Benefit Plan Description and the plan in th		Form 5500-SF	Short Form Annual R	OMB Nos. 1210-0110 1210-0089						
Description of Lisson Reference 1 (addity addity addi						2010				
Part Annual Report (dama)	Department of Labor Retirement Income Security Ad				(ERISA), and section 6058(a) of the					
For calcular plan year 2010 of facet plan year beginning 0.001/2010 and ending 1251/2010 A This return/report is for: Insignet-employee plan multiple-employee plan (not multiemployee) once-participant plan B This return/report is for: Insignet-employee plan (not multiemployee) once-participant plan DFVC program 2 C Check box if filing under: From 5558 unmaske extension DFVC program 3 Name of plan social extension (enter description) 1b There-edigit plan inmotion 2 R Plan sponsor's name and address (employer, if for single-employer plan) (ENMAN CONSTRUCTION CORP. 2b Englose plan inmotion 3 A Plan aborsor's name and address (if same as Plan sponsor, engler "Same") 100ELL FLACA 2b Plan sponsor's name and address (if same as Plan sponsor, engler "Same") 1 ODELL PLAZA VONKERS, NY 10001 2b Administrator's beginnen number 34 Plan abministrator's name and address (if same as Plan sponsor, engler "Same") 100ELL FLACA 1 OCEL PLAZA VONKERS, NY 10001 2b Administrator's beginnen unmber 34 Plan abministrator's name and address (if same as Plan sponsor, name 'Same") 100ELL FLACA 2b No 35 Total number of participants at the beginning of the plan year 5a 5b 10 36 Total number of participants at the ond of the plan year 5a	Pension Benefit Guaranty Corporation Complete all entries in accordance with the instructions to the Form 550					0-SF.	Inspection			
A this returnitepont is for: indigit-employer plan multiple-employer plan (not multimyloyot) indigit-employer plan B This returnitepont is for: indigit-employer plan indigit-employer plan (not multimyloyot) indigit-employer plan C Check boxil filing under: if frat cturnitepont indigit-employer plan (not multimyloyot) indigit-employer plan Part II Basic Plan Information—enter all reguested information 1 The re-edgit plan (not multimyloyot) ord Part II Basic Plan Information—enter all reguested information 1 The re-edgit plan (not multimyloyot) ord C Check boxil filing under: indigit-employer plan (lot multimyloyot) indigit-employer plan (lot multimyloyot) ord C Enserve of plan indigit-employer plan (lot multimyloyot) indigit-employer plan (lot multimyloyot) ord C Enserve of plan indigit-employer plan (lot multimyloyot) indigit-employer plan (lot multimyloyot) ord C Enserve of plan indigit-employer plan (lot multimyloyot) indigit-employer plan (lot multimyloyot) ord C Enserve of plan indigit-employer plan (lot multimyloyot) ord ord C Enserve of plan indigit-employer plan ord employ (lot multing) C Ens				2	and anding 1	2/21/	2010			
A This following Duit is Duit. Inserve comproprise prior treatminipped in the inserve prior. Inserve comproprise prior treatminipped inserve common prior. Inserve common prior treatminipped inserve common prior treatmininserve comprior treatmininserve common prior treatminine	_		7		g	2/31/2				
C Check box if filing und::::::::::::::::::::::::::::::::::::		· .								
C Check box if filing under: Form 553 automatic extension DFVC program Part II Basic Plan Information—enter all requested information 10 There-digit provide the plan comparison of the plan plan comparison of the plan comparison comparison comparison comparison of the plan comparison of the plan comparison of the plan comparison co	Б	This return/report is for:				nths)				
	C	Check box if filing under:				1110)				
Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Thrae-digit plan number GLEMMAN CONSTRUCTION CORP. 401(K) PLAN 1b Thrae-digit plan number 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer Identification Number GLEMMAN CONSTRUCTION CORP. 10 Effective date of plan 001 OWNERS, WY 10701 2b Employer Identification Number 2c 100 MARK, WY 10701 3b Administrator's Elephone number 2d Busices code (see instructions) 3a Plan administrator's name and address (f same as Plan sponsor, enter "Same") 3b Administrator's Elephone number 3at I often number of participants at the beginning of the plan year. 5a 3b 3b 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this tern). 10 5c 7 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions). 10 5c 7 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions). 10 5c 7 6a Were all of the plan's assets during the plan year in	U									
1a Name of plan 1b Three-digit (PA) → 001 1c Effective date of plan gonsor's name and address (employer, if for single-employer plan) 1c Effective date of plan 01/01/2005 2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Employer (dentification Number (PA) → 2d Externant Constrtuction CORP. 2b Employer (dentification Number (2PA) → 2d Externant Constrtuction CORP. 2c Plan sponsor's telephone number (3) 44.66;9127 2d Externant Constrtuction CORP. 3b Administrator's telephone number (3) 44.66;9127 3a Plan administrator's name and address (if same as Plan sponsor, enter 'Same') 3b Administrator's telephone number (3) 44.66;9127 3d If the name and/or EIN of the plan sponsor has charged since the last return/report filed for this plan, enter the name. EIN, and the plan number for mice last return/report. Sponsor's name 4b EIN 5a Total number of participants at the beginning of the plan year. 5a 34 45 50 10 5c 7 6a Were all of the plan spasset during the plan year invested in eligible asset? (See instructions.) 7 Plan Assets and Liabilities 7a 10 sequence for the spin end contouse form 5500-SF and must instead use Form 5500. 7 Plan Assets and Liabilities 7a 10 sequence for the spin end contou use Form 5500. 7 Pl	Pa	art II Basic Plan Inform								
Image: CPN P U01 Ic Effective date of plan O(101/2005 2a Plan sponsor's name and address (employer, if for single-employer plan) O(ELMMAN CONSTRUCTION COOP. 2b Employer identification Number 01640505 2d Dian administrator's name and address (if same as Plan sponsor's enter 'Same') 01640507 2b Employer identification Number 01640507 3a Plan administrator's name and address (if same as Plan sponsor's enter 'Same') 0100000000000000000000000000000000000						1b	Three-digit			
Ic Effective data of plan Of1072005 22 Plan sponsor's name and address (employer, if for single-employer plan) GLEMMAN CONSTRUCTION CORP. 2b Employer identification Number (EN) ODELL FLAZ OWNERS, NY 10701 2b Employer identification Number (EN) 2c 33 Plan administrator's name and address (if same as Plan sponsor, enter "Same") GLEMMAN CONSTRUCTION CORP. 3b Administrator's EIN 100ELL FLAZ YONECRS, NY 10701 3b Administrator's EIN 13.3888865 34 Plan administrator's name and address (if same as Plan sponsor, enter "Same") TONECRS, NY 10701 3b Administrator's EIN 13.3888865 35 Administrator's EIN 14.465.9127 3c Administrator's EIN 13.3888865 36 Total number of participants at the beginning of the plan year. 5a 5a 5a Total number of participants at the beginning of the plan year. 5a 5a 5a Total number of participants at the end of the plan year (defined benefit plans do not complete this item) Yes No 16 Were all of the plan sets during the plan cannot use FORM 500-5F and must instead use FORM 500. Yes No 17 Plan Assess during the plan cannot use FORM 500-5F and must instead use FORM 500. Yes No 17 Plan Assess and Liabilities 7a <t< th=""><th>GLEI</th><th>NMAN CONSTRUCTION CORF</th><th>P. 401(K) PLAN</th><th></th><th></th><th></th><th></th></t<>	GLEI	NMAN CONSTRUCTION CORF	P. 401(K) PLAN							
2a Plan sponsor's name and address (employer, if for single-employer plan) 2b Call Status 2b Call Status 2b Call Status 2c Plan sponsor's leptoper identification Number CLENMAN CONSTRUCTION CORP. 2d Plan sponsor's leptoper identification Number 2d Plan sponsor's leptoper unmber 3a Plan administrator's name and address (if same as Plan sponsor's regimer') 3b Administrator's Elleptone number 3d Plan address (if same as Plan sponsor's name 4d Plan sponsor's leptoper unmber 3d Plan address (if same as Plan sponsor's name 4d Plan 3d Plan address (if same as Plan sponsor's name 4d Plan 3d If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name. 4d Plan 3d Total number of participants at the end of the plan year. 5a 3d 3d 5d Total number of participants at the end of the plan year (defined bublic accuntant (IOPA) Mes Mes Mes 6d Were all of the plan speat for blan speat for blan speat Mes Mes Mes Me						1c	()			
GLENNAN CONSTRUCTION CORP. for the second										
COPELL PLAZA YONKERS, NY 10701 2 Plan agonator's telephone number 014-465-9127 33 Plan administrator's name and address (if same as Plan sponsor, enter "Same") GLENMAN CONSTRUCTION CORP. YONKERS, NY 10701 3b Administrator's name and address (if same as Plan sponsor, enter "Same") 13-06B2865 3c Administrator's EIN 13-06B2865 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. Sponsor's name 3b Administrator's telephone number 914-465-9127 5a Total number of participants at the beginning of the plan year. Containing a water of the plan sponsor has changed since the last return/report. Sponsor's name 4b EIN 5a 5a 5a 5a 5a 5a 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) C Yes D 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) C Yes D 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 8 Income, Expanses, and Transfers for this Plan Year (a) Amount (b) Total 7 Plan Assets and Liabilities 7c 51192				plan)		2b	10,0005005			
YONKERS, NY 10701 Image: Construction of the plan sponsor, enter 'Same') 23 Business code (see instructions) 233110 33 Plan administrator's name and address (if same as Plan sponsor, enter 'Same') 33 Administrator's Elle GLEMMAR CONSTRUCTION CORP. 100ELLE L-423 33 Administrator's Elle YONKERS, NY 10701 34 Administrator's Elle 36 Administrator's Elle 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 4 4 EIN 5a Total number of participants at the beginning of the plan year 5a 34 5b 10 5c 7 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No More 2 CFR 2520, 104-46? (See instructions.) Yes So No More 2 CFR 2520, 104-46? (See instructions on waiver eligibility and conditions.) Yes No Yes No More 2 CFR 2520, 104-46? (See instructions on waiver eligibility and conditions.) Yes No Yes So 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 8 Total plan assets. To To C 7 Plan Assets and Liabilities (a) Amount <th></th> <th></th> <th></th> <th></th> <th></th> <th>2c</th> <th>Plan sponsor's telephone number</th>						2c	Plan sponsor's telephone number			
I ODEL PLAZ VONKERS. NY 10701 I 13-3685855 GLEMMAN CONSTRUCTION CORP. I 13-3685855 A If the plan opticipants at the plan optic is plan, enter the name. Image: Span="2">Image: Span="2">Image: Span="2" Image: Span="2" Image: Span="2" Image: Span="2" Image: Span="2" Image: Span="2" Image: Span="2" <th c<="" th=""><th></th><th></th><th></th><th></th><th></th><th>2d</th><th>Business code (see instructions) 236110</th></th>	<th></th> <th></th> <th></th> <th></th> <th></th> <th>2d</th> <th>Business code (see instructions) 236110</th>						2d	Business code (see instructions) 236110		
3C Administrator's telephone number 914-485-9127 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 5a 34 b Total number of participants at the end of the plan year. 5a 5a 34 b Total number of participants with account balances as of the end of the plan year (defined benefit plans do nt complete this item). 5c 7 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) C Yes No h Arey ou claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SFF and must instead use Form 5500. Part III Financial Information 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan iassets 7a 161192 64936 b Total plan assets (subtract line 7b from line 7a). 7c 151192 64936 c Net plan iassets </th <th>3a GLEI</th> <th>Plan administrator's name and MAN CONSTRUCTION CORP</th> <th>3b</th> <th colspan="4"></th>	3a GLEI	Plan administrator's name and MAN CONSTRUCTION CORP	3b							
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			3c	C Administrator's telephone number 914-465-9127						
5a Total number of participants at the beginning of the plan year 5a 34 b Total number of participants at the end of the plan year 5a 34 b Total number of participants at the end of the plan year 5a 34 c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 7 c Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) C 7 c Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions) C Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No H you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Pert III Yes No H you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Pert III Ga Ga 7 Plan Assets and Liabilities 7a 151192 G4936 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (1) (1) (1) Employers 8a(3) 5776										
b Total number of participants at the end of the plan year Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Total plan item (IQPA) Total plan assets. Total plan assets. Total plan assets. Total plan item (IQPA) Total plan (Item	l	name, EIN, and the plan numbe	r from the last return/report. Sponso	r's name		4c	PN			
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item). Str 7 Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes No f 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 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7b 64936 b Total plan assets (subtract line 7b from line 7a). 7c 151192 64936 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (c) Total (2) Participants 8a(2) 8a(3) 5776 3 Other income (loss) 8b 5776 c Total income (loss) 8c 6177	5a	Total number of participants at	the beginning of the plan year			5a	34			
complete this item) 5c 7 Ga Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Image: Complexity of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complexity of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complexity of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complexity of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complexity of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complexity of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complexity of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complexity of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complexity of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complexity of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complexity of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complexity of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complexity of the annual examination and report of an independent qualified public accountant (IQPA) Image: Complexity of the annual examination and report of the annual examinatin examination and report of the annunt and accountant (Int	b	Total number of participants at	the end of the plan year			5b	10			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Image: Control of Contene Control of Control of Cont	C				· ·	5c	7			
Index 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	6a	Were all of the plan's assets d	uring the plan year invested in eligibl	e assets?	(See instructions.)		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 7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets. 7a 151192 64936 b Total plan liabilities. 7b 64936 c Net plan assets (subtract line 7b from line 7a). 7c 151192 64936 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (a) Amount (b) Total (2) Participants 8a(2) 8b 5776 (3) Other income (loss). 8b 57776 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 5776 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 91020 e Certain deemed and/or corrective distributions (see instructions) 8e 817 f Administrative service providers (salaries, fees, commissions) 8f 195 g Other expenses 8d<	b									
Part IIIFinancial Information7Plan Assets and Liabilities(a) Beginning of Year(b) End of YearaTotal plan assets7a15119264936bTotal plan liabilities7bcNet plan assets (subtract line 7b from line 7a)										
aTotal plan assets7a15119264936bTotal plan liabilities7b64936cNet plan assets (subtract line 7b from line 7a)7c151192649368Income, Expenses, and Transfers for this Plan Year(a) Amount(b) TotalaContributions received or receivable from:8a(1)(1)Employers8a(2)(3)Others (including rollovers)8a(3)bOther income (loss)8b5776cTotal income (add lines 8a(1), 8a(2), 8a(3), and 8b)8c5776dBenefits paid (including direct rollovers and insurance premiums to provide benefits)8d91020eCertain deemed and/or corrective distributions (see instructions)8f195gOther expenses.8g92032iNet income (loss) (subtract line 8h from line 8c)8h92032iNet income (loss) (subtract line 8h from line 8c)8i-86256	Pa					1				
a For a plan liassets 7a b Total plan liabilities 7b c Net plan assets (subtract line 7b from line 7a) 7c 151192 64936 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: (a) Amount (b) Total (1) Employers 8a(1) (b) Total (2) Participants 8a(2) (b) Total (3) Others (including rollovers) 8a(3) 5776 C Total income (loss) 8b 57776 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 5776 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 91020 e Certain deemed and/or corrective distributions (see instructions) 8e 817 f Administrative service providers (salaries, fees, commissions) 8f 195 g Other expenses 8g 92032 -86256 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8i -86256 i Net income (loss)	7	Plan Assets and Liabilities								
CNet plan assets (subtract line 7b from line 7a)		- · F			151192	2	64936			
8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) (a) Amount (b) Total (2) Participants 8a(2) (a) Others (including rollovers) 8a(3) (b) Total b Other income (loss) 8a(2) (c) Total income (loss) 8a(3) (c) Total income (loss) (c) Total income	_	•			151102	>	64936			
a Contributions received or receivable from: 8a(1) (1) Employers 8a(1) (2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c b Other specifies paid (including direct rollovers and insurance premiums to provide benefits) 8d 91020 e Certain deemed and/or corrective distributions (see instructions) 8e 817 f Administrative service providers (salaries, fees, commissions) 8f 195 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8h 92032 i Net income (loss) (subtract line 8h from line 8c) 8i -86256				/C		-				
(2) Participants 8a(2) (3) Others (including rollovers) 8a(3) b Other income (loss) 8b c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d g Other expenses 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h e time (loss) (subtract line 8h from line 8c) 8i	-				(a) Allount		(b) Totai			
(3) Others (including rollovers) 8a(3) b Other income (loss) 8b c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 91020 e Certain deemed and/or corrective distributions (see instructions) 8e 817 f Administrative service providers (salaries, fees, commissions) 8f 195 g Other expenses 8g 92032 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 92032 i Net income (loss) (subtract line 8h from line 8c) 8i -86256		(1) Employers		8a(1)						
b Other income (loss)		()				_				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 5776 C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 5776 C Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 91020 e Certain deemed and/or corrective distributions (see instructions) 8e 817 f Administrative service providers (salaries, fees, commissions) 8f 195 g Other expenses 8g 92032 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 92032 i Net income (loss) (subtract line 8h from line 8c) 8i -86256	Ŀ				5776					
c For an meaning (add lines ba(1), ba(2), ba(3), and bb) Be d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	_	()			5770	,	5776			
to provide benefits) 8d 91020 e Certain deemed and/or corrective distributions (see instructions) 8e 817 f Administrative service providers (salaries, fees, commissions) 8f 195 g Other expenses 8g 92032 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 92032 i Net income (loss) (subtract line 8h from line 8c) 8i -86256				8C			0.10			
f Administrative service providers (salaries, fees, commissions)	-		•	8d		_				
g Other expenses				8e		_				
b Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 92032 i Net income (loss) (subtract line 8h from line 8c) 8i -86256		•	(· · · · /		195	2				
i Net income (loss) (subtract line 8h from line 8c) 8i -86256		•					92032			
Transform to (from) the mass (respiration of the structure)	n i									
	j		,	8j						

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

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 2F 2G 2J 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:		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)			Х				
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х				
С	Was the plan covered by a fidelity bond?	10c		Х				
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			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.)							289
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		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							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))						× No	
lf y b c d <u>e</u> Part	Has a resolution to terminate the plan been adopted during the plan year or any prior year?	ctions, th of a	and e	nter th Day 12b 12c 12d	e date of th			N/A
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
	 b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?							
1	3c(1) Name of plan(s):		130	:(2) Ell	N(s)	1	3c(3)	PN(s)
0	on. A nonativ for the late or incomplete filing of this return/report will be accessed uplace recomple							

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.	05/24/2011	THOMAS CONNEALLY				
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				