008, vesting in the remainder of their account balance was based on years of continuous service. A participant became 20% vested after two years with an additional 20% each year until their sixth year of service at which time they became 100% vested

in the employer profit sharing contributions, plus actual earnings thereon. Effective April 2008, the plan documents were amended so that participants are immediately 100% vested in their elective deferrals as well as the employer contributions, plus actual earnings thereon.

Forfeitures - When certain terminations of participation in the Plan occur, the non-vested portion of the participant's account, as defined by the Plan, represents a forfeiture. The non-vested portion will be distributed through the remaining participants' accounts to reduce the employer's matching contribution. Due to the April 2008 amendment to the plan documents, all participants are fully vested immediately eliminating the allocation of forfeitures. The amount of unallocated assets as of December 31, 2009 and 2008 was $1,645 and $36,679, respectively.

Funding – All employer and employee contributions are submitted to the Trustee within 10 days after each payroll.

Investments – The Plan determined the fair value of its marketable securities through the application of Accounting Standards Update (ASU) No. 820 *Fair Value Measurements*. The Plan carries investments in marketable securities with readily determinable fair values and all investments in debt securities at their fair values in the statement of net assets available for benefits.

As required by ASU No. 820, which provides a framework for measuring fair value under GAAP, investments are classified within the level of lowest significant input considered in determining fair value. ASU No. 820 also establishes a fair value hierarchy, which prioritizes the valuation of inputs into three broad levels as described below.

Level 1 – quoted prices in active markets as of the measurement date

Level 2 – quoted prices which are not active, quoted prices for similar assets or liabilities in active markets or inputs other than quoted prices that are observable (either directly or indirectly) for substantially the full term of the asset or liability

Level 3 – significant unobservable prices or inputs where there is little or no market activity for the asset or liability at the measurement date

All of the investments held by the Plan were valued using Level 1 inputs. The Plan's investments are summarized in Note 3.

A significant portion of the Plan's investments is subject to the risk of value fluctuations that is inherent in the market. As such, the value of the Plan's assets may change frequently. To help manage this risk, the Plan utilizes professional investment managers who oversee the Plan's portfolio and may make changes as they see fit.

Investment Options - All participant deferral contributions and employer matching contributions are invested at the discretion of the participant.

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

Payment of Benefits - On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over their life expectancy. For termination of service due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution. Hardship distributions are allowed prior to retirement age in certain situations. Benefits are recorded when paid.

Tax Status - The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designated, 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 trustees 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.

The Plan's tax returns for the years prior to 2006 are generally no longer subject to examination.

Participant Loans – The Plan does not permit participant loans.

Plan Costs – A significant portion of the Plan's costs, such as audit fees, are absorbed and paid by the employer.

NOTE 2: 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.

NOTE 3: INVESTMENTS:

The following is a summary of the information pertaining to the Plan's investments as of December 31, 2009 and 2008, and for the year then ended.

FAIR VALUE OF INVESTMENTS

	2009	2008
Mutual Funds:		
Participant directed	$ 459,938	$ 492,412

The realized and unrealized gains (losses) on the Plan's mutual fund investments (including investments bought, as well as held, during the year) were as follows:

	2009	2008
Mutual Funds:		
Participant directed	$ 48,163	$ 16,343

Investment income on the Plan's mutual fund investments was as follows:

	2009	2008
Interest and dividends	$ (427)	$ (466)

The following presents investments that represent 5% or more of the Plan's net assets at December 31, 2009 and 2008:

	2009	2008
Alliance Bernstein Balanced Wealth Strategy	$ 67,178	$ 50,470
Alliance Bernstein Wealth Appreciation Strategy	$ 275,985	$ 167,176
Alliance Bernstein Wealth Preservation Strategy	$ -	$ 104,979
Alliance Bernstein Conservative Wealth Strategy	$ 80,391	$ -
Alliance Bernstein 2025 Retirement Strategy	$ 67,745	$ -
Alliance Bernstein 2030 Retirement Strategy	$ 124,111	$ 40,035
Alliance Bernstein 2035 Retirement Strategy	$ 140,934	$ 56,021
Alliance Bernstein 2040 Retirement Strategy	$ 99,486	$ 32,326

NOTE 4: PARTY-IN-INTEREST TRANSACTIONS:

Custodial fees paid by the Plan amounted to $4,935 for the year ending December 31, 2009. These expenses qualify as party-in-interest transactions.

NOTE 5: PLAN AMENDMENT:

The Plan was amended, effective January 15, 2008, to change the age requirement for receiving discretionary profit sharing contributions. An employee is eligible to receive discretionary profit sharing contributions upon completing one year of service and attaining age eighteen.

Additionally, the Plan was amended, effective April 1, 2008, to eliminate the vesting schedule. Participants are immediately 100% vested in their elective deferrals as well as the employer contributions, plus actual earnings thereon.

In addition, the IRS issued final regulations under Internal Revenue Code 415, resulting in a mandatory amendment for all qualified retirement plans. These changes affect the definition of compensation for allocation and testing purpose, items included in annual additions, and how violations are corrected.

NOTE 6: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The following is a reconciliation of the beginning value of investments per the financial statements at December 31, 2009 and 2008 to Form 5500.

	2009	2008
Beginning net assets available for benefits per the financial statements	$ (210,892)	$ (41,949)
Other income to adjust beginning investment balance	-	(26,772)
Beginning net assets available for benefits per the Form 5500	**$ (210,892)**	**$ (68,721)**

The following is a reconciliation of net increase in assets available for benefits per the financial statements at December 31, 2009 and 2008 to Form 5500.

Net increase in assets available for benefits per the financial statements	$ (401,367)	$ (513,180)
Other income to adjust beginning investment balance	-	26,772
Net increase in assets available for benefits per the Form 5500	**$ (401,367)**	**$ (486,408)**

NOTE 7: EVALUATION OF SUBSEQUENT EVENTS:

Effective in 2009, MTPCS, LLC 401(k) Profit Sharing Plan and Trust adopted Accounting Standards Update (ASU) No. 855, which establishes general standards of accounting for and disclosure of events that occur after the balance sheet date but before the financial statements are issued or are available to be issued.

Specifically, it sets forth the period after the balance sheet date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements, the circumstances under which an entity should recognize events or transactions occurring after the balance sheet date in its financial statements, and the disclosures that an entity should make about events or transactions that occurred after the balance sheet date. The adoption of ASU No. 855 had no impact on the Plan's financial statements.

In accordance with ASU No. 855, MTPCS, LLC 401(k) Profit Sharing Plan and Trust evaluated subsequent events through October 15, 2010, the date these financial statements were issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements

MTPCS, LLC 401(K) PROFIT SHARING PLAN AND TRUST

GREAT FALLS, MONTANA

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 20-2794912; PLAN NO. 001
DECEMBER 31, 2009

401(K) Employee Contributions (Participant Directed):

(a) (1)	(b) Identity of issue borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral or maturity value	(d) (2) Cost	(e) Current Value
	Alliance Bernstein Balanced Shares	-	$ -	$ 2,722
	Alliance Bernstein Balanced Wealth Strategy	-	-	66,772
	Alliance Bernstein Exchange Reserves	-	-	41,651
	Alliance Bernstein Core Opportunities	-	-	10,150
	Alliance Bernstein Global Value	-	-	12,752
	Alliance Bernstein High Income	-	-	39,571
	Alliance Bernstein Conservative Wealth Strategy	-	-	78,689
	Alliance Bernstein Small Capital Growth	-	-	15,971
	Alliance Bernstein Small Mid Cap Value	-	-	13,221
	Alliance Bernstein Value A	-	-	13,219
	Alliance Bernstein Wealth Appreciation Strategy	-	-	272,838
	Alliance Bernstein 2000 Retirement Strategy	-	-	10,925
	Alliance Bernstein 2010 Retirement Strategy	-	-	23,090
	Alliance Bernstein 2015 Retirement Strategy	-	-	5,220
	Alliance Bernstein 2020 Retirement Strategy	-	-	48,274
	Alliance Bernstein 2025 Retirement Strategy	-	-	65,905
	Alliance Bernstein 2030 Retirement Strategy	-	-	121,000
	Alliance Bernstein 2035 Retirement Strategy	-	-	138,028
	Alliance Bernstein 2040 Retirement Strategy	-	-	96,617
	Alliance Bernstein 2045 Retirement Strategy	-	-	39,800
	Alliance Bernstein 2050 Retirement Strategy	-	-	45,593
	Alliance Bernstein 2055 Retirement Strategy	-	-	3,330
	American Funds Cap World Growth & Income	-	-	19,060
	American Funds Fundamental Inv	-	-	4,176
	American Funds Growth of America	-	-	16,787
	Cash in Transit	-	-	23,020
		Total	$ -	$ 1,228,381

(1) * A party-in-interest as defined by ERISA

(2) Cost information was omitted as allowed for participant directed assets

MTPCS, LLC 401(K) PROFIT SHARING PLAN AND TRUST

GREAT FALLS, MONTANA

SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EIN 20-2794912; PLAN NO. 001
DECEMBER 31, 2009

Total that Constitute Nonexempt Prohibited Transactions

Participant Contribution Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 55,130	$ -	$ 55,130	$ -	$ -

MTPCS, LLC 401(K) PROFIT SHARING PLAN AND TRUST

GREAT FALLS, MONTANA

FINANCIAL STATEMENT
AS OF
DECEMBER 31, 2009 AND 2008

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Douglas Wilson & Company, P.C.

TABLE OF CONTENTS

PAGE

INDEPENDENT AUDITOR'S REPORT 3

FINANCIAL STATEMENTS

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS 4

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS 5

NOTES TO FINANCIAL STATEMENTS 6-11

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SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS 13

Certified Public Accountants
Since 1913

Douglas **WILSON**
and Company, PC

Douglas N. **Wilson**, CPA
Randal J. **Boysun**, CPA
Gerard K. **Schmitz**, CPA
Michael A. **Diekhans**, CPA
Myra L. **Bakke**, CPA
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Bruce H. **Gaare**, CPA
Dixie L. **Swanson**, CPA

To the Administrative Committee
MTPCS, LLC 401(k) Profit Sharing Plan and Trust
Great Falls, Montana

INDEPENDENT AUDITOR'S REPORT

We have audited the accompanying statement of net assets available for benefits of MTPCS, LLC 401(k) Profit Sharing Plan and Trust ("Plan") as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits and the supplemental schedules as of and for the year ended December 31, 2009 and 2008 as listed in the accompanying contents. These financial statements and schedules are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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 3, which was certified by Capital Bank and Trust Company, the custodian of the Plan, 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 custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2009, that the information provided to the Plan administrator by the custodian 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 for the year ended December 31, 2009 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the statements of net assets available for benefits of MTPCS, LLC 401(k) Profit Sharing Plan and Trust as of December 31, 2008, and in our report dated January 28, 2010, we expressed our opinion that such financial statements present fairly, in all material respects, the financial status of MTPCS, LLC 401(k) Profit Sharing Plan and Trust as of December 31, 2008, in conformity with accounting principles generally accepted in the United States of America.

Douglas Wilson + Company, P.C.

Great Falls, Montana
October 15, 2010

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MTPCS, LLC 401(K) PROFIT SHARING PLAN AND TRUST

GREAT FALLS, MONTANA

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2009 AND 2008

	2009	2008
ASSETS		
Accounts Receivable		
Employer Contributions Receivable	$ -	$ 37
Employee Contributions Receivable	-	141
	-	178
Investments At Fair Value:	1,228,381	627,802
LIABILITIES		
Accounts Payable	163	-
Net Assets Available For Benefits	**$ 1,228,218**	**$ 627,980**

The notes to financial statements are an integral part of this statement.

MTPCS, LLC 401(K) PROFIT SHARING PLAN AND TRUST

GREAT FALLS, MONTANA

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

	2009	2008
Additions to Net Assets Attributed to:		
Realized and Unrealized Gains (Losses) on Investments	$ 232,161	$ (305,939)
Interest and Dividends	18,182	35,163
Contributions:		
Participants'	358,502	274,960
Employer's	103,172	102,380
Other	6,951	106,511
Total Additions	718,968	213,075
Deductions from Net Assets Attributed to:		
Benefits Paid to Participants	113,795	114,049
Administrative Expenses	4,935	3,245
Total Deductions	118,730	117,294
Net Increase	600,238	95,781
Net Assets Available for Benefits:		
Beginning of Year	627,980	532,199
End of Year	**$ 1,228,218**	**$ 627,980**

The notes to financial statements are an integral part of this statement.

NOTE 1: PLAN DESCRIPTION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following description of the MTPCS, LLC 401(k) Profit Sharing Plan and Trust (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution pension plan covering certain employees designated by the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees must be age eighteen and have six months of service to be eligible to participate in the plan. Employees must be employed as of the last day of the plan year and have completed 1,000 hours of service during the plan year in order to receive employer matching contributions and profit sharing contributions.

Pension Benefits - The Plan provides for normal retirement benefits upon reaching age sixty-five and contains no provisions for early retirement benefits.

Basis of Accounting - The accompanying financial statements are prepared using the accrual method of accounting.

Accounting Estimates - The preparation of financial statements in conformity with the accrual basis of accounting requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

Contributions - The employer has the option of providing an annual discretionary contribution to the profit sharing portion of the Plan determined by the president of the employer. No profit sharing contribution was made for the years ended December 31, 2009 and 2008.

Participants may contribute up to the maximum percentage allowable not to exceed the limits of Code Sections 401(k), 402(g), 404 and 415. Contributions are calculated on gross pay. The employer makes a matching contribution equal to 50% of the employees' contribution with a maximum employer contribution of 3%. Employer contributions are calculated on gross pay less overtime, bonuses, and commissions.

Participant Accounts - Each participant's account is credited with the participant's contributions and an allocation of (a) the Company's discretionary contribution; (b) Plan earnings; and (c) forfeitures of terminated participants' non-vested employer discretionary accounts. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are immediately 100% vested in their elective deferrals, plus actual earnings thereon. Prior to April 2008, vesting in the remainder of their account balance was based on years of continuous service. A participant became 20% vested after two years with an additional 20% each year until their sixth year of service at which time they became 100% vested

in the employer profit sharing contributions, plus actual earnings thereon. Effective April 2008, the plan documents were amended so that participants are immediately 100% vested in their elective deferrals as well as the employer contributions, plus actual earnings thereon.

Forfeitures - When certain terminations of participation in the Plan occur, the non-vested portion of the participant's account, as defined by the Plan, represents a forfeiture. The non-vested portion will be distributed through the remaining participants' accounts to reduce the employer's matching contribution. Due to the April 2008 amendment to the plan documents, all participants are fully vested immediately eliminating the allocation of forfeitures. The amount of unallocated assets as of December 31, 2009 and 2008 was $1,645 and $36,679, respectively.

Funding – All employer and employee contributions are submitted to the Trustee within 10 days after each payroll.

Investments – The Plan determined the fair value of its marketable securities through the application of Accounting Standards Update (ASU) No. 820 *Fair Value Measurements*. The Plan carries investments in marketable securities with readily determinable fair values and all investments in debt securities at their fair values in the statement of net assets available for benefits.

As required by ASU No. 820, which provides a framework for measuring fair value under GAAP, investments are classified within the level of lowest significant input considered in determining fair value. ASU No. 820 also establishes a fair value hierarchy, which prioritizes the valuation of inputs into three broad levels as described below.

Level 1 – quoted prices in active markets as of the measurement date

Level 2 – quoted prices which are not active, quoted prices for similar assets or liabilities in active markets or inputs other than quoted prices that are observable (either directly or indirectly) for substantially the full term of the asset or liability

Level 3 – significant unobservable prices or inputs where there is little or no market activity for the asset or liability at the measurement date

All of the investments held by the Plan were valued using Level 1 inputs. The Plan's investments are summarized in Note 3.

A significant portion of the Plan's investments is subject to the risk of value fluctuations that is inherent in the market. As such, the value of the Plan's assets may change frequently. To help manage this risk, the Plan utilizes professional investment managers who oversee the Plan's portfolio and may make changes as they see fit.

Investment Options - All participant deferral contributions and employer matching contributions are invested at the discretion of the participant.

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

Payment of Benefits - On termination of service due to death, disability or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or annual installments over their life expectancy. For termination of service due to other reasons, a participant may receive the value of the vested interest in their account as a lump-sum distribution. Hardship distributions are allowed prior to retirement age in certain situations. Benefits are recorded when paid.

Tax Status - The Plan obtained its latest determination letter on March 31, 2008, in which the Internal Revenue Service stated that the Plan, as then designated, 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 trustees 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.

The Plan's tax returns for the years prior to 2006 are generally no longer subject to examination.

Participant Loans – The Plan does not permit participant loans.

Plan Costs – A significant portion of the Plan's costs, such as audit fees, are absorbed and paid by the employer.

NOTE 2: 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.

NOTE 3: INVESTMENTS:

The following is a summary of the information pertaining to the Plan's investments as of December 31, 2009 and 2008, and for the year then ended.

FAIR VALUE OF INVESTMENTS

	2009	2008
Mutual Funds:		
Participant directed	$ 459,938	$ 492,412

The realized and unrealized gains (losses) on the Plan's mutual fund investments (including investments bought, as well as held, during the year) were as follows:

	2009	2008
Mutual Funds:		
Participant directed	$ 48,163	$ 16,343

Investment income on the Plan's mutual fund investments was as follows:

	2009	2008
Interest and dividends	$ (427)	$ (466)

The following presents investments that represent 5% or more of the Plan's net assets at December 31, 2009 and 2008:

	2009	2008
Alliance Bernstein Balanced Wealth Strategy	$ 67,178	$ 50,470
Alliance Bernstein Wealth Appreciation Strategy	$ 275,985	$ 167,176
Alliance Bernstein Wealth Preservation Strategy	$ -	$ 104,979
Alliance Bernstein Conservative Wealth Strategy	$ 80,391	$ -
Alliance Bernstein 2025 Retirement Strategy	$ 67,745	$ -
Alliance Bernstein 2030 Retirement Strategy	$ 124,111	$ 40,035
Alliance Bernstein 2035 Retirement Strategy	$ 140,934	$ 56,021
Alliance Bernstein 2040 Retirement Strategy	$ 99,486	$ 32,326

NOTE 4: PARTY-IN-INTEREST TRANSACTIONS:

Custodial fees paid by the Plan amounted to $4,935 for the year ending December 31, 2009. These expenses qualify as party-in-interest transactions.

NOTE 5: PLAN AMENDMENT:

The Plan was amended, effective January 15, 2008, to change the age requirement for receiving discretionary profit sharing contributions. An employee is eligible to receive discretionary profit sharing contributions upon completing one year of service and attaining age eighteen.

Additionally, the Plan was amended, effective April 1, 2008, to eliminate the vesting schedule. Participants are immediately 100% vested in their elective deferrals as well as the employer contributions, plus actual earnings thereon.

In addition, the IRS issued final regulations under Internal Revenue Code 415, resulting in a mandatory amendment for all qualified retirement plans. These changes affect the definition of compensation for allocation and testing purpose, items included in annual additions, and how violations are corrected.

NOTE 6: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The following is a reconciliation of the beginning value of investments per the financial statements at December 31, 2009 and 2008 to Form 5500.

	2009	2008
Beginning net assets available for benefits per the financial statements	$ (210,892)	$ (41,949)
Other income to adjust beginning investment balance	-	(26,772)
Beginning net assets available for benefits per the Form 5500	**$ (210,892)**	**$ (68,721)**

The following is a reconciliation of net increase in assets available for benefits per the financial statements at December 31, 2009 and 2008 to Form 5500.

Net increase in assets available for benefits per the financial statements	$ (401,367)	$ (513,180)
Other income to adjust beginning investment balance	-	26,772
Net increase in assets available for benefits per the Form 5500	**$ (401,367)**	**$ (486,408)**

NOTE 7: EVALUATION OF SUBSEQUENT EVENTS:

Effective in 2009, MTPCS, LLC 401(k) Profit Sharing Plan and Trust adopted Accounting Standards Update (ASU) No. 855, which establishes general standards of accounting for and disclosure of events that occur after the balance sheet date but before the financial statements are issued or are available to be issued.

Specifically, it sets forth the period after the balance sheet date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements, the circumstances under which an entity should recognize events or transactions occurring after the balance sheet date in its financial statements, and the disclosures that an entity should make about events or transactions that occurred after the balance sheet date. The adoption of ASU No. 855 had no impact on the Plan's financial statements.

In accordance with ASU No. 855, MTPCS, LLC 401(k) Profit Sharing Plan and Trust evaluated subsequent events through October 15, 2010, the date these financial statements were issued. There were no material subsequent events that required recognition or additional disclosure in these financial statements

MTPCS, LLC 401(K) PROFIT SHARING PLAN AND TRUST

GREAT FALLS, MONTANA

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 20-2794912; PLAN NO. 001
DECEMBER 31, 2009

401(K) Employee Contributions (Participant Directed):

(a) (1)	(b) Identity of issue borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral or maturity value	(d) (2) Cost	(e) Current Value
	Alliance Bernstein Balanced Shares	-	$ -	$ 2,722
	Alliance Bernstein Balanced Wealth Strategy	-	-	66,772
	Alliance Bernstein Exchange Reserves	-	-	41,651
	Alliance Bernstein Core Opportunities	-	-	10,150
	Alliance Bernstein Global Value	-	-	12,752
	Alliance Bernstein High Income	-	-	39,571
	Alliance Bernstein Conservative Wealth Strategy	-	-	78,689
	Alliance Bernstein Small Capital Growth	-	-	15,971
	Alliance Bernstein Small Mid Cap Value	-	-	13,221
	Alliance Bernstein Value A	-	-	13,219
	Alliance Bernstein Wealth Appreciation Strategy	-	-	272,838
	Alliance Bernstein 2000 Retirement Strategy	-	-	10,925
	Alliance Bernstein 2010 Retirement Strategy	-	-	23,090
	Alliance Bernstein 2015 Retirement Strategy	-	-	5,220
	Alliance Bernstein 2020 Retirement Strategy	-	-	48,274
	Alliance Bernstein 2025 Retirement Strategy	-	-	65,905
	Alliance Bernstein 2030 Retirement Strategy	-	-	121,000
	Alliance Bernstein 2035 Retirement Strategy	-	-	138,028
	Alliance Bernstein 2040 Retirement Strategy	-	-	96,617
	Alliance Bernstein 2045 Retirement Strategy	-	-	39,800
	Alliance Bernstein 2050 Retirement Strategy	-	-	45,593
	Alliance Bernstein 2055 Retirement Strategy	-	-	3,330
	American Funds Cap World Growth & Income	-	-	19,060
	American Funds Fundamental Inv	-	-	4,176
	American Funds Growth of America	-	-	16,787
	Cash in Transit	-	-	23,020
		Total	$ -	$ 1,228,381

(1) * A party-in-interest as defined by ERISA

(2) Cost information was omitted as allowed for participant directed assets

MTPCS, LLC 401(K) PROFIT SHARING PLAN AND TRUST

GREAT FALLS, MONTANA

SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EIN 20-2794912; PLAN NO. 001
DECEMBER 31, 2009

Total that Constitute Nonexempt Prohibited Transactions

Participant Contribution Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 55,130	$ -	$ 55,130	$ -	$ -

MTPCS, LLC 401(K) PROFIT SHARING PLAN AND TRUST

GREAT FALLS, MONTANA

SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS (HELD AT END OF YEAR)
EIN 20-2794912; PLAN NO. 001
DECEMBER 31, 2009

401(K) Employee Contributions (Participant Directed):

(a) (1)	(b) Identity of issue borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral or maturity value	(d) (2) Cost	(e) Current Value
	Alliance Bernstein Balanced Shares	-	$ -	$ 2,722
	Alliance Bernstein Balanced Wealth Strategy	-	-	66,772
	Alliance Bernstein Exchange Reserves	-	-	41,651
	Alliance Bernstein Core Opportunities	-	-	10,150
	Alliance Bernstein Global Value	-	-	12,752
	Alliance Bernstein High Income	-	-	39,571
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	Alliance Bernstein Small Capital Growth	-	-	15,971
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	American Funds Cap World Growth & Income	-	-	19,060
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	American Funds Growth of America	-	-	16,787
	Cash in Transit	-	-	23,020
		Total	$ -	$ 1,228,381

(1) * A party-in-interest as defined by ERISA

(2) Cost information was omitted as allowed for participant directed assets

MTPCS, LLC 401(K) PROFIT SHARING PLAN AND TRUST

GREAT FALLS, MONTANA

SCHEDULE H, LINE 4a
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
EIN 20-2794912; PLAN NO. 001
DECEMBER 31, 2009

Total that Constitute Nonexempt Prohibited Transactions

Participant Contribution Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
$ 55,130	$ -	$ 55,130	$ -	$ -