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.

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OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	calendar plan year 2010 or fiscal plan year beginning 01/01/2010)	and ending	12/31/2	2010			
Α .	This return/report is for: single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan			
В	This return/report is for: first return/report	final return/report						
	an amended return/report	short plan	year return/report (less than 12 mo	onths)				
C	Check box if filing under:	automatic	extension		DFVC program			
	special extension (enter description							
Pa	Int II Basic Plan Information—enter all requested informa	,						
	Name of plan	ttiOi i		1b	Three-digit			
	LINE TECHNICAL SERVICES, INC. 401(K) PLAN				plan number 001			
					(PN) •			
				1c	Effective date of plan 06/01/2007			
22	Dian ananger's name and address (ampleyer if for single ampleyer)	olon)		2h	Employer Identification Number			
FINE	Plan sponsor's name and address (employer, if for single-employer pLINE TECHNICAL SERVICES, INC.	piari)		20	(EIN) 52-7256205			
				2c	Plan sponsor's telephone number			
	ITH AVE E MPIA, WA 98501				360-956-0885			
				2d	Business code (see instructions) 812990			
3a	Plan administrator's name and address (if same as Plan sponsor, en	nter "Same	<u> </u>	3b	Administrator's EIN			
FINE	LINE TECHNICAL SERVICES, INC. 614 4TH AVE OLYMPIA, WA	E	,		52-7256205			
	OLIMI IA, W	A 30301		3с	Administrator's telephone number 360-956-0885			
1 1	f the name and/or EIN of the plan sponsor has changed since the last	t return/re	nort filed for this plan, enter the	4b				
	name, EIN, and the plan number from the last return/report. Sponsor		port filed for this plant, enter the	40	EIN			
				4c	PN			
5a	Total number of participants at the beginning of the plan year			5a	8			
b	Total number of participants at the end of the plan year			5b	8			
С	Total number of participants with account balances as of the end of		•	Ea	8			
	complete this item)			5c	□ □ □			
oa b	Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a		,		Tes [] No			
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				Yes No			
	If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.							
Pa	rt III Financial Information			1				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year			
	Total plan assets	7a	6218	3	96925			
b	Total plan liabilities	7b	0010		2005			
С	Net plan assets (subtract line 7b from line 7a)	7c	6218	3	96925			
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total			
а	Contributions received or receivable from: (1) Employers	8a(1)	1175	4				
	(2) Participants	8a(2)	1136	5				
	(3) Others (including rollovers)	8a(3)						
b	Other income (loss)	8b	1162	3				
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			34742			
d	Benefits paid (including direct rollovers and insurance premiums	- 00						
	to provide benefits)	8d						
е	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f						
g	Other expenses	8g						
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			0			
i	Net income (loss) (subtract line 8h from line 8c)	8i			34742			
i	Transfers to (from) the plan (see instructions)	Qί						

	Form 5500-SF 2010 Page 2-				
rt I	V Plan Characteristics				
If t	he plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Ch 2G 2J 2K 3D	aracteris	stic Co	des in the	instructions:
lf t	he plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	tic Cod	des in the	instructions:
t V	Compliance Questions				
D	uring the plan year:		Yes	No	Amount
	as there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
	/ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported not not include transactions reported not not	10b		Х	
> V	Vas the plan covered by a fidelity bond?	10c		X	
	id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frauc r dishonesty?	10d		X	
in	/ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e	X		1595
Н	as the plan failed to provide any benefit when due under the plan?	10f		X	
j D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		X	
	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			
t VI	Pension Funding Compliance	•		•	
	this a defined benefit plan subject to minimum funding requirements? (If "Yes." see instructions and co	mplete	Sched	ule SB (Fo	orm

t	Has the plan failed to provide any benefit when due under the plan?	10f		^				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and cor 5500))					Yes	X No	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod	e or se	ction 30)2 of E	ERISA?	Yes	X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
а	a 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 granting the waiver							
lf :	If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	b Enter the minimum required contribution for this plan year							
С	C Enter the amount contributed by the employer to the plan for this plan year							
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 negative amount)							
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			[Yes	No	N/A	
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
b								
С	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.)							
1	13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)						PN(s)	
		1						

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.	09/19/2011	ROB LEDESMA
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

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

▶ Complete all entries in accordance with the instructions to the Form 5500-SF. Part I Annual Papart Identification Information

For	calendar plan year 2010 or fiscal plan year beginning	01/01/2	010 and ending		12/31/2010			
_	V single employer plan		mployer plan (not multiemployer)		one-participant plan			
	This featurineport is for.	final retur		U one-participant plan				
D	This return/report is for: first return/report an amended return/report	!	•	atha)				
_	·	; !	year return/report (less than 12 mor	ilis)	Π pr./o			
C	Check box if filing under: Form 5558		extension		DFVC program			
_	special extension (enter description)							
	art II Basic Plan Information—enter all requested inform	ation		41-				
ıa	Name of plan Fine Line Technical Services, Inc. 401(k	c) Plan		าก	Three-digit plan number			
		-,			(PN) ▶ 001			
				1c	Effective date of plan			
					06/01/2007			
za	Plan sponsor's name and address (employer, if for single-employer Fine Line Technical Services, Inc.	· plan)			Employer Identification Number (EIN) 52-7256205			
					Plan sponsor's telephone number			
	614 4th Ave E				(360) 956-0885			
	0.1		TAT 00501	2d	Business code (see instructions) 812990			
3a	Olympia Plan administrator's name and address (if same as Plan sponsor, e	enter "Same	WA 98501	3h	Administrator's EIN			
-	SAME	nitor ourne	,	0.0	Administrator 5 En 4			
				3с	Administrator's telephone number			
1	If the name and/or EIN of the plan sponsor has changed since the la	et roturn/ro	port filed for this plan, optor the	4b	T i N			
	name, EIN, and the plan number from the last return/report. Sponso		oort med for this plant, enter the	41)	CIN			
				4c	PN			
5a	Total number of participants at the beginning of the plan year	5a						
b	Total number of participants at the end of the plan year			5b				
С	Total number of participants with account balances as of the end of		ear (defined benefit plans do not		1			
	complete this item		` '	50	1			
62	complete this item)			5c	Vas II No			
	Were all of the plan's assets during the plan year invested in eligib	le assets?	(See instructions.)		<u> </u>			
	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility	ele assets? an indeper and conditi	(See instructions.)dent qualified public accountant (IQ	PA)	Yes No			
b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F	ele assets? an indeper and conditi	(See instructions.)dent qualified public accountant (IQ	PA)	Yes No			
b Pa	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information	ele assets? an indeper and conditi	(See instructions.)dent qualified public accountant (IQ ons.)SF and must instead use Form 550	PA)	X Yes No			
Pa	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities	ole assets? an indeper and condition orm 5500-	(See instructions.)	PA)	X Yes No X Yes No X Yes No			
Pa 7 a	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	ole assets? an indeper and conditi orm 5500-	(See instructions.)dent qualified public accountant (IQ ons.)SF and must instead use Form 550	PA)	X Yes No			
Pa 7 a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets	an indeper and condition orm 5500-4	(See instructions.)	PA)	X Yes No No No No No No No N			
Pa 7 a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indeper and condition orm 5500-5	(See instructions.)	PA)	(b) End of Year 96, 92			
Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indeper and condition orm 5500-4	(See instructions.)	PA)	X Yes No No No No No No No N			
Pa 7 a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a)	an indeper and condition orm 5500-4	(See instructions.)	PA) 00.	(b) End of Year 96, 92			
Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from:	an indeper and condition 5500-t	(See instructions.)	PA) 3 3 4	(b) End of Year 96, 92			
Pa 7 a b c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	an indeper and condition orm 5500-4 7a 7b 7c 8a(1) 8a(2)	(See instructions.)	PA) 3 3 4	(b) End of Year 96, 92			
Pa 7 a b c 8 a	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants	an indeper and condition orm 5500-to 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.)	PA) 3 3 4 5	(b) End of Year 96, 92			
Pa 7 a b c 8 a	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	an indeper and condition orm 5500-s	(See instructions.)	PA) 3 3 4 5	(b) End of Year 96, 92			
Pa 7 a b c 8 a b	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums	7a 7b 7c 8a(1) 8a(2) 8c 8c	(See instructions.)	PA) 3 3 4 5	X Yes No No No No No No No N			
Pa 7 a b c 8 a b c d	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	ne assets? an indeper and condition orm 5500-3 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.)	PA) 3 3 4 5	X Yes No No No No No No No N			
Pa 7 a b c 8 a b c d e c	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions)	7a 7b 7c 8a(1) 8a(2) 8c 8c 8d 8e	(See instructions.)	PA) 3 3 4 5	X Yes No No No No No No No N			
Pa 7 a b c 8 a b c d e f	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	an indeper and condition orm 5500-4 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(See instructions.)	PA) 3 3 4 5	X Yes No No No No No No No N			
Pa 7 a b c 8 a b c d e f g	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	ne assets? an indeper and condition orm 5500-3 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instructions.)	PA) 3 3 4 5	X Yes No No No No No No No N			
Pa 7 a b c 8 a b c d e f	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions) Other expenses Total expenses (add lines 8d, 8e, 8f, and 8g).	7a 7b 7c 8a(1) 8a(2) 8c 8c 8d 8e 8f 8g 8h	(See instructions.)	PA) 3 3 4 5	(b) End of Year 96, 92 (b) Total			
Pa 7 a b c 8 a b c d e f g	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility If you answered "No" to either 6a or 6b, the plan cannot use F art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits). Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	7a 7b 7c 8a(1) 8a(2) 8c 8c 8d 8e 8f 8g 8h 8i	(See instructions.)	PA) 3 3 4 5	(b) End of Year 96, 92. (b) Total			

		Form 5500-SF 2010 Page 2-						
Dar	t IV	Plan Characteristics						
9a	If the	plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Cha 2E 2G 2J 2K 3D plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha						
Part	V	Compliance Questions						
10	Duri	ing the plan year:		Yes	No		Amount	
а		s there a failure to transmit to the plan any participant contributions within the time period described in CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х			
b		re there any nonexempt transactions with any party-in-interest? (Do not include transactions reported ine 10a.)	10b		Х			
C	Wa	s the plan covered by a fidelity bond?	10c		Х			
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraudishonesty?	10d		Х			
е	insu	re any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, arance service or other organization that provides some or all of the benefits under the plan? (See ructions.)	10e	x				1,595
f		the plan failed to provide any benefit when due under the plan?	10f		Х			
g		the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х			
h	If thi	is is an individual account plan, was there a blackout period? (See instructions and 29 CFR 0.101-3.)	10g		X			
i	If 10	th was answered "Yes," check the box if you either provided the required notice or one of the eptions to providing the notice applied under 29 CFR 2520.101-3	10i					10 N 1 1 1 1 1
Part	VI :	Pension Funding Compliance						
11	Is thi	is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	mplete	Sched	iule SE	Form	Yes	s X No
12		nis a defined contribution plan subject to the minimum funding requirements of section 412 of the Coo					Yes	s X No
		es," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						
	gran	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr ting the waiver	nth	and e	enter th Day	ie date of th	e letter r Year	
		ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13		Г	405			-
b		r the minimum required contribution for this plan year			12b			
c d	Subt	r the amount contributed by the employer to the plan for this plan yeartract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le	ft of a		12c 12d			
۵	_	the minimum funding amount reported on line 12d be met by the funding deadline?		- I		Yes	No	□ N/A
Part		Plan Terminations and Transfers of Assets	************					1471
		a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	s X No
		es," enter the amount of any plan assets that reverted to the employer this year		Г	13a			
b	Were	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough e PBGC?	t under	the co		<u> </u>	Ye	s X No
С	If du	ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify h assets or liabilities were transferred. (See instructions.)						
1	3c(1)	Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
Caut	on: A	A penalty for the late or incomplete filing of this return/report will be assessed unless reasona	ble cau	se is	establ	ished.	_L	

SIGN	MACSIAM	9/13/11	Rob Ledesma
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN	Me Jalm	9/13/11	ROB LEDESMA
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor