## Form 5500-SF

Department of the Treasury Internal Revenue Service

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

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

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

Р	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 5500	)-SF.			
		lentification Information						
For	calendar plan year 2009 or fisca	al plan year beginning 08/01/200	9	and ending 0	7/31/2	2010		
Α .	This return/report is for:	x single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	ant plan	
В .	This return/report is for:	first return/report	final retur	n/report		_		
		an amended return/report	short plar	year return/report (less than 12 mor	nths)			
C	C Check box if filing under: Form 5558 automatic extension						am	
	Check box if filing under: Form 5558 automatic extension DFVC program  special extension (enter description)							
Do	rt II   Pacia Plan Inform	mation—enter all requested inform						_
	Irt II   Basic Plan Inform	mation—enter all requested inform	ation		1h	Three-digit		_
	N EXCAVATING PROFIT SHA	RING PLAN			10	plan number		
, , , ,						(PN) ▶	001	
					1c	Effective date of		
						08/01/2		
	•	ess (employer, if for single-employer	· plan)		2b		fication Number	
AUBI	N EXCAVATING, INC.				20	(EIN) 01-044		
6 MA	UDSLEY AVE				20	<b>2c</b> Plan sponsor's telephone number 401-245-1729		
	RINGTON, RI 02806-2313				2d	Business code	(see instructions)	
						238900		_
	Plan administrator's name and N EXCAVATING, INC.	address (if same as Plan sponsor, 6 MAUDSLE		e")	3b	Administrator's 01-044		
ДОБІ	N EXCAVATING, INC.	BARRINGTO		06-2313	3c		telephone numbe	r
						401-24	•	_
	•	an sponsor has changed since the la		port filed for this plan, enter the	4b	EIN		
-	name, EIN, and the plan numbe	er from the last return/report. Sponso	or's name		<b>1</b> c	PN		
5a	Total number of participants at	t the beginning of the plan year			<del>тс</del> 5а	FIN		2
_				}				3
	·	the end of the plan year		ļ	5b			3
С		ith account balances as of the end o		The state of the s	5c			3
6a				(See instructions.)			X Yes N	۷o
				ndent qualified public accountant (IQF				
				ons.)			X Yes   N	V٥
D-			orm 5500-	SF and must instead use Form 550	00.			_
	rt III   Financial Informa	ation			1			
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End	l of Year	_
	Total plan assets		. 7a	100971	-		11109	
b	•			0	1			0
		7b from line 7a)	. 7с	100971			11109	8
8	Income, Expenses, and Transf			(a) Amount		(b)	Total	_
а	Contributions received or received	ivable from: 	. 8a(1)	0				
			` '	0	-			
	• • •	)	` '	0				
b	, ,		` '	10127				
C	` ,	8a(2), 8a(3), and 8b)		10127			1012	7
d		rollovers and insurance premiums						
-			. 8d	0				
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	0				
f	Administrative service provider	rs (salaries, fees, commissions)	. 8f	0				
g	Other expenses		. 8g	0				
h	Total expenses (add lines 8d,	8e, 8f, and 8g)	. 8h					0
i	Net income (loss) (subtract line	e 8h from line 8c)	8i				1012	:7
i		ee instructions)						

Part IV	Plan	Characteristics	c
railiv	ГІАП	CHALACLEH SUC:	

SIGN HERE

Signature of employer/plan sponsor

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

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

art	V Compliance Questions							
0	During the plan year:		Yes	No		Amo	unt	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)							
С	Was the plan covered by a fidelity bond?	10c	Χ					20000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?							
е								
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	109		X				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI Pension Funding Compliance							
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and 5500))					. [	Yes	No
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the	Code or se	ection 3	302 of	ERISA?		Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see in granting the waiver.							
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			Day		ı cai		
	Enter the minimum required contribution for this plan year			12b				
	Enter the amount contributed by the employer to the plan for this plan year			12c				
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the negative amount)	left of a		12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	N	0	N/A
art	VII Plan Terminations and Transfers of Assets							
3a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					П	Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought the PBGC?			ontrol			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), iden which assets or liabilities were transferred. (See instructions.)	tify the pla	n(s) to	)				
1	3c(1) Name of plan(s):		13	<b>c(2)</b> El	N(s)	1	3c(3)	PN(s)
Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.								
B o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this ref, it is true, correct, and complete.				·	,		
פופי	Filed with authorized/valid electronic signature.  02/18/2011 PATRICK AU	JBIN						
SIGN				ual signing as plan administrator				

Date

Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee **Benefit Plan**

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

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

	calendar plan year 2009 or fiscal plan year beginning	08/01/2	009 and ending		07/31/2010	
	V single employer plan		mployer plan (not multiemployer)		one-participa	
	This return report is for.	final return			LJ 5 participat	······ primiri
В	This return/report is for:    first return/report		year return/report (less than 12 mg	ntho\		
	☐ an amended return/report ☐			11:8115)	□ 55.0 =======	
С	Check box if filing under:	automatic	extension		DFVC progra	[11]
	special extension (enter descriptio					
P	art II Basic Plan Information—enter all requested information	ation		T 41.		
1a	Name of plan			GF	Three-digit plan number	
	AUBIN EXCAVATING PROFIT SHARING PLAN				(PN) ▶	001
				1c	Effective date of	plan
				ļ	08/01/2004	
2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identif	
	AUBÍN EXCAVATING, INC.			2c	(EIN) 01 - 044	elephone number
	6 MAUDSLEY AVE				401-245-1	
	DI 00006 0010			2d	Business code (	see instructions)
	BARRINGTON RI 02806-2313			24	238900	
3a	Plan administrator's name and address (if same as Plan sponsor, e AUBIN EXCAVATING, INC.	nter "Same	)")	30	Administrator's I	
				3c		telephone number
	6 MAUDSLEY AVE BARRINGTON RI 02806-231	.3			401-245-1	729
4	If the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
	name, EIN, and the plan number from the last return/report. Sponso	r's name		4c	PN	
	Total number of participants at the beginning of the plan year					3
b	in the second se					3
				nn	1	~
				5b		
C		f the plan y	rear (defined benefit plans do not			3
- 6a	Total number of participants with account balances as of the end or complete this item)	f the plan y le assets?	rear (defined benefit plans do not	5c		
- 6a	Total number of participants with account balances as of the end or complete this item)	f the plan y le assets? an indeper	rear (defined benefit plans do not  (See instructions.)	5c		3 Yes No
- 6a	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and conditi	(See instructions.)	<b>5c</b>		3
6a	Total number of participants with account balances as of the end or complete this item)  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	f the plan y le assets? an indeper and conditi	(See instructions.)	<b>5c</b>		3 Yes No
6a	Total number of participants with account balances as of the end or complete this item).  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III. Financial Information	f the plan y le assets? an indeper and conditi	(See instructions.)	<b>5c</b>		3 Yes No
6a k	Total number of participants with account balances as of the end of complete this item)  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III. Financial Information  Plan Assets and Liabilities	f the plan y  ole assets? an indeper and conditi	(See instructions.)	5c (PA) 500.		3 Yes No
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6a b	Total number of participants with account balances as of the end or complete this item)  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets	f the plan y ple assets? an indeper and conditi form 5500- 7a 7b	(See instructions.)	5c QPA) 500.		3 Yes No X Yes No Of Year 111098
6a b	Total number of participants with account balances as of the end of complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets	f the plan y ple assets? an indeper and conditi form 5500- 7a 7b	(See instructions.)	5c QPA) 500.	(b) End	3 X Yes No X Yes No Of Year 111098
6a b	Total number of participants with account balances as of the end or complete this item).  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets.  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)	f the plan y le assets? an indeper and conditi orm 5500-	(See instructions.)	5c ΩPA) 500. 71 0	(b) End	3  X Yes No  X Yes No  of Year  111098  0 111098
6a b	Total number of participants with account balances as of the end or complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III. Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)	f the plan y le assets? an indeper and conditi orm 5500-  . 7a . 7b . 7c . 8a(1)	(See instructions.)	5c QPA) 500. 71 0 71	(b) End	3  X Yes No  X Yes No  of Year  111098  0 111098
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6a k	Total number of participants with account balances as of the end or complete this item).  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)	f the plan y le assets? an indeper and conditi orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3)	(See instructions.)	5c RPA) 500. 71 0 0 0 0	(b) End	3   Yes   No   Yes   No   Yes   No   Of Year
66 k	Total number of participants with account balances as of the end or complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III   Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)	f the plan y le assets? an indeper and conditi orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3)	(See instructions.)  Ident qualified public accountant (IC ions.)  SF and must instead use Form 5  (a) Beginning of Year  1009  (a) Amount	5c RPA) 500. 71 0 0 0 0	(b) End	3  X Yes No  X Yes No  of Year  111098  0 111098
66 k	Total number of participants with account balances as of the end or complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III   Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)	f the plan y le assets? an indeper and conditi orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.)  Ident qualified public accountant (IC ions.)  SF and must instead use Form 5  (a) Beginning of Year  1009  (a) Amount	5c RPA) 500. 71 0 0 0 0	(b) End	3   Yes   No   Yes   No   Yes   No   Of Year
68 k	Total number of participants with account balances as of the end or complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility. If you answered "No" to either 6a or 6b, the plan cannot use Fart III   Financial Information  Plan Assets and Liabilities  Total plan assets	f the plan y  le assets? an indeper and conditi  orm 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.)  Ident qualified public accountant (IC ions.)  SF and must instead use Form 5  (a) Beginning of Year  1009  (a) Amount	5c QPA) 500. 71 0 0 0 0 27	(b) End	3   Yes   No   Yes   No   Yes   No   Of Year
6a k	Total number of participants with account balances as of the end or complete this item)  Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III Financial Information  Plan Assets and Liabilities  Total plan liabilities  Net plan assets (subtract line 7b from line 7a)  Income, Expenses, and Transfers for this Plan Year  Contributions received or receivable from:  (1) Employers  (2) Participants  (3) Others (including rollovers)  Other income (add lines 8a(1), 8a(2), 8a(3), and 8b)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	f the plan y  ple assets? an indeper and conditi form 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	(See instructions.)  Ident qualified public accountant (IC ions.)  SF and must instead use Form 5  (a) Beginning of Year  1009  (a) Amount	5c QPA) 500. 71 0 0 0 0 27	(b) End	3   Yes   No   Yes   No   Yes   No   Of Year
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6a k	Total number of participants with account balances as of the end or complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III   Financial Information  Plan Assets and Liabilities  Total plan assets	f the plan y  lie assets? an indeper and conditi form 5500-  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	(See instructions.)  Ident qualified public accountant (IC ions.)  SF and must instead use Form 5  (a) Beginning of Year  1009  (a) Amount	5c RPA) 500. 71 0 0 0 0 0 0 0 0	(b) End	3  X  Yes   No  X  Yes   No  X  Yes   No  of Year
6a k	Total number of participants with account balances as of the end or complete this item).  Were all of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility if you answered "No" to either 6a or 6b, the plan cannot use Fart III   Financial Information  Plan Assets and Liabilities  Total plan assets  Net plan assets (subtract line 7b from line 7a)	f the plan y  lie assets? an indeper and conditi orm 5500-  . 7a . 7b . 7c . 8a(1) . 8a(2) . 8a(3) . 8b . 8c . 8d . 8e . 8f . 8g . 8h . 8i	(See instructions.)  Ident qualified public accountant (IC ions.)  SF and must instead use Form 5  (a) Beginning of Year  1009  (a) Amount	5c RPA) 500. 71 0 0 0 0 0 0 0 0	(b) End	3  X Yes   No  X Yes   No  X Yes   No  Of Year

	Form 5500-SF 2009 Page <b>2-</b>						
Par	IV Plan Characteristics	•••••	***************************************	····		***************************************	
	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2G 3D	acteris	stic Co	des in	the instructi	ons:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara	cteris	tic Cod	des in t	the instruction	ons:	
Part	V Compliance Questions						
10	During the plan year:		Yes	No		Amount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х	-		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х			
C	Was the plan covered by a fidelity bond?	10c	х	***************************************	**************************************	2	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	***************************************	Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	101		Х		***	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х		• • •	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	VI Pension Funding Compliance		•	<del></del>			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))	plete	Sched	ule SE	(Form	Yes	No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiverMon	ctions, th	and e	nter th Day	e date of the	e letter rulir Year	ıg
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		<b>,</b>				
b	Enter the minimum required contribution for this plan year			12b			
C	Enter the amount contributed by the employer to the plan for this plan year			12c			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)		[	12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	*******			Yes	No 📗	N/A
Part	VII Plan Terminations and Transfers of Assets						,
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	, . ,				Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co			Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	ne plai	n(s) to				
1	3c(1) Name of plan(s):		136	c(2) El	N(s)	13c(3) F	PN(s)
Cauti	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab	ie cau	ıse is	establ	ished.	1	

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	Calle:	02/07/2011	PATRICK AUBIN
HERE	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