## 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).

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

| P           | Complete all entries in according to the complete all entries are according to the comp | dance wit            | h the instructions to the Form 5500  | 0-SF.  | 1                                 |  |  |  |
|-------------|---|----------------------|--------------------------------------|--------|-----------------------------------|--|--|--|
|             | art I Annual Report Identification Information  |                      |                                      |        |                                   |  |  |  |
| For         | calendar plan year 2010 or fiscal plan year beginning 01/01/2010  | 0                    | and ending 1                         | 0/15/2 | 2010                              |  |  |  |
| Α           | Fhis return/report is for: Single-employer plan ☐   | multiple-e           | employer plan (not multiemployer)    |        | one-participant plan              |  |  |  |
|             | This return/report is for:     first return/report  | final retur          | n/report                             |        |                                   |  |  |  |
| _           | an amended return/report  |                      | year return/report (less than 12 mor | nthe)  |                                   |  |  |  |
| _           |   | •                    |                                      | 11113) | □ pc/0                            |  |  |  |
| C           | Check box if filing under:  |                      | extension                            |        | DFVC program                      |  |  |  |
|             | special extension (enter description  | on)                  |                                      |        |                                   |  |  |  |
| Pa          | Irt II Basic Plan Information—enter all requested information   | ation                |                                      |        |                                   |  |  |  |
|             | Name of plan  |                      |                                      | 1b     | Three-digit                       |  |  |  |
| CHA         | RTER HOMES 401(K) PLAN  |                      |                                      |        | plan number 001                   |  |  |  |
|             |   |                      |                                      | 4.     | (PN) •                            |  |  |  |
|             |   |                      |                                      | 10     | Effective date of plan 07/01/2005 |  |  |  |
| 22          | Plan sponsor's name and address (employer, if for single-employer   | nlan)                |                                      | 2h     | Employer Identification Number    |  |  |  |
|             | RTER HOMES, INC.  | piari)               |                                      | 20     | (EIN) 20-1021338                  |  |  |  |
|             |   |                      |                                      | 2c     | Plan sponsor's telephone number   |  |  |  |
| 1971<br>STE | 7 62ND AVENUE SOUTH   |                      |                                      |        | 206-322-4393                      |  |  |  |
|             | Г, WA 98032   |                      |                                      | 2d     | Business code (see instructions)  |  |  |  |
|             |   | . "0                 | "                                    | 26     | 236110                            |  |  |  |
| CHA         | Plan administrator's name and address (if same as Plan sponsor, et RTER HOMES, INC. 19717 62ND  | nter "Same<br>AVENUE | e")<br>SOUTH                         | 3D     | Administrator's EIN 20-1021338    |  |  |  |
|             | STE F111  | 9022                 |                                      | 30     | Administrator's telephone number  |  |  |  |
|             | KENT, WA 98   | 0032                 |                                      |        | 206-322-4393                      |  |  |  |
| 4           | the name and/or EIN of the plan sponsor has changed since the las   | st return/re         | port filed for this plan, enter the  | 4b EIN |                                   |  |  |  |
| I           | name, EIN, and the plan number from the last return/report. Sponso  | r's name             |                                      | 4.     |                                   |  |  |  |
|             |   |                      |                                      | 4c     |                                   |  |  |  |
| sa          | Total number of participants at the beginning of the plan year  |                      |                                      | 5a     | 10                                |  |  |  |
| b           | Total number of participants at the end of the plan year  |                      |                                      | 5b     | 0                                 |  |  |  |
| С           | Total number of participants with account balances as of the end of   |                      | •                                    | F      | 0                                 |  |  |  |
|             | complete this item)   |                      |                                      | 5c     | □ □ □                             |  |  |  |
|             | Were all of the plan's assets during the plan year invested in eligible   |                      | ` '                                  |        | Yes No                            |  |  |  |
| b           | Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a   |                      |                                      |        | X Yes ☐ No                        |  |  |  |
|             | If you answered "No" to either 6a or 6b, the plan cannot use Fo   |                      |                                      |        |                                   |  |  |  |
| Pa          | rt III Financial Information  |                      |                                      |        |                                   |  |  |  |
| 7           | Plan Assets and Liabilities   |                      | (a) Beginning of Year                |        | (b) End of Year                   |  |  |  |
| -           | Total plan assets   | . 7a                 | 196963                               | 3      | 0                                 |  |  |  |
| b           | Total plan liabilities  | 7b                   |                                      |        |                                   |  |  |  |
| C           | Net plan assets (subtract line 7b from line 7a)   |                      | 196963                               | 3      | 0                                 |  |  |  |
| 8           |   | 7c                   | (2) A                                |        | (b) Total                         |  |  |  |
| а           | Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:   |                      | (a) Amount                           |        | (b) Total                         |  |  |  |
| а           | (1) Employers   | 8a(1)                |                                      |        |                                   |  |  |  |
|             | (2) Participants  | 8a(2)                | 18750                                | )      |                                   |  |  |  |
|             | (3) Others (including rollovers)  |                      |                                      |        |                                   |  |  |  |
| b           | Other income (loss)   | -3173                | 3                                    |        |                                   |  |  |  |
| C           | Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)  |                      |                                      |        | 15577                             |  |  |  |
| d           | Benefits paid (including direct rollovers and insurance premiums  | - 00                 |                                      |        |                                   |  |  |  |
| -           | to provide benefits)  | . 8d                 | 212540                               | )      |                                   |  |  |  |
| е           | Certain deemed and/or corrective distributions (see instructions)   | . 8e                 |                                      |        |                                   |  |  |  |
| f           | Administrative service providers (salaries, fees, commissions)  |                      |                                      |        |                                   |  |  |  |
| g           | Other expenses  | . 8g                 |                                      |        |                                   |  |  |  |
| h           | Total expenses (add lines 8d, 8e, 8f, and 8g)   |                      |                                      |        | 212540                            |  |  |  |
| i           | Net income (loss) (subtract line 8h from line 8c)   |                      |                                      |        | -196963                           |  |  |  |
| i           | Transfers to (from) the plan (see instructions)   |                      |                                      |        |                                   |  |  |  |
|             |   | וא או                | 1                                    |        |                                   |  |  |  |

| Form 5500-SF 2010            | Page <b>2-</b> |
|------------------------------|----------------|
| Part IV Plan Characteristics |                |

| 9a | If th | e plan | prov | ides | pension | benefits, | enter th | ne applicat | ole pension | n feature | codes from | n the Lis | t of Plan | Characteristi | c Codes ii | n the inst | ructions |
|----|-------|--------|------|------|---------|-----------|----------|-------------|-------------|-----------|------------|-----------|-----------|---------------|------------|------------|----------|
|    | 24    | 2E     | 2F   | 21   | 2K      |           |          |             |             |           |            |           |           |               |            |            |          |

| Part  | V      | Compliance Questions  |        |         |         |        |         |       |       |  |
|-------|--------|---|--------|---------|---------|--------|---------|-------|-------|--|
| 10    |        | ng the plan year:   |        | Yes     | No      |        | Amou    | ınt   | -     |  |
| а     |        | there a failure to transmit to the plan any participant contributions within the time period described in   |        |         | X       |        | 7111101 |       |       |  |
|       |        | CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)   | 10a    |         | ^       |        |         |       |       |  |
| b     |        | e there any nonexempt transactions with any party-in-interest? (Do not include transactions reported  | 401    |         | X       |        |         |       |       |  |
|       |        | ne 10a.)  | 10b    | Χ       |         |        |         |       | 05000 |  |
| С     | Was    | s the plan covered by a fidelity bond?  | 10c    | ^       |         |        |         |       | 25000 |  |
| d     |        | he plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud shonesty?  | 10d    |         | X       |        |         |       |       |  |
| е     | insur  | e any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, rance service or other organization that provides some or all of the benefits under the plan? (See auctions.)          | 10e    |         | X       |        |         |       |       |  |
| f     | Has    | Has the plan failed to provide any benefit when due under the plan?   |        |         | X       |        |         |       |       |  |
| g     | Did t  | he plan have any participant loans? (If "Yes," enter amount as of year end.)  | 10g    |         | X       |        |         |       |       |  |
| h     |        | s is an individual account plan, was there a blackout period? (See instructions and 29 CFR  | . og   |         | Χ       |        |         |       |       |  |
|       |        | 0.101-3.)   | 10h    |         | ^       |        |         |       |       |  |
| i     |        | h was answered "Yes," check the box if you either provided the required notice or one of the ptions to providing the notice applied under 29 CFR 2520.101-3   | 10i    |         |         |        |         |       |       |  |
| Part  | VI     | Pension Funding Compliance  |        |         |         |        |         |       |       |  |
| 11    |        | s a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com ))  |        |         |         |        | 🛮       | Yes   | X No  |  |
| 12    | Is thi | is a defined contribution plan subject to the minimum funding requirements of section 412 of the Code   | or se  | ction ( | 302 of  | ERISA? |         | Yes   | X No  |  |
|       | (If "Y | es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  |        |         |         |        |         |       |       |  |
| а     |        | vaiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruing the waiver.   |        |         |         |        |         |       |       |  |
| lf y  | you co | ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.   |        | г       |         | 1      |         |       |       |  |
| b     | Enter  | r the minimum required contribution for this plan year  |        |         | 12b     |        |         |       |       |  |
| C     | Enter  | r the amount contributed by the employer to the plan for this plan year   |        |         | 12c     |        |         |       |       |  |
| d     |        | ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left tive amount)  |        | L       | 12d     |        |         |       |       |  |
| е     | Will t | he 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  | a resolution to terminate the plan been adopted during the plan year or any prior year?   |        |         |         |        | X       | Yes   | No    |  |
|       |        | es," enter the amount of any plan assets that reverted to the employer this year  |        |         | 13a     |        |         |       | 0     |  |
| b     | Were   | e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought   |        |         | ontrol  | I      | X       | Yes   | No    |  |
| С     |        |   |        |         |         |        |         |       |       |  |
| 1     | 3c(1)  | Name of plan(s):  |        | 13      | c(2) El | N(s)   | 1:      | 3c(3) | PN(s) |  |
|       |        |   |        |         |         |        |         |       |       |  |
|       |        |   |        |         |         |        |         |       |       |  |
| Cauti | ion: A | penalty for the late or incomplete filing of this return/report will be assessed unless reasonab  | le cau | ıse is  | establ  | ished. |         |       |       |  |
|       |        | alties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret<br>edule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, |        |         |         |        |         |       |       |  |

| SIGN | Filed with authorized/valid electronic signature. | 02/23/2011 | MARK LUDDEN  |
|------|---|------------|--|
| HERE | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN | Filed with authorized/valid electronic signature. | 02/23/2011 | MARK LUDDEN  |
| HERE | Signature of employer/plan sponsor                | 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

2010

This Form is Open to Public Inspection

| F          | Part   Annual Report Identification Information                     |   |                 |                                 |                          |                 |  |  |  |  |  |  |
|------------|---|---|-----------------|---------------------------------|--------------------------|-----------------|--|--|--|--|--|--|
| For        | r the calendar plan year 2010 o                                     |   | 01/0            | 1/2010                          | and ending               | 10              | /15/2010                                       |  |  |  |  |  |
| A          | This return/report is for:  | x single-employer plan  | multiple-e      | employer plan (                 | not multiemployer)       | Γ               | one-participant plan                           |  |  |  |  |  |
| В          | This return/report is for:  | first retum/report  | x final retur   | n/report                        |                          | L.,             |  |  |  |  |  |  |
|            | ·   | an amended return/report  | =               | n vear return/re                | oort (less than 12 mont) | ns)             |  |  |  |  |  |  |
| С          | Check box if filing under:  | Form 5558   |                 | extension                       | •                        | Г               | DFVC program                                   |  |  |  |  |  |
| •          |   | special extension (enter descripti  | <b></b>         |                                 |                          | C DE 40 program |  |  |  |  |  |  |
|            | art II Basic Plan Info  | rmation enter all requested in  | <u> </u>        |                                 |                          |                 |  |  |  |  |  |  |
|            | Name of plan  | mation enter all requested in   | tormation.      |                                 |                          | 1b Three-digit  |  |  |  |  |  |  |
|            | ·   | 77.3.7  |                 |                                 |                          | ŗ               | olan number                                    |  |  |  |  |  |
|            | CHARTER HOMES 401(K)  | (PN) ▶ 001  1c Effective date of plan   |                 |                                 |                          |                 |  |  |  |  |  |  |
|            |   |   |                 |                                 |                          |                 | 07/01/2005                                     |  |  |  |  |  |
| 2a         |   | ess (employer, if for single-employer   | r plan)         |                                 |                          | 2b E            | Employer Identification Number                 |  |  |  |  |  |
|            | CHARTER HOMES, INC.   |   |                 |                                 |                          |                 | EIN) 20-1021338                                |  |  |  |  |  |
|            | 19717 62ND AVENUE SO  | JTH   |                 |                                 |                          |                 | Plan sponsor's telephone number (206) 322-4393 |  |  |  |  |  |
| US         | STE F111<br>KENT  | WA 98032  |                 |                                 | Ì                        | 2d E            | Business code (see instructions)               |  |  |  |  |  |
| 3 <u>a</u> |   | address (If same as plan employer,  | enter "Same     | μ)                              |                          |                 | 36110<br>Administrator's EIN                   |  |  |  |  |  |
|            | Same  |   | omor came       | ,                               |                          | 0.0             | Administrator 2 ENA                            |  |  |  |  |  |
|            |   |   | 3c /            | dministrator's telephone number |                          |                 |  |  |  |  |  |  |
|            |   |   |                 |                                 |                          | ,               | difficultation of telephone multiper           |  |  |  |  |  |
| 4          | If the name and/or FIN of the n                                     | lan sponsor has changed since the   | last return/rei | nort filed for this             | nlan enter the           | 4b EIN          |  |  |  |  |  |  |
| -          | name, EIN and the plan number                                       | er from the last return/report. Sponso  | r's Name        | port med for this               | pian, enter the          | 4c PN           |  |  |  |  |  |  |
| 52         | Total number of participants at                                     | the beginning of the plan year  |                 |                                 |                          |                 |  |  |  |  |  |  |
| b          |   | the end of the plan year  |                 |                                 |                          | <u>5a</u><br>5b | 10   |  |  |  |  |  |
| C          | Total number of participants wi                                     | th account balances as of the end of  | the plan yea    | ır (defined bene                | fit plans do not         |                 |  |  |  |  |  |  |
| 62         | complete this item)   | ring the plan year invested in state.   |                 |                                 | <u> </u>                 | <u>5c</u>       | 0  |  |  |  |  |  |
| b          |   | ring the plan year invested in eligible<br>e annual examination and report of a |                 |                                 |                          | • •             | XYes No  |  |  |  |  |  |
|            | under 29 CFR 2520.104-46? (S  | See instructions on waiver eligibility a  | ind condition   | s.)                             |                          |                 | · · · · XYes No                                |  |  |  |  |  |
|            |   | r 6a or 6b, the plan cannot use Fo  | rm 5500-SF      | and must inste                  | ead use Form 5500.       |                 |  |  |  |  |  |  |
| -          | art III Financial Inform  | ation   |                 |                                 |                          |                 |  |  |  |  |  |  |
| 7          | Plan Assets and Liabilities   |   |                 | (a) Bo                          | eginning of Year         | <u> </u>        | (b) End of Year                                |  |  |  |  |  |
| a<br>b     | Total plan assets   |   | . 7a            |                                 | 196,963                  | -               | 0  |  |  |  |  |  |
| ~          | • •   |   | . 7b            |                                 |                          |                 |  |  |  |  |  |  |
| c          | Net plan assets (subtract line 7                                    |   | . 7c            |                                 | 196,963                  | ļ               | 0  |  |  |  |  |  |
| 8<br>a     | Income, Expenses, and Transfe<br>Contributions received or received |   |                 | (                               | a) Amount                |                 | (b) Total                                      |  |  |  |  |  |
| u          | (1) Employers   | · · · · · · · · · · · · · · · · · · ·   | . 8a(1)         |                                 |                          |                 |  |  |  |  |  |  |
|            | (2) Participants  |   | . 8a(2)         |                                 | 18,750                   |                 |  |  |  |  |  |  |
|            | (3) Others (including rollovers)                                    |   | . 8a(3)         |                                 |                          |                 |  |  |  |  |  |  |
| b          | Other income (loss)   |   | . 8b            |                                 | (3,173)                  |                 |  |  |  |  |  |  |
| c<br>d     | Total income(add lines 8a(1), 8a                                    | a(2), 8a(3), and 8b) bllovers and insurance premiums                            | . 8c            |                                 |                          |                 | 15,577   |  |  |  |  |  |
| <b>.</b>   | to provide benefits)  | movers and insurance premiums   | 212,540         | 1                               |                          |                 |  |  |  |  |  |  |
| е          |   | ve distributions (see instructions)   | 8d<br>. 8e      |                                 | 212, Jav                 | 1               |  |  |  |  |  |  |
| f          |   | (salaries, fees, commissions)   | . 8f            |                                 |                          | 1               |  |  |  |  |  |  |
| g          | Other expenses  |   | · 8g            |                                 |                          | 1 1             |  |  |  |  |  |  |
| h          | Total expenses (add lines 8d, 8                                     | e, 8f, and 8g)  | . 8h            |                                 |                          |                 | 212,540  |  |  |  |  |  |
| i          | Net income (loss) (subject line 8                                   | •   | . 8i            |                                 |                          |                 | (196,963)                                      |  |  |  |  |  |
| <u>j</u>   | Transfers to (from) the plan (see                                   | e instructions)   | . 8j            |                                 |                          | 1.              |  |  |  |  |  |  |

| Par                           | <b>1</b>   | V Plan Characteristics  |                          |                         |         |         |          |  |                   |             |  |
|-------------------------------|--|---|--------------------------|-------------------------|---------|---------|----------|--|-------------------|-------------|--|
| 9a                            | If ti  | ne plan provides pension benefits, enter the applicable pension featu   | re codes from the Lis    | st of Plan Character    | istic ( | Codes   | in the   | instructions:                          |                   |             |  |
| h                             | lf ti  | 2A 2E 2F 2J 2K ne plan provides welfare benefits, enter the applicable welfare feature  | e codes from the List    | of Plan Characteris     | tic C   | ndes ii | n the ir | etructions.                            |                   |             |  |
| ~                             |  | to plan provides wonard bortoms, effect the applicable wonard leatent   | 3 00003 110111 1110 1131 | or ran onaradion        |         | 000011  |          | iotraotiono.                           |                   |             |  |
| Pa                            | rt.\   | Compliance Questions  |                          |                         |         |         |          |  |                   |             |  |
| 10                            |  | During the plan year:   |                          |                         |         | Yes     | No       | Ar                                     | nount             |             |  |
| а                             | ١٧   | Vas there a failure to transmit to the plan any participant contribution  |                          |                         | 40-     |         | x        |  |                   |             |  |
| b                             |  | 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary<br>Vere there any nonexempt transactions with any party-in-interest? (D  |                          |                         | 10a     |         | <u> </u> |  |                   |             |  |
|                               |  | on line 10a.)   |                          |                         | 10b     |         | ж        |  |                   |             |  |
| c                             | : \  | Vas the plan covered by a fidelity bond?  |                          |                         | 10c     | х       |          |  |                   | 25,00       |  |
| d                             |  | Did the plan have a loss, whether or not reimbursed by the plan's fide  | lity bond, that was ca   | aused by fraud          |         |         |          |  |                   |             |  |
|                               |  |   |                          |                         | 10d     |         | х        |  |                   |             |  |
| е                             |  | Vere any fees or commisions paid to any brokers, agents, or other pe  |                          |                         |         |         |          |  |                   |             |  |
|                               |  | nsurance services or other organization that provides some or all of the nstructions.)  |                          | plan? (See              | 10e     |         | х        |  |                   |             |  |
| f                             |  | las the plan failed to provide any benefit when due under the plan?   |                          |                         | 10f     |         | ж        |  |                   |             |  |
| g                             |  | Did the plan have any participant loans? (If "Yes," enter amount as of  |                          |                         | 10g     |         | х        | :                                      | ·                 |             |  |
| h                             |  | f this is an individual account plan, was there a blackout period? (See   |                          |                         |         |         |          |  |                   |             |  |
|                               |  | 2520.101-3.)  |                          |                         | 10h     |         | х        |  |                   |             |  |
| Ì                             |  | f 10h was answered "Yes," check the box if you either provided the re<br>exceptions to providing the notice applied under 29 CFR 2520.101-3 |                          |                         | 10i     |         |          |  |                   |             |  |
| Pai                           |  | Pension Funding Compliance  |                          | • • • • • • • •         | 101     |         | 1        |  | 1.4.1             |             |  |
| 11                            | 1 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and complete Schedule SB (Form |   |                          |                         |         |         |          |  |                   |             |  |
|                               |  | 5500)) ,  | <u> </u>                 |                         | ••      |         |          |  | Yes               |             |  |
| 12                            |  | s this a defined contribution plan subject to the minimum funding requ  |                          | 412 of the Code or      | sectio  | on 302  | of ER    | ISA?                                   | Yes               | <b>X</b> No |  |
| _                             | ,  | If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable   | •                        |                         |         |         |          | data afiba lat                         |                   |             |  |
| а                             |  | f a waiver of the minimum funding standard for a prior year is being a<br>granting the waiver   | •                        | -                       |         |         |          |  | ear               |             |  |
| lf                            | you  | u completed line 12a, complete lines 3, 9, and 10 of Schedule MB  | (Form 5500), and s       | skip to line 13.        |         |         |          |  |                   |             |  |
| b                             | ) E  | Enter the minimum required contribution for this plan year $\ldots$ .   |                          |                         |         | ·  _    | 12b      |  |                   |             |  |
| С                             |  | Enter the amount contributed by the employer to the plan for this plan  |                          |                         |         | ·  _    | 12c      |  |                   |             |  |
| d                             |  | Subtract the amount in line 12c from the amount in line 12b. Enter the regative amount)   | result (enter a minu     | s sign to the left of a | 1       |         | 12d      |  |                   |             |  |
| e                             |  | Will the minimum funding amount reported on line 12d be met by the  | funding deadline?        |                         | •       | · _     |          | Yes                                    | □No               | □N/A        |  |
| Par                           | A CARLO DE SANCIO  |   |                          |                         |         |         |          | ······································ |                   |             |  |
| 13a                           | ŀ  | las a resolution to terminate the plan been adopted during the plan y   | ear or any prior year    | ?                       |         |         |          |  | x Yes             | No          |  |
|                               |  | f "Yes," enter the amount of any plan assets that reverted to the empl  |                          |                         |         | [       | 13a      | <del>,</del>                           |                   | (           |  |
| b                             | V  | Vere all the plan assets distributed to participants or beneficiaries, tra  | insferred to another p   | olan, or brought und    | er the  | contr   | ol o     |  |                   |             |  |
| _                             |  | of the PBGC?  |                          |                         | • •     |         |          |  | <b>x</b> Yes      | No          |  |
| С                             |  | which assets or liabilities were transferred. (See instructions.)   | nis pian to another p    | ian(s), identity the p  | ian(S)  | 110     |          |  |                   |             |  |
|                               | 130  | c(1) Name of plan(s):   |                          |                         |         | 13      | c(2) El  | N(s)                                   | I(s) 13c(3) PN(s) |             |  |
|                               |  |   |                          |                         |         |         |          |  |                   |             |  |
|                               |  |   | <del></del>              |                         |         |         |          |  |                   |             |  |
|                               |  |   |                          |                         |         |         |          |  |                   |             |  |
| Caut                          | ion  | : A penalty for the late or incomplete filing of this return/report w   | ill ha accacead unit     | ace resconship car      | ieo ii  | octo    | hlisho   |  | L                 |             |  |
|                               |  | enalties of perjury and other penalties set forth in the instructions, I de   |                          |                         |         |         |          |  | Schodulo          |             |  |
|                               |  | chedule MB compl <del>eted an</del> d signed by an enrolled actuary, as well as   |                          |                         |         |         |          |  |                   |             |  |
| beli <b>e</b>                 | f, it  | is true, correct, and complete.   |                          |                         |         |         |          |  |                   |             |  |
| 100,000                       | 3N   |   | 3 33 42                  | MARK LUDDEN             |         |         |          |  |                   |             |  |
| HE                            | RE   | Signature of plan administrator   | Date 2 - 22 - "(         | Enter name of indi      | vidua   | l signi | ng as p  | olan administ                          | rator             |             |  |
| <ul><li>12.0 (89%).</li></ul> | 3N   | 15  | - 4 4 4                  | MARK LUDDEN             |         |         |          |  |                   |             |  |
| HE                            | RE   | Signature of employer/plan sponsor  | Date 2-21-11             | Enter name of indi      | vidua   | l signi | ng as e  | employer or p                          | lan spons         | or          |  |
|                               |  |   |                          |                         |         |         |          |  |                   |             |  |

Page **2-**

Form 5500-SF 2010