Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public 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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
KOELLER NEBEKER CARLSON & HALUCK, LLP 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1997

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
KOELLER NEBEKER CARLSON & HALUCK, LLP

3 PARK PLAZA, SUITE 1500
IRVINE, CA 92614-8558

2b Employer Identification Number (EIN)
33-0203014

2c Sponsor's telephone number
949-864-3400

2d Business code (see instructions)
541110

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 accompanying schedules, statements and attachments, 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 HERE	Filed with authorized/valid electronic signature.	10/04/2011	DALE LANGLEY
	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
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
KOELLER NEBEKER CARLSON & HALUCK, LLP

3 PARK PLAZA, SUITE 1500
IRVINE, CA 92614-8558

3b Administrator's EIN
33-0203014

3c Administrator's telephone number
949-864-3400

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:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	234
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	197
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	29
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	226
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	226
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	178
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2A 2E 2F 2G 2J 2R 2S 2T 3B 3D

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		___ **A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
KOELLER NEBEKER CARLSON & HALUCK, LLP 401(K) PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
KOELLER NEBEKER CARLSON & HALUCK, LLP	33-0203014

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CITY NATIONAL BANK

95-1780067

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 19 21 25 37 38 59 60 62 64 65	RECORDKEEPER/TRUSTEE	13685	Yes [X] No [ ]	Yes [X] No [ ]	23188	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

NATIONAL FINANCIAL SERVICES LLC

04-3523567

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 33 57 59 62 63 71	SUBCONTRACTOR OF CNB	2	Yes [X] No [ ]	Yes [ ] No [X]	1158	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

US BANK

41-0255900

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 62	SUBCONTRACTOR OF CNB	0	Yes [X] No [ ]	Yes [ ] No [X]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
CITY NATIONAL BANK	62	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
CITY NATIONAL BANK 95-1780067	INTEREST ON EXCESS BALANCES (I.E. FLOAT) HELD AT FED RESERVE BANKS EQUAL TO 25 BASIS POINTS ON THE BALANCES.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
NATIONAL FINANCIAL SERVICES LLC	62	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
NATIONAL FINANCIAL SERVICES LLC 04-3523567	MAY EARN INTEREST (FLOAT) FROM THE USE OF PENDING AMOUNTS SUCH AS ITEMS PENDING SETTLEMENT. FLOAT EARNS WILL BE REALIZED AT RATES APPROX THE TARGET FEDERAL FUNDS RATE.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
US BANK	62	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
US BANK 41-0255900	US BANK MAY RETAIN INCOME ON THE "FLOAT" AS COMP FOR CUSTODY SERVICES. THE FLOAT RATE IS GENERALLY NO MORE THAN THE TARGET FEDERAL FUNDS RATE. OF INTEREST.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN:
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

a	Name:	**b** EIN;
c	Position:	
d	Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
KOELLER NEBEKER CARLSON & HALUCK, LLP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KOELLER NEBEKER CARLSON & HALUCK, LLP

D Employer Identification Number (EIN)
33-0203014

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	39186	25
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1689625	1714120
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	2663
(B) Common	1c(4)(B)	25000	54417
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	203134	301515
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5546930	6503606
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	7503875	8576346
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	7503875	8576346

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
(B) Participants	2a(1)(B)	908585	
(C) Others (including rollovers)	2a(1)(C)	4197	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		912782
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1361	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	13902	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		15263
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	253	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	145425	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		145678
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	693718	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	693718	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	335	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		335
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		659296
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1733354
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	647238	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		647238
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	13468	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	177	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		13645
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		660883
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1072471
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: PETER LEONARD & COMPANY (2) EIN: 95-4782141

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
KOELLER NEBEKER CARLSON & HALUCK, LLP 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
KOELLER NEBEKER CARLSON & HALUCK, LLP

D Employer Identification Number (EIN)
33-0203014

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 95-1780067

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 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 ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

KOELLER, NEBEKER, CARLSON & HALUCK, LLP
401(k) PLAN

FINANCIAL STATEMENTS

December 31, 2010

KOELLER, NEBEKER, CARLSON & HALUCK, LLP
401(k) PLAN

Financial Statements

December 31, 2010

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PETER LEONARD & COMPANY
CERTIFIED PUBLIC ACCOUNTANT
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LOS ANGELES, CALIFORNIA 90025

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(310) 401-1515
FACSIMILE
(310) 401-1501

INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee of
Koeller, Nebeker, Carlson & Haluck, LLP 401(k) Plan

I was engaged to audit the financial statements of Koeller, Nebeker, Carlson & Haluck, LLP 401(k) Plan as of December 31, 2010 and 2009, and for the year ended December 31, 2010, and the supplemental schedule as of and for the year ended December 31, 2010 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed me not to perform, and I did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by City National Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. I have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that I did not audit, I am unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by me in accordance with auditing standards generally accepted in the United States of America, and in my opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Peter Leonard & Company

Los Angeles, CA
September 22, 2011

KOELLER, NEBEKER, CARLSON & HALUCK, LLP
401(k) PLAN

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

	2010	2009
Cash	$ 25	$ 39,186
Investments	8,576,321	7,464,689
Other Receivable	-	-
Total Assets	8,576,346	7,503,875
Liabilities	-	-
Net Assets Available For Benefits	$ 8,576,346	$ 7,503,875

See accompanying notes.

KOELLER, NEBEKER CARLSON & HALUCK, LLP
401(k) PLAN

Statement of Changes in Net Assets Available for Benefits

Years Ended December 31, 2010

	2010
ADDITIONS	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 659,631
Interest income	15,263
Dividend Income	145,678
	820,572
Contributions:	
Participants'	908,585
Participant rollover contributions	4,197
Employer's	-
	912,782
TOTAL ADDITIONS	1,733,354
DEDUCTIONS	
Deductions from net assets attributed to:	
Net depreciation in fair value of investments	-
Benefits paid to participants	647,238
Administration expenses	13,645
TOTAL DEDUCTIONS	660,883
NET (DECREASE)	1,072,471
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	7,503,875
END OF YEAR	$ 8,576,346

See accompanying notes.

KOELLER, NEBEKER, CARLSON & HALUCK, LLP
401(k) PLAN

Supplementary Schedule
Schedule H, Line 4i - Schedule of Assets (Held At The End of Year)

Year Ended December 31, 2010

(a) (b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost **	(e) Current Value
City National Bank*	CNI Charter Prime MNY MK Inst Fund		$ 43,134
City National Bank*	CNI Charter Prime MNY MK Inst Fund #240		1,670,987
National Bank Greece	National Bank Greece S A 9.00% PFD		2,663
BP Plc Spons Adr	BP Plc Spons Adr		4,417
PBS Biomaker Com	PBS Biomaker Com		50,000
American Balanced Fund	American Balanced Fund CL R-4		46,087
American Century SMA	American Century Small Cap Value-Adv		204,376
American EuroPacific Growth	American Euro Pacific Growth - R4		910,420
American/Growth Fd of Amer	American/Growth Fd of Amer #05		657,509
American/New World	American/New World Fd-R4 #2436		282,023
Calamos Growth Fd Cl	Calamos Growth Fd Cl A# 606		578,441
CNI Charter Govt Bond*	CNI Charter Govt Bond Fd-Instl Cl #256		401,586
CNI Charter LG Cap Val Eqty*	CNI Charter LG Cap Val Eqty - Inst #253		237,555
Columbia Acorn Fund	Columbia Acorn Fund CL Z #492		231,672
Columbia Midcap Value Fd	Columbia Midcap Value Fd CL Z #983		24,317
Dreyfus Midcap Index Fund	Dreyfus Midcap Index Fund # 113		54,275
Dreyfus S&P 500 Index Fund	Dreyfus S&P 500 Index Fund #078		629,017
Dreyfus Small Cap Stock Index Fd	Dreyfus Small Cap Stock Index Fd #77		282,174
Fidelity Adv Freedom	Fidelity Adv Freedom 2005-A		0
Fidelity Adv Freedom	Fidelity Adv Freedom 2010-A		9,563
Fidelity Adv Freedom	Fidelity Adv Freedom 2015-A		973
Fidelity Adv Freedom	Fidelity Adv Freedom 2020-A		57,467
Fidelity Adv Freedom	Fidelity Adv Freedom 2025-A		33,973
Fidelity Adv Freedom	Fidelity Adv Freedom 2030-A		320,777
Fidelity Adv Freedom	Fidelity Adv Freedom 2035-A		71,507
Fidelity Adv Freedom	Fidelity Adv Freedom 2040-A		70,983
Fidelity Adv Freedom	Fidelity Adv Freedom 2045-A		36,537
Fidelity Adv Freedom	Fidelity Adv Freedom 2050-A		36,020
Fidelity Adv High In	Fidelity Adv High Inc Adva Fd A #258		188,192
Fidelity Adv Technology	Fidelity Advisor Technology Cl A 187		202,800
Franklin Templeton Global	Franklin Templeton Global Bond-A 406		254,143
Pimco Total Return	Pimco Total Return CL A #4005		442,862
Royce Value Plus Fund	Royce Value Plus Fund SV CL# 292		238,359
Participant loans*	5.25 - 10.00% rate of interest		301,515
Cash			25
			$ 8,576,346

* - (b) Identity of issue, borrower, lessor, or similar party - Considered party in interest

** - (d) Cost - Not required and omitted on participant-directed individual account plan items.

See accompanying notes.

KOELLER, NEBEKER, CARLSON & HALUCK, LLP
401(k) PLAN

Notes to Financial Statements

December 31, 2010

NOTE 1 – DESCRIPTION OF PLAN

The following description of Koeller, Nebeker, Carlson & Haluck, LLP ("Company") 401(k) Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of the Company. Employees are eligible to participate in the salary reduction portion of the plan immediately upon their hire. For discretionary profit sharing contributions, employees are eligible after they have completed one year of service and have worked 1,000 hours during that year. In addition, they must be employed at year end. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). In 2008, The Plan incorporated an automatic enrollment feature that took effect July 1, 2008. After this date going forward, all newly hired employees (as well as previously hired employees not enrolled in The Plan as of that date) were automatically enrolled in The Plan unless they notified the Plan Administrator on an enrollment form of their wish to decline participation. In addition to the automatic enrollment feature, the Plan was amended effective January 1, 2008 to incorporate the final regulations under IRC section 415 that update the definition of the term 'compensation' as it relates to various provisions affecting employer benefit plans.

Contributions

Each year, participants may elect to have a portion of their compensation contributed to the Plan on a pre-tax basis pursuant to Code Section 401(k). Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants are allowed to self-direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers eighteen mutual funds and five predetermined models combining such mutual funds as investment options for participants. The Company may make discretionary profit sharing contributions into the Plan. The discretionary profit sharing contributions are also participant self-directed. A participant's share of discretionary profit sharing contributions vest 20% per year after the participant has completed their second calendar year of service, defined as 1,000 hours of service per calendar year. A participant vests 100% in discretionary profit sharing contributions after six calendar years of service.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of the Company's contribution and plan earnings. Plan earnings are credited based on the makeup of the investments of the individual participant accounts. The Company pays for the majority of the administrative expenses of the plan. A portion of the administrative costs may be funded from participant forfeitures of unvested profit sharing contributions. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their salary reduction contributions plus actual earnings thereon. Vesting in the Company's discretionary profit sharing contribution portion of the participants' accounts is based on the participants' years of continuous service. A participant is 100% vested after six years of credited service.

Participant Loans

Participants may borrow a minimum of $1,000 up to a maximum equal to 50% of their vested account balance or $50,000 whichever is less. The balance in the participant's account secures the loans and the loans bear interest ranging between 5% and 10%, which are commensurate with prevailing rates as determined by the Plan administrator at the time of the loan. Principal and interest is paid ratably through semi-monthly payroll deductions. At December 31, 2010 and 2009, total participant loans included in investments were $301,515 and $203,134, respectively.

Payment of Benefits
On termination of service due to death, disability or retirement, a participant receives a lump-sum amount equal to the 100% value of the participant's vested interest in his or her account. For termination of service due to other reasons, a participant may receive the value of the vested interest in his or her account as a lump sum distribution.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Forfeited Accounts
During the year ended December 31, 2010, forfeitures of non-vested amounts totaled $5,579. These amounts were used to pay the fees of the Plan.

Estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition
The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participant loans are valued at their outstanding balances, which approximate fair value.

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Payment of Benefits
Benefits are recorded when paid.

NOTE 3 – INVESTMENTS

The following investments represent 5% or more of the Plan's net assets as of December 31, 2010 and 2009:

	2010	2009
CNI Charter Prime Mny MK Inst Fund #240	$ 1,670,987	$ 1,636,115
American / Growth Fund of American #05	657,509	588,066
American Euro Pacific Growth – R4	910,420	833,747
Calamos Growth Fd Cl A# 606	578,441	673,099
Dreyfus S&P 500 Index Fund #078	629,017	607,309
Pimco Total Return CL A #4005	442,862	386,108
Total	$ 4,889,236	$ 4,724,443

During 2010 and 2009, the Plan's investments which consisted primarily of mutual funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $659,631 and by $1,300,822, respectively.

NOTE 4 – EXCESS CONTRIBUTIONS REFUNDABLE

At December 31, 2010 and 2009, no amounts were payable to participants for contributions made in excess of amounts allowed by the Internal Revenue Service.

NOTE 5 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants would become 100% vested in their employer contributions.

NOTE 6 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements for the year ended December 31, 2010 to Schedule H of Form 5500:

Net assets available for benefits per the financial statements	$ 8,576,346
Reconciling differences	-
Net assets available for benefits per Schedule H to the Form 5500	$ 8,576,346

The following is a reconciliation of contributions paid by the participants per the financial statements for the year ended December 31, 2010 to Schedule H of Form 5500:

Contributions paid by the participants per the financial statements	$ 908,585
Reconciling differences	-
Contributions paid by the participants per Schedule H of Form 5500	$ 908,585

The following is a reconciliation of contributions paid by the employer per the financial statements for the year ended December 31, 2010 to Schedule H of Form 5500:

Contributions paid by the employer per the financial statements	$ -
Reconciling differences	-
Contributions paid by the employer per Schedule H of Form 5500	$ -

The following is a reconciliation of benefits paid to participants per the financial statements for the year ended December 31, 2010 to Schedule H of Form 5500:

Benefits paid to participants per the financial statements	$ 647,238
Reconciling differences	-
Benefits paid to participants per Schedule H of Form 5500	$ 647,238

NOTE 7 – TAX STATUS

The Internal Revenue Service has provided a master determination letter dated October 5, 2001 as reviewed under the volume submitter program. The Plan and related trust have reliance on this master letter in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 8 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED)

At December 31, 2010, the Trustee held the Plan's investments. The following is a summary of the plan's financial information that is included in the financial statements based on information certified by the Trustee as complete and accurate in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure the Employee Retirement Income Security Act of 1974.

The fair value of investments and investment income at December 31, 2010 and 2009 as reported by the trustee is summarized as follows:

	2010	2009
Investments, at fair value:		
Cash equivalents	$1,714,120	$1,689,625
Common Stock	54,417	25,000
Preferred Stock	2,663	-
Mutual funds	6,503,606	5,546,930
Principal cash	25	39,186
Investment income		
Net (depreciation) appreciation in fair value of investments	659,631	1,300,822
Interest and other income	15,263	14,789
Dividend Income	145,678	91,424

NOTE 8 – INFORMATION PREPARED AND CERTIFIED BY TRUSTEE (UNAUDITED) (Continued)

Following is a summary of the investments certified by the trustee for years ended December 31, 2010 and 2009:

	2010	2009
CNI Charter Prime MNY MK Inst Fund	$ 43,134	$ 49,887
CNI Charter Prime Mny MK Inst Fund #240	1,670,987	1,639,738
Paradise Valley National Bank	-	25,000
National Bank Greece S A 9.00% PFD	2,663	-
BP Plc Spons Adr	4,417	-
PBS Biomaker Com	50,000	-
American Balanced Fund CLR-4	46,087	43,573
American Century Small Cap Value-Adv	204,376	136,732
American Euro Pacific Growth – R-4	910,420	833,747
American/Growth Fd of Amer #05	657,509	588,066
American/New World Fd-R4 #2436	282,023	207,796
Calamos Growth Fd Cl A# 606	578,441	673,099
CNI Charter Govt Bond Fd-Instl Cl #256	401,586	333,328
CNI Charter LG Cap Val Eqty – Inst #253	237,555	202,360
Columbia Acorn Fund CL Z #492	231,672	152,071
Columbia Midcap Value Fd CL Z #492	24,317	23,888
Dreyfus Midcap Index Fund #113	54,275	42,922
Dreyfus S&P 500 Index Fund #078	629,017	607,309
Dreyfus Small Cap Index Fd #77	282,174	263,671
Fidelity Adv Freedom 2005-A	-	2,518
Fidelity Adv Freedom 2010-A	9,563	5,439
Fidelity Adv Freedom 2015-A	973	866
Fidelity Adv Freedom 2020-A	57,467	10,619
Fidelity Adv Freedom 2025-A	33,973	18,522
Fidelity Adv Freedom 2030-A	320,777	259,692
Fidelity Adv Freedom 2035-A	71,507	32,435
Fidelity Adv Freedom 2040-A	70,983	47,729
Fidelity Adv Freedom 2045-A	36,537	13,619
Fidelity Adv Freedom 2050-A	36,020	19,686
Fidelity Adv High Inc Adva Fd A #258	188,192	140,729
Fidelity Advisor Technology Cl A 187	202,800	122,243
Franklin Templeton Global Bond-A 406	254,143	215,507
Pimco Total Return CL A #4005	442,862	386,108
Royce Value Plus Fund SV CL #292	238,359	162,659
Participant Loans 5.25 – 10% rate of interest	301,515	203,134
Cash	25	39,186
Total	$ 8,576,346	$ 7,503,875

NOTE 9 – FAIR VALUE MEASUREMENTS

In determining fair value, the Company uses various valuation approaches. ASC Topic 820 establishes fair value measurement framework, provides a single definition of fair value, and requires expanded disclosure summarizing fair value measurements. ASC Topic 820 emphasizes that fair value is a market-based measurement, not an entity-specific measurement. Therefore, fair value measurements should be determined based on the assumptions that market participants would use in pricing an asset or liability.

The statement establishes a hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable input be used when available. Observable inputs are inputs that the market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Company. Unobservable inputs are inputs that reflect the Company's assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The fair value hierarchy is measured in three levels based on the reliability of inputs:

Level 1 – Valuations based on quoted prices in active markets for identical assets or liabilities that the Company has the ability to access. Valuation adjustments and block discounts are not applied to Level 1 instruments.

Level 2 – Valuations based on quoted prices in less active, dealer or broker markets. Fair values are primarily obtained from third party pricing services for identical or comparable assets or liabilities.

Level 3 – Valuations derived from other valuation methodologies, including pricing models, discounted cash flow models and similar techniques, and not based on market, exchange, or broker-traded transactions. Level 3 valuations are "unobservable" and incorporate certain assumptions that are not observable in the market and require significant professional judgment in determining the fair value assigned to such assets or liabilities.

In instances where the determination of the fair value measurement is based on inputs from different levels of the fair value hierarchy, the level in the fair value hierarchy within which the entire fair value measurement falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

NOTE 9 – FAIR VALUE MEASUREMENTS (Continued)

The following are the major categories of assets and liabilities measured at fair value during the year then ended December 31, 2010, using unadjusted quoted prices in active markets for identical assets (Level 1); significant other observable inputs (Level 2); and significant unobservable inputs (Level 3):

Description	Asset Category	Vendor Pricing Method	Level Inputs	Fair 12/31/10 Market Value
CNI Charter Prime MNY MK Inst Fund	Cash Equiv	Manual	1	43,133.62
CNI Charter Prime Mny MK Inst Fund #240	Cash Equiv	Manual	1	1,670,986.72
National Bank Greece S A 9.00% PFD	Preferred Stock	PR	1	2,662.50
BP Plc Spons Adr	Common Stock	PR	1	4,417.00
PBS Biomaker Com	Closely Held Common Stock	Manual	3	50000.00
American Balanced Fund CLR-4	Mutual Fund	MF	1	46,086.82
American Century Small Cap Value-Adv	Mutual Fund	MF	1	204,376.20
American Euro Pacific Growth – R-4	Mutual Fund	MF	1	910,420.07
American/Growth Fd of Amer #05	Mutual Fund	MF	1	657,509.08
American/New World Fd-R4 #2436	Mutual Fund	MF	1	282,023.43
Calamos Growth Fd Cl A# 606	Mutual Fund	MF	1	578,441.32
CNI Charter Govt Bond Fd-Instl Cl #256	Mutual Fund	MF	1	401,585.84
CNI Charter LG Cap Val Eqty – Inst #253	Mutual Fund	MF	1	237,555.07
Columbia Acorn Fund CL Z #492	Mutual Fund	MF	1	231,671.93
Columbia Midcap Value Fd CL Z #492	Mutual Fund	MF	1	24,316.67
Dreyfus Midcap Index Fund #113	Mutual Fund	MF	1	54,275.19
Dreyfus S&P 500 Index Fund #078	Mutual Fund	MF	1	629,017.08
Dreyfus Small Cap Index Fd #77	Mutual Fund	MF	1	282,173.52
Fidelity Adv Freedom 2005-A	Mutual Fund	MF	1	0.01
Fidelity Adv Freedom 2010-A	Mutual Fund	MF	1	9,562.61
Fidelity Adv Freedom 2015-A	Mutual Fund	MF	1	972.96
Fidelity Adv Freedom 2020-A	Mutual Fund	MF	1	57,466.84
Fidelity Adv Freedom 2025-A	Mutual Fund	MF	1	33,972.69
Fidelity Adv Freedom 2030-A	Mutual Fund	MF	1	320,776.78
Fidelity Adv Freedom 2035-A	Mutual Fund	MF	1	71,507.31
Fidelity Adv Freedom 2040-A	Mutual Fund	MF	1	70,983.07
Fidelity Adv Freedom 2045-A	Mutual Fund	MF	1	36,537.00
Fidelity Adv Freedom 2050-A	Mutual Fund	MF	1	36,019.56
Fidelity Adv High Inc Adva Fd A #258	Mutual Fund	MF	1	188,191.62
Fidelity Advisor Technology Cl A 187	Mutual Fund	MF	1	202,799.61
Franklin Templeton Global Bond-A 406	Mutual Fund	MF	1	254,142.95
Pimco Total Return CL A #4005	Mutual Fund	MF	1	442,862.01
Royce Value Plus Fund SV CL #292	Mutual Fund	MF	1	238,358.61
Participant Loans 5.25 – 10% rate of interest	Participant Loans	Manual	3	301,515.14
Cash	Cash			25.00
Total				**$ 8,576,345.74**

KOELLER NEBEKER CARLSON & HALUK, LLP 401(k) PLAN

EIN: 33-0203014 PN: 001

ATTACHMENT TO 2010 FORM 5500

SCHEDULE H PART IV, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2010

(a)	(b) IDENTITY OF ISSUE, BORROWER, LESSOR, OR SIMILAR PARTY		(c) DESCRIPTION OF INVESTMENT	(d) COST	(e) CURRENT VALUE
	CASH EQUIVALENTS				
*	CITY NATIONAL BANK	43,133.62	CNI CHARTER PRIME MNY MK INST FUND	^	43,133.62
*	CITY NATIONAL BANK	1,642,671.81	CNI CHARTER PRIME MNY MKT INST #240	^	1,642,671.81
*	CITY NATIONAL BANK	28,314.91	CNI CHARTER PRIME MNY MKT INST #240	^	28,314.91
		1,714,120.34	**TOTAL CASH EQUIVALENTS**		1,714,120.34
	PREFERRED STOCKS				
	NATIONAL BK GREECE S	150	NATIONAL BK GREECE S A 9.00% PFD	^	2,662.50
		150	**TOTAL PREFERRED STOCKS**		2,662.50
	COMMON STOCKS				
	BP PLC SPONS ADR	100	BP PLC SPONS ADR	^	4,417.00
	PBS BIOMARKER COM	121,951.00	PBS BIOMARKER COM	^	49,999.91
		122,051.00	**TOTAL COMMON STOCKS**		54,416.91
	MUTUAL FUNDS				
	AMERICAN BALANCED FU	2,573.24	AMERICAN BALANCED FUND CL R-4	^	46,086.82
	AMERICAN CENTURY SMA	22,759.04	AMERICAN CENTURY SMALL CAP VALUE-ADV	^	204,376.20
	AMERICAN EUROPACIFIC	22,380.04	AMERICAN EUROPACIFIC GROWTH -R4	^	910,420.07
	AMERICAN/GROWTH FD O	21,600.17	AMERICAN/GROWTH FD OF AMER A #05	^	657,509.08
	AMERICAN/NEW WORLD F	5,182.35	AMERICAN/NEW WORLD FD-R4 # 2436	^	282,023.43
	CALAMOS GROWTH FD CL	10,836.29	CALAMOS GROWTH FD CL A# 606	^	578,441.32
*	CNI CHARTER GOVT BD	38,209.88	CNI CHARTER GOVT BD FD-INSTL CL #256	^	401,585.84
*	CNI CHARTER LG CAP V	28,146.33	CNI CHARTER LG CAP VAL EQTY-INST#253	^	237,555.07
	COLUMBIA ACORN FUND	7,673.80	COLUMBIA ACORN FUND CL Z #492	^	231,671.93
	COLUMBIA MIDCAP VALU	1,806.59	COLUMBIA MIDCAP VALUE FD CL Z #983	^	24,316.67
	DREYFUS MIDCAP INDEX	1,946.74	DREYFUS MIDCAP INDEX FUND# 113	^	54,275.19
	DREYFUS S & P 500 IN	18,190.20	DREYFUS S & P 500 INDEX FD #078	^	629,017.08
	DREYFUS SMALL CAP ST	13,818.49	DREYFUS SMALL CAP STOCK INDEX FD #77	^	282,173.52
	FIDELITY ADV FREEDOM	0	FIDELITY ADV FREEDOM 2005-A	^	0.01
	FIDELITY ADV FREEDOM	828.65	FIDELITY ADV FREEDOM 2010-A	^	9,562.61
	FIDELITY ADV FREEDOM	84.68	FIDELITY ADV FREEDOM 2015-A	^	972.96
	FIDELITY ADV FREEDOM	4,788.90	FIDELITY ADV FREEDOM 2020-A	^	57,466.84
	FIDELITY ADV FREEDOM	2,928.68	FIDELITY ADV FREEDOM 2025-A	^	33,972.69
	FIDELITY ADV FREEDOM	26,314.75	FIDELITY ADV FREEDOM 2030-A	^	320,776.78
	FIDELITY ADV FREEDOM	6,180.41	FIDELITY ADV FREEDOM 2035-A	^	71,507.31
	FIDELITY ADV FREEDOM	5,742.97	FIDELITY ADV FREEDOM 2040-A	^	70,983.07
	FIDELITY ADV FREEDOM	3,801.98	FIDELITY ADV FREEDOM 2045-A	^	36,537.00
	FIDELITY ADV FREEDOM	3,807.56	FIDELITY ADV FREEDOM 2050-A	^	36,019.56
	FIDELITY ADV HIGH IN	18,951.82	FIDELITY ADV HIGH INC ADVA FD A #258	^	188,191.62
	FIDELITY ADV TECHOLO	8,108.74	FIDELITY ADV TECHOLOGY CL A 187	^	202,799.61
	FRANKLIN TEMPLETON G	18,700.73	FRANKLIN TEMPLETON GLOBAL BOND-A 406	^	254,142.95
	PIMCO TOTAL RETURN C	40,816.77	PIMCO TOTAL RETURN CL A #4005	^	442,862.01
	ROYCE VALUE PLUS FUN	17,761.45	ROYCE VALUE PLUS FUND SV CL# 292	^	238,358.61
		353,941.25	**TOTAL MUTUAL FUNDS**		6,503,605.85
	NOTES, MORTGAGES & CONTRACTS				
	PARTICIPANT LOANS				
*	KNCH MASTER NOTE	301,515.14	SECURED BY VESTED INTEREST 5.25% TO 10.00%	^	301,515.14
		#REF!	**TOTAL NOTES, MORTGAGES & CONTRACTS**		301,515.14
			PRINCIPAL CASH		25
			TOTAL ASSETS		8,576,345.74

***** Denotes Party-In-Interest asset

^ Cost Information not provided as assets are part of an individual account plan that participants and beneficiaries directed with respect to assets allocated to his or her account.