	Form 5500-SF			Report of Small Employ	OMB Nos. 1210-0110 1210-0089				
	Department of the Treasury Internal Revenue Service This form is required to be filed under sections 104 and 4065 of the Employee				2010				
Er	Department of Labor ployee Benefits Security Administration Department of Labor Department					This Form is Open to Public			
P	ension Benefit Guaranty Corporation		dance with	the instructions to the Form 550	0-SF.	Inspection			
	Part I         Annual Report Identification Information           For calendar plan year 2010 or fiscal plan year beginning         01/01/2010         and ending         12/31/2010								
	This return/report is for:	single-employer plan		mployer plan (not multiemployer)		one-participant plan			
	This return/report is for:	first return/report	final retur						
_		an amended return/report	short plan	year return/report (less than 12 mor	nths)				
С	Check box if filing under:	Form 5558	automatic	extension		DFVC program			
	[	special extension (enter descriptio	n)			_			
		nation—enter all requested information	ation						
	Name of plan				1b	Three-digit plan number			
005	MOPOLITAN ENGINEERING G	(KOUP, INC. 401(K) PLAN)				(PN) ▶ 001			
					1c	Effective date of plan 07/01/1994			
	Plan sponsor's name and addr MOPOLITAN ENGINEERING G	ess (employer, if for single-employer ROUP, INC.	plan)		2b	Employer Identification Number (EIN) 91-1570286			
	BOX 1678				2c	Plan sponsor's telephone number 253-272-7220			
TAC	DMA, WA 98401				2d	Business code (see instructions) 541330			
<b>3a</b> Plan administrator's name and address (if same as Plan sponsor, enter "Same") COSMOPOLITAN ENGINEERING GROUP, INC. P.O. BOX 1678					3b	Administrator's EIN 91-1570286			
TACOMA, WAS					3c	Administrator's telephone number 253-272-7220			
4 If the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponsor				port filed for this plan, enter the	4b	EIN			
	name, Em, and the plan numbe	i nom the last return/report. Sponso	i s name		4c	PN			
5a	Total number of participants at	the beginning of the plan year			5a	15			
<b>b</b> Total number of participants at the end of the plan year					5b	12			
С		th account balances as of the end of			5c	11			
6a	complete this item)				· · · · · · · · · · · · · · · · · · ·				
<ul> <li>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).</li> </ul>									
	(	er 6a or 6b, the plan cannot use Fo		,		Yes No			
Pa	rt III Financial Informa	ation							
7	Plan Assets and Liabilities			(a) Beginning of Year	,	(b) End of Year 1266975			
a b	•		7a	1064882		1200975			
b C	1	b from line 7a)	7b 7c	1064882	2	1266975			
8	Income, Expenses, and Transf	,	70	(a) Amount		(b) Total			
а	Contributions received or received	vable from:							
			8a(1)	61107	,				
			8a(2) 8a(3)		-				
b		/	8b	161025	5				
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	8c			222132			
d		ollovers and insurance premiums	8d	20039					
е	Certain deemed and/or correct	ive distributions (see instructions)	8e						
f	•	s (salaries, fees, commissions)			_				
g	•		8g			20039			
n i		3e, 8f, and 8g) 9 8h from line 8c)	8h 8i			202093			
j		e instructions)							

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

## Part IV Plan Characteristics

- **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 2J 2K 2T 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:					Am	ount	
а								
b								
С	Was the plan covered by a fidelity bond?	10c	Х					50000
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								
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					6000
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							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))							
lf y b c d <u>e</u> Part		tions, th of a	and e	nter th Day 12b 12c 12d	ie date c	of the le Yea	r	] N/A
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	× No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year				<u> </u>			
D	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
C 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.)								
13c(1) Name of plan(s):					N(s)		13c(3)	PN(s)
0	on: A nonalty for the late or incomplete filing of this return/report will be accessed unless reasonable				iah c d			

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, 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	Filed with authorized/valid electronic signature.	04/06/2011	JAMES K. D'ABOY
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

Benefit Plan           Department of the Transavy Internal Revenue Sandow           Department of Land           Price Land
Department of Labor         Retirement income Security Act of 1974 (ERISA), and section 605(a) of the Internal Revenue Code (the Code).         This Form is Open to Public Inspection           Pention Benefit Guaranty Corporation         > Complete all entries in accordance with the instructions to the Form 5500-SF.         This Form is Open to Public Inspection           Part II         Annual Report Identification Information         and ending           For calendary plan year 2010 or fiscal plan year beginning         and ending           A This return/report is for:         fisingle-employer plan         multiple-employer plan (not multiemployer)         one-participant plan           B This return/report         final return/report         final return/report         final return/report         one-participant plan           B This return/report         gan amended return/report         gan amended return/report         final return/report         final return/report           B This me of plan         finformation—enter all requested information         file         file         file           1a Name of plan         GROUP, INC. 401(K) PLAN         1b         Three-digit plan number         file           COSMOPOLITAN ENGINEERING GROUP, INC.         2b         Employeer identification Number         file           COSMOPOLITAN ENGINEERING GROUP, INC.         2c         2la sponsor's name and address (if same as Plan sponsor, enter "Same")         <
Complete all entries in accordance with the instructions to the Form 5500-SF.     Part II Annual Report Identification Information     and ending     A This return/report is for:         Single-employer plan         Ima return/report is for:         If are return/report         In an entropy of the single-employer plan         In an entropy of the single-employer plan         In an entropy of the single-employer plan         an amended return/report         In an entropy of the single-employer plan         Section and the section and the single-employer plan         Section and the section and the section and the single-employer plan         Section and the section another section and the section and the section and the section and
For calendar plan year 2010 or fiscal plan year beginning       and ending         A This return/report       ingle-employer plan (not multiemployer)       one-participant plan         B This return/report is for:       in first return/report       final return/report       one-participant plan         B This return/report is for:       anomeded return/report       short plan year return/report (less than 12 months)       one-participant plan         C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1       The readigit plan number (PN) ▶       001         IC Effective date of plan       COSMOPOLITAN ENGINEERING GROUP, INC. 401(K) PLAN       1D       There-digit plan number (PN) ▶       001         COSMOPOLITAN ENGINEERING GROUP, INC.       2D       Employeer Identification Number (EN) ▶       001         COSMOPOLITAN ENGINEERING GROUP, INC.       2D       Engloyer Identification Number (EN) ▶       15/20266         P.O. BOX 1678       Zc Plan sponsor's name and address (if same as Plan sponsor, enter "Same")       3D       Administrator's name and address (if same as Plan sponsor, enter "Same")       3D       Administrator's telephone number 283-272-7220         SAME       3c Administrator's name and address (if same as Plan sponsor's name       4d       EN       5b       11     <
A This return/report is for:       isingle-employer plan       multiple-employer plan (not multiemployer)       one-participant plan         B This return/report is for:       first return/report       short plan year return/report (less than 12 months)       one-participant plan         C Check box if filing under:       Form 5558       automatic extension       DFVC program         gacial extension (enter description)       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1b       Three-digit plan number (PN) b       001         1C       Effective date of plan       07/01/1994       001       1C       Effective date of plan 07/01/1994         2a Plan sponsor's name and address (employer, if for single-employer plan)       Zb       Employer Identification Number (EN) 91-1570286       2c       Plan sponsor's telephone number 283-272-7220         P.O. BOX 1678       TACOMA WA 98401       2d       Business code (see instructions) 541330       3b       Administrator's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's telephone number 283-272-7220         SAME       2d       Ithe 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. Sponsor's name       4c       PN         5a       Total number of participants at the
A ministration report is to:       If its return/report       If its return/report       If its return/report       If its return/report         B This return/report is for:       If its return/report       If its return/report       If its return/report       If its return/report         C Check box if filing under:       Form 5558       Ites patients in the return/report       Ites patients in the return/report         Image:
C       C Check box if filing under:       Form 5558       automatic extension       DFVC program         Part II       Basic Plan Information—enter all requested information       1       The Three-digit plan number (PN)       001         1a Name of plan       1b       Three-digit plan number (PN)       001       1       C Effective date of plan 07/01/1994         2a Plan sponsor's name and address (employer, if for single-employer plan)       2b       Employer Identification Number (EN) \$1-1570286       001         C.OSMOPOLITAN ENGINEERING GROUP, INC.       P.O. BOX 1678       2c       Plan sponsor's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's telephone number 253-272-7220         Zd Business code (see instructions)       541330       3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's telephone number 253-272-7220         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's telephone number 253-272-7220         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. Sponsor's name       4c       PN         5a       Total number of participants at the end of the plan year.       5a       1a         5a       Total number of participants with account balances as of
Solution of Number of Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b Three-digit plan number (PN) ▶         COSMOPOLITAN ENGINEERING GROUP, INC. 401(K) PLAN       1b Three-digit plan number (PN) ▶         2a Plan sponsor's name and address (employer, if for single-employer plan)       2b Employer Identification Number (EIN) 91-1570286         2a Plan sponsor's name and address (employer, if for single-employer plan)       2b Employer Identification Number (DIN) 91-1570286         2a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's Elephone number 253-272-7220         2d Business code (see instructions) SAME       3b Administrator's telephone number 253-272-720         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. Sponsor's name       3a 15         5a Total number of participants at the end of the plan year
Part II       Basic Plan Information—enter all requested information         1a Name of plan       1b       Three-digit plan number         COSMOPOLITAN ENGINEERING GROUP, INC. 401(K) PLAN       1b       Three-digit plan number         2a Plan sponsor's name and address (employer, if for single-employer plan)       2b       Employer Identification Number         COSMOPOLITAN ENGINEERING GROUP, INC.       2b       Employer Identification Number         COSMOPOLITAN ENGINEERING GROUP, INC.       2b       Employer Identification Number         COSMOPOLITAN ENGINEERING GROUP, INC.       2c       Plan sponsor's telephone number         COSMOPOLITAN ENGINEERING GROUP, INC.       2d       Business code (see Instructions)         SAME       3d       Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's EIN         SAME       3d       Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's telephone number         SAME       3b       Administrator's telephone number       253-272-7220         SAME       3b       Administrator's telephone number       253-272-7220         SA       1f 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. Sponsor's name       4c       PN     <
1a Name of plan       1b Three-digit plan number         COSMOPOLITAN ENGINEERING GROUP, INC. 401(K) PLAN       1c Effective date of plan 07/01/1994         2a Plan sponsor's name and address (employer, if for single-employer plan)       2b Employer Identification Number (EIN) 91-1570286         COSMOPOLITAN ENGINEERING GROUP, INC.       2b Employer Identification Number (EIN) 91-1570286         P.O. BOX 1678       2c Plan sponsor's name and address (if same as Plan sponsor, enter "Same")         7ACOMA WA 98401       2d Business code (see instructions) 5441330         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's EIN 91-1570286         7ACOMA WA 98401       2c Administrator's telephone number 253-272-7220         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 filed for this plan, enter the name, EIN, and the plan number from the last return/report filed for this plan, enter the name, EIN, and the plan number of participants at the edginning of the plan year.       5a       15         5a Total number of participants at the edginning of the plan year.       5a       15       15         b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       §Y Yes [] Not number of the plan's assets during the plan year invested in eligible assets? (See instructions.).       §Y Yes [] Not number of the plan's assets during the plan year invest
COSMOPOLITAN ENGINEERING GROUP, INC. 401(K) PLAN       plan number (PN) ▶       001         2a Plan sponsor's name and address (employer, if for single-employer plan)       2b Employer Identification Number (EIN) 91-1570286         COSMOPOLITAN ENGINEERING GROUP, INC.       2c Plan sponsor's telephone number 253-272-7220         P.O. BOX 1678       2c Plan sponsor's telephone number 253-272-7220         TACOMA WA 98401       2d Business code (see instructions) 541330         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's telephone number 253-272-7220         SAME       3c Administrator's telephone number 253-272-7220         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. Sponsor's name       4b EIN         5a       Total number of participants at the beginning of the plan year
Image: Construction of a number of participants at the end of the plan year
2a       Plan sponsor's name and address (employer, if for single-employer plan)       2b       Employer Identification Number (EIN) 91-1570286         2c       Plan sponsor's later BNG ROUP, INC.       2c       Plan sponsor's telephone number 253-272-7220         P.O. BOX 1678       2c       Plan sponsor's lelephone number 253-272-7220         TACOMA WA 98401       2d       Business code (see instructions) 541330         3a       Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's EIN 91-1570286         SAME       3c       Administrator's telephone number 253-272-7220       3b         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. Sponsor's name       4c       PN         5a       Total number of participants at the beginning of the plan year       5a       15         b       Total number of participants at the end of the plan year.       5b       12         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).       5c       11         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xi Yes       Nc         6a       Were all of the plan's assets during the plan cannot use Form
2a Plan sponsor's name and address (employer, if for single-employer plan)       2b Employer Identification Number (EIN) 91-1570286         2c Plan sponsor's telephone number 253-272-7220       2d Business code (see instructions) 541330         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's EIN 91-1570286         3c Administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's telephone number 253-272-7220         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. Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year
COSMOPOLITAN ENGINEERING GROUP, INC.       (EIN) 91-1570286         P.O. BOX 1678       2c       Plan sponsor's telephone number 253-272-7220         TACOMA WA 98401       2d       Business code (see instructions) 541330         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's EIN 91-1570286         SAME       3c       Administrator's tellephone number 253-272-7220         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. Sponsor's name       4b       EIN         5a       Total number of participants at the beginning of the plan year
P.O. BOX 1678       2c       Plan sponsor's telephone number 253-272-7220         Zd       Business code (see instructions) 541330       3b       Administrator's cliphone number 253-272-7220         Zd       Business code (see instructions) 541330       3b       Administrator's cliphone number 253-272-7220         SAME       3b       Administrator's cliphone number 253-272-7220       3c       Administrator's cliphone number 253-272-7220         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. Sponsor's name       4b       EIN         5a       Total number of participants at the beginning of the plan year       5a       15         b       Total number of participants at the end of the plan year       5b       12         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       11         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xiet Plan       Xiet Plan         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       Xiet Plan       Yes No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) <t< td=""></t<>
P.O. BOX 1678       253-272-7220         TACOMA WA 98401       2d       Business code (see instructions) 541330         3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b       Administrator's EIN 91-1570286         3c       Administrator's telephone number schanged since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name       4b       EIN         5a       Total number of participants at the beginning of the plan year
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")       3b Administrator's EIN 91-1570286         3c Administrator's telephone number 253-272-7220         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. Sponsor's name       4b EIN         5a Total number of participants at the beginning of the plan year       5a       15         b Total number of participants at the end of the plan year       5a       15         c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       11         6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       Xi Yes Incomplete the annual examination and report of an independent qualified public accountant (IQPA)       Xi Yes Incomplete This Instead use Form 5500.         Part III       Financial Information       Financial Information       Information
SAME       91-1570286         3c       Administrator's telephone number 253-272-7220         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. Sponsor's name       4b       EIN         5a       Total number of participants at the beginning of the plan year       5a       15         b       Total number of participants at the end of the plan year       5b       12         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)
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. Sponsor's name       4b       EIN         5a       Total number of participants at the beginning of the plan year       5a       15         b       Total number of participants at the end of the plan year       5a       15         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)
name, EIN, and the plan number from the last return/report. Sponsor's name       4c PN         5a Total number of participants at the beginning of the plan year       5a       15         b Total number of participants at the end of the plan year       5b       12         c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)
5a       Total number of participants at the beginning of the plan year       5a       15         b       Total number of participants at the end of the plan year       5b       12         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       11         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       No         if you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III       Financial Information
5a       Total number of participants at the beginning of the plan year       5a       15         b       Total number of participants at the end of the plan year       5b       12         c       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)       5c       11         6a       Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)       X       Yes       No         b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)       X       Yes       No         if you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Part III       Financial Information
b       Total number of participants at the end of the plan year
C       Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)
complete this item)
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       X       Yes       No         If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.       Yes       No         Part III       Financial Information       Financial Information
b       Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)       If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.         Part III       Financial Information
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.           Part III         Financial Information
Part III Financial Information
24%.************************************
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year
a Total plan assets
b Total plan liabilities
C Net plan assets (subtract line 7b from line 7a)
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total
a Contributions received or receivable from:
(1) Employers
(2) Participants
(3) Others (including rollovers)
b Other income (loss)
c       Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       222132         d       Benefits paid (including direct rollovers and insurance premiums       8c       222132
to provide benefits)
Certain deemed and/or corrective distributions (see instructions) 8e
f Administrative service providers (salaries, fees, commissions)
g Other expenses
h Total expenses (add lines 8d, 8e, 8f, and 8g)
i Net income (loss) (subtract line 8h from line 8c)
j Transfers to (from) the plan (see instructions)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.

Form 5500-SF 2010

Part IV **Plan Characteristics** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b 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 х 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) ..... 10a b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported X on line 10a.)..... 10b Was the plan covered by a fidelity bond?..... 10c X С 50000 Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud d Х or dishonesty? ..... 10d Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, e insurance service or other organization that provides some or all of the benefits under the plan? (See X instructions.) ..... 10e f Has the plan failed to provide any benefit when due under the plan? ..... X 10f g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)..... X 6000 10g h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR Х 2520.101-3.) ..... 10h If 10h was answered "Yes," check the box if you either provided the required notice or one of the i exceptions to providing the notice applied under 29 CFR 2520.101-3..... 101 Part VI Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))...... Yes X No 12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. Yes (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 instructions, and enter the date of the letter ruling а granting the waiver.......Month\_\_\_\_ Day\_\_\_\_ Year If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13. 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 of a 12d negative amount) e 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 under the control of the PBGC?..... Yes X No If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to C which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s) 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, 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	KANA ANA	14/5/11	JAMES K. D'ABOY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	C .		
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Pa

ge :	2-	1	
•	- 112 - 1	_	