Form 5500-SF		Short Form Annual R	yee	OMB Nos. 1210-0110 1210-0089					
Department of the Treasury Internal Revenue Service		Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee			e	2010			
Department of Labor Retirement Income Security A			Act of 1974 (ERISA), and section 6058(a) of the Revenue Code (the Code).			This Form is Open to Public			
	Pension Benefit Guaranty Corporation			vith the instructions to the Form 5500-SF.					
	Part I Annual Report Identification Information								
-	calendar plan year 2010 or fisca	0		2/31/2					
	This return/report is for:	single-employer plan multiple-employer plan (not multiemployer) one-participant plan first return/report final return/report							
Б	This return/report is for:	an amended return/report		•	nths)				
С	Check box if filing under:	Image: Second state of the second s							
Ŭ		special extension (enter descriptio							
Pa	art II Basic Plan Inform	nation—enter all requested information	ation						
	Name of plan				1b	Three-digit			
AME	RICAN ENVIRONMENTAL 401	(K) SALARY REDUCTION PLAN & T	RUST			plan number (PN) ▶ 001			
					1c	Effective date of plan 01/01/2002			
	Plan sponsor's name and addre RICAN ENVIRONMENTAL COI	ess (employer, if for single-employer	plan)		2b	Employer Identification Number			
	4TH AVE SOUTH	to moothon, EEO			2c	(EIN) 34-4454492 Plan sponsor's telephone number 206-523-4441			
	TTLE, WA 98105				2d	Business code (see instructions)			
3a	Plan administrator's name and	address (if same as Plan sponsor, er NSTRUCTION, LLC 7417 4TH AV	nter "Same	2")	3b	Administrator's EIN 34-4454492			
		SEATTLE, W	A 98105		Administrator's telephone number 206-523-4441				
4	f the name and/or EIN of the pla	in sponsor has changed since the las	st return/re	port filed for this plan, enter the	4b	EIN			
		r from the last return/report. Sponso			4c	PN			
5a	Total number of participants at	the beginning of the plan year				18			
b	Total number of participants at	the end of the plan year			5b	21			
C	Total number of participants wincomplete this item)	th account balances as of the end of	the plan y	ear (defined benefit plans do not	5c	16			
6a	, ,	uring the plan year invested in eligibl	e assets?	(See instructions.)		Yes No			
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)									
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
Part III Financial Information									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year			
a h	·		7a	422954		403015 0			
b C	·	b from line 7a)	7b 7c		422954				
8	Income, Expenses, and Transf		10	(a) Amount		(b) Total			
а	Contributions received or recei			(0) • • • • • • • • • • • • • • • • • • •		(
			8a(1)						
	., .)	8a(2) 8a(3)		_				
b	.,		8b	1719)				
С		8a(2), 8a(3), and 8b)	8c			1719			
d		t rollovers and insurance premiums							
е	· ,	ive distributions (see instructions)							
f		rs (salaries, fees, commissions)							
g	Other expenses	····· /	8g						
h	Total expenses (add lines 8d, 8	3e, 8f, and 8g)	8h		216				
i		8h from line 8c)				-19939			
	i ransters to (from) the plan (se	e instructions)	8j						

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

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K 3E
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions							
10	During the plan year:		Yes	No	Æ	mount	:	
а	/as there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)							
b								
С	Was the plan covered by a fidelity bond?	10c	Х				10	0000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See						599	
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		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 corr 5500))					Ye	s X	No
a If :								
_	negative amount)						N/A	
	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No		N/A
Part								
13a	3a Has a resolution to terminate the plan been adopted during the plan year or any prior year?							No
If "Yes," enter the amount of any plan assets that reverted to the employer this year								
of the PBGC?								
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to			·		
13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3)						(3) PN	l(s)	

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN	Filed with authorized/valid electronic signature.	10/05/2011	ROBERT MORLEY				
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator				
SIGN	Filed with authorized/valid electronic signature.	10/05/2011	ROBERT MORLEY				
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor				

Page **2-**1

The Annual Response of the Terminopore The Annual Response of the Employee The Annual Response of the Annual Response of the Response of the Response The Annual Response of the Response of the Response of the Response of the Response The Annual Response of the Resp	— F	Form 5500-SF	Short Form Annual Return/Report of Small Employee Benefit Plan				OMB Nos. 1210-0110 1210-0089				
Designed relation Relificance like of starts 44 1974 (REISA), and section 605(8) of the inspection. This Form is Goans to Public inspection. Presented Georgia Campanya Complete all entries in accordance with the instructions to the form 5500.87. This Form is Goans to Public inspection. Presented Georgia Campanya Complete all entries in accordance with the instructions to the form 5500.87. This Form is Goans to Public inspection. A This return/report is for: Instructions to the form 5500.87. Instructions (Complete Campanya) Complete all entries in accordance with the instructions of the form 5500.87. C Check box if filling under: If first eturn/report is for: Instructions (Complete Campanya) Instructions (Complete Campanya) Instructions (Complete Campanya) Restriction Filling under: If first eturn/report Instructions (Complete Campanya) Instructions (Complete Campanya) Instructions (Complete Campanya) Restriction Filling under: If first eturn/report Instructions (Complete Campanya) Instructions (Complete Campanya) Instructions (Complete Campanya) Restriction Filling under: Instructions (Complete Campanya) Instructions (Complete Campanya) Instructions (Complete Campanya) Restriction Filling Under Campanya Instructions (Complete Campanya) Instructions (Complete Campanya)						e	2010				
Tenson end Gasage Copyonant Complete all endries in accordance with the instructions to the Form 5500-5F. Control Complete all endries in accordance with the instructions to the Form 5500-5F. Control Status Control Club (2/2010) and ending 12/21/2010 This refurmance to the Control Status Club (2/2010) and ending 12/21/2010 This refurmance to the Control Status Club (2/2010) and ending 12/21/2010 This refurmance to the Control Dim refurmance to the Control Proceeding to the Control Dim refurmance to the Control Dim refurmance to the Control Dim refurmance to the Control Proceeding to the Control Dim refurmance to the Control Dim refurmance to the Control Dim refurmance to the Control Proceeding to the Control Dim refurmance to the Control Proceeding to the Control Dim refurmance to the Control Dim refurmance to the Control Dim refurmance to the Control 24 If the name and address (drin and endine to the Control	Department of Labor Retirement Income Security Act			Act of 1974 (E	t of 1974 (ERISA), and section 6058(a) of the						
PBRDE/L Annual Report Identification Information 0.//01/2010 and ending 12/31/2010 A This returning of the Sector Park (of multicingkywr) one-participant (of multicingkywr) one-participant (of multicingkywr) one-participant (of multicingkywr) B This enturning of the Sector Park (of multicingkywr) inal returning of the Sector Park (of multicingkywr) one-participant (of multicingkywr) one-participant (of multicingkywr) Park (d) The Sector Park (of multicingkywr) inal returning of the Sector Park (of multicingkywr) one-participant (of multicingkywr) one-participant (of multicingkywr) Park (d) The Sector Park (of the Sector Park (of multicingkywr) inal returning (of multicingkywr) one-participant (of multicingkywr) Park (d) The Sector Park (of the Sector			Complete all entries in accor	dance with th	e instructions to the Form 5500)-SF.					
Contractinidar plan year. 2010 or fiscal plan year to tegrinning 01/01/2012 and enoning 12/21/2012 A This reduniteport is for: Bingle-employer plan Imple-employer plan Imple-employer plan B This estundheport is for: Bingle-employer plan Imple-employer plan Imple-employer plan C Check boot if filing under: Bingle-employer plan Imple-employer plan DPVC program Prime SSS Bingle-employer plan Imple-employer plan DPVC program Prime SSS Bingle-employer plan DPVC program DPVC program Prime SSS Bingle-employer plan DPVC program DPVC program Prime Sonsorts name and address (employer, if for single-employer plan) DE Employer for single-employer plan) DE Employer for single-employer plan) MBETCAN EXVTROMERSTAL CONSTRUCTION, LLC ZO Employer for single-employer plan) DE Employer for single-employer plan) MBETCAN EXVTROMERSTAL CONSTRUCTION, LLC ZO Employer for single-employer plan So Administrator's Elegione number R Total number of participants at the beginning of the plan year So Administrator's Elegione number R Total number of participants at the beginning of the plan year So Administrator's Elegione number	Par	t I Annual Report	dentification Information				21 (0010				
A Instantingon is unit Instant	For th	e calendar plan year 2010 or	fiscal plan year beginning		· · · · · · · · · · · · · · · · · · ·	$\frac{12}{\Box}$					
Note that introducts to it. an amanded twarr/teport and manded twarr/teport and manded twarr/teport C Check box if filing under: an amanded twarr/teport automatic extension DPVC program P207/HC Basic Plan Information	A Th	is return/report is for:	x single-employer plan	multiple-emp	oyer plan (not multiemployer)		one-participant	plan			
C Check box if filing unde: an amended return/report automatic extension DFVC program Partific Basic Plan Information	B Th	is return/report is for:	first return/report	1	•						
C Check both filling unde: Distance American Control (enter description) Page 118 Basic Plan Information			an amended return/report	short plan ye	ar return/report (less than 12 month	s)					
Part IG Basic Plan Information								1			
Part III: Basic Plan Information anter all requested information. 10 Three-digit plan number (RN Park A TRUST) 14 Neme of plan AMERICAN ENVIRONBERTAL 401 (k) SALARY REDUCTION PLAN & TRUST 10 Three-digit plan number (RN Park A TRUST) 22 Plan sponsor's name and address (employer, if for single-employer plan) American Service Address (employer, if for single-employer plan) American Service Address (employer, if for single-employer, enter 'Same') Same' 20 Employer Identification Number (200) 232 - 4431 23 Plan period initiator's name and address (if same as plan employer, enter 'Same') Same' 20 Bachesis code (see instructions) 242 - 45043 24 fib number from the last return/report field for this plan, enter the name, EIN and the plan number from the last return/report Sonsor's Name 30 Administrator's talephone number 4 fib name, EIN and the plan sponsor has changed since the last return/report field for this plan, enter the name, EIN and the plan number from the last return/report Sonsor's Name 30 Administrator's talephone number 54 Total number of participants with account balances as of the end of the plan year . 51 52 13 64 the name and address (if earne as plan employer end or displand the displand to continue). EVes [No No 74 the name end of the plan seats return/report. 58 13	00	ICCK DOX IT IIIII G CITACIT		_ ו)							
1a Name of plan AMERICAN ENVIRONMENTAL 401 (k) SALARY REDUCTION PLAN & TRUST 10 2a Plan sponsor's name and address (employer, if for alngle-employer plan) AMERICAN ENVIRONMENTAL CONSTRUCTION, LLC 24 7417 47H AVE SOUTH 10.4 0512402 2b Employer Meditication Number (Delta Sector) 25.6 Employer Meditication Number (Delta Sector) 7417 47H AVE SOUTH 10.4 05124 7417 47H AVE SOUTH 10.4 05124 7417 47H AVE SOUTH 10.4 05124 7418 File activity and address (If aame as plan employer, enter "Same") 3b Administrator's EIN 3E File activity and address (If aame as plan employer, enter "Same") 3c Administrator's EIN 3E Total number of participants at the beginning of the plan year 5a 19 5G Total number of participants at the beginning of the plan year 5a 19 5G Were al of the plans sector for account biarcoard samp account biarcoard conditions.) CI 16 5b 5G Were al of the plans sector for account biarcoard conditions.) CI 16 5b 5G Were al of the plans sector for account biarcoard conditions.) CI 16 5b 5G Were al of the plans sector for account biarcoard accounter accounter (QPA) CI 16 5b 5G Were		Beeie Blan Info						······			
ANSERCAN ENVIRONMENTAL 401 (k) SALARY REDUCTION PLAN & TRUET Image: Construction of the plan approximation of the plan											
2a Plan sponsor's name and address (employer, if for single-employer plan) MREICAN ENVIRORMENTAL CONSTRUCTION, LLC 7417 4SH AVE SOUTH 95 82ATLE 7417 4SH AVE SOUTH 95 82ATLE 95 82ATLE 7417 4SH AVE SOUTH 95 82ATLE 74 951 AVE SOUTH 95 82ATLE 74 147 4SH AVE SOUTH 74 147 4SH AVE SOUTH 75 147 4SH AVE SOUTH 74 147 4SH AVE SOUTH 74 147 4SH AVE SOUTH 75 147 4SH AVE SOUTH 75 147 4SH AVE SOUTH 77 147 4SH AVE SOUTH		-		ז דיד אז ג ייד	TIST			001			
2a Plan sponsor's name and address (employer, if for aingle-employer plan) ARRICIAN ENVIRONMENTAL CONSTRUCTION, LLC 7417 42H AVE SOUTH 2b Employer identification Number (206) E23-4441 vis SAPTLE NA 98105 2c Pan sponsor's telephone number (206) E23-4441 vis SAPTLE NA 98105 3b Administrator's telephone number (206) E23-4441 vis SAPTLE NA 98105 3b Administrator's telephone number (206) E23-4441 vis SAPTLE NA 98105 3b Administrator's telephone number (206) E23-4441 vis SAPTLE NA 98105 3b Administrator's telephone number (206) E23-4441 vis Same 3c Administrator's telephone number (a) Explored participants at the beginning of the plan year 4b EIN 4 If the name and/or EIN of the plan year invested in eight easets (See instructions) 5c 5a Total number of participants with account balances as of the end of the plan year invested in eight easets (See instructions) 5c 6a Were all of the plan sestes during the plan year invested in eligible assets (See instructions) 5c 16 6a Were all of the plan sestes during the plan year invested in eligible assets 5c 16 6a Total number of participants with account balanc	į	AMERICAN ENVIRONMENT	AL 401 (R) SALARI REDUCTION			· · · ·		plan			
21 Plan sponsor's name and address (ethnologie, ILU: anguerun, per party (EIN) 34-4454492 7417 42H AVE SOUTH 200 [Se3-441] UIS SEATTLE KA 98105 32 Plan administrator's name and address (if same as plan employer, enter "Same") 3b Administrator's telephone number 4 If the name, EIN and the plan sponsor telephone function is anguerun, per party 3b Administrator's telephone number 4 If the name, end/or EIN of the plan sponsor has changed since the last return/report Sinder of this plan, enter the name, EIN and the plan number from the last return/report Sponsor's Name 4b EIN 5a 101 number of participants at the beginning of the plan year 5b 5c 5a 109 number of participants with account balances as of the end of the plan year (defined benefit plans do not complex this liem) 5c 16 6a Weer all of the plan's assets during the plan year invested in eligible assets? (See instructions) Kin yea No 6a Vere all of participants at the annual examination and report of an independent qualified public accounter.(ICPA) Kin yea No 7a 422, 954 403,015 No 16 16 7a 422, 954 403,015 7c 422, 954 403,015 7b Tanancial Information											
AMERICAN ENVIRONMENTAL CONSTRUCTION, LLC 74.17 4TH AVE SOUTH 20 Francesponsofs biophone number Vis SEATTL2 VA 98105 22.000 3a Plan administrator's name and address (if same as plan employer, enter "Same") 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/eport Ried for this plan, enter the name, EIN and the plan number from the last return/eport Shame 4b EIN 5a Total number of participants at the beginning of the plan year 5a 10 5a Total number of participants at the add the plan year 5a 10 5a Total number of participants at the add the plan year 5a 10 5a Total number of participants at the add the plan year (defined benefit plans do not complete the fame) 5a 14 6a Were all of the plan sasets during the plan year (defined benefit plans do not complete there far or 6b, the plan cannet use Form 5500. EVers INO 6a Were all of the plan sasets 10.00000000000000000000000000000000000	2a	Plan sponsor's name and addr	ress (employer, if for single-employer p	lan)							
7417 4TH AVE SOUTH (206) 523-4441 2d Bunness code (see instructions) 238 Pin administrator's name and address (if same as plan employer, enter "Same") 3b Administrator's EIN 3a Fin administrator's name and address (if same as plan employer, enter "Same") 3b Administrator's EIN 3a Fin administrator's name and address (if same as plan employer, enter "Same") 3b Administrator's telephone number 4 If the name and/or EIN of the plan sponsor has changed since the last return/report Sponsor's Name 4b EIN 5a Total number of participants at the beginning of the plan year 5a 18 5b Total number of participants at the off of the plan year 5a 18 6b Cotal number of participants at the ond of the plan year 5a 18 6c Total number of participants at the ond of the plan year 5a 18 6c Total number of participants at the ond of the plan year 5c 16 6c Total number of participants at the ond of the plan year 5c 16 6c Were all of the plan's sestes during the plan year invested in eligible assets? (See instructions.) 5c 16 6c PR 250. 104-467 (See instructions on water eligibly and conditions.) 5c 16 7 Pian Assets and Liabilities 7b 0 0 8 Total plan assets (subtract line 7 from line 7a) 7b 0 0 7 Tot plan assets (subtract line 7 from line 7a) <td< td=""><td></td><td>AMERICAN ENVIRONMENT</td><td>AL CONSTRUCTION, LLC</td><td></td><td></td><td><u> </u></td><td colspan="4"></td></td<>		AMERICAN ENVIRONMENT	AL CONSTRUCTION, LLC			<u> </u>					
US SEATTLE IXA 98105 228 Biolenses code (see instructions) 3a Pian administrator's name and address (if same as plan employer, enter "Same") 3b Administrator's EIN 3a are 3c Administrator's name and address (if same as plan employer, enter "Same") 3c Administrator's EIN 4 If the name and/or EIN of the plan sponsor has changed since the last return/report. Sponsor's Name 4b EIN 5a 18 4c PN 5a 18 18 5b 21 5c 5c 16 16 5c 16 16 5c 18 16 5c 18 16 5c 16 16 5c 18 16 5c 18											
33 Plan administrator's name and address (if same as plan employer, enter "Same") 33 Administrator's telephone number 4 If the name end/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 for plan topic plan number of participants at the beginning of the plan year 40 EIN 5a Total number of participants at the edigining of the plan year 5a 18 5b 21 5b 21 c Total number of participants at the edigining of the plan year 5b 18 c Total number of participants at the ediginitie and conflict plan year 5c 16 c Total number of participants at the edigible assets? (See instructions.) 5c 16 d Were all of the plan sestes during the plan year invested in eligible assets? (See instructions.) 5c 16 d Were all of the plan sestes during the plan term of the plan year invested in eligible assets? (See instructions.) 5c 16 d More additing additional tips and conflicting additional tips and conflicting additional tips and conflicting additional tips and conflicting additional tips.) 7c 422,954 403,015 d Total plan assets (subtract line 7b from line 7a) 7c 422,954 403,015		7417 4TH AVE SOUTH					2d Business code (see instructions)				
313 Plan administrator's name and address (if same as plan employer, ettar same) 31 314 Plan administrator's name and address (if same as plan employer, ettar same) 31 315 Plan administrator's telephone number 316 Plan administrator's telephone number 317 If the name and/or ElN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, ElN and the plan number from the last return/report. Sponsor's Name 40 316 Total number of participants at the end of the plan year 5a 18 317 Total number of participants at the end of the plan year 5c 16 318 Prove all of the parts assets during the plan year invested in eligible assets? (See instructions.) 5c 16 318 Preve all of the parts assets during the plan year invested in eligible asset? (See instructions.) 5c 16 319 Preve all of the plan sponsor the annuel examination and report of an independent qualified public accountant (QPA) Image: Preve all of the plan sets Image: Preve all of the plan sets 319 Plan Assets and Liabilities 7a 422, 954 403, 015 319 Total plan assets (subtract line 7b from line 7a) 7b 0 0 320 Not prevenses, and T											
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report. Sponsor's Name 4b EIN 5a Total number of participants at the beginning of the plan year . 5a 18 5a Total number of participants at the end of the plan year . 5a 18 5a Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this tem) 5c 16 5a 16			l address (If same as plan employer, e	nter "Same")							
4 If the name and/or EN of the plan sponsor has drained and that interview in the has point on the plan test return/report. Sponsor's Name 4 C PN 5a Total number of participants at the beginning of the plan year 5a 18 b Total number of participants at the end of the plan year 5a 18 c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 16 6a Were all of the plan's assets during the plan year (newsted in eligible assets? (See instructions.) 5c 16 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) C Total number of the annual examination and report of an independent qualified public accountant (QPA) C Total plan assets C Total plan assets C Total plan isbilites C Total plan assets C Total plan isbilites C Total plan assets C Total plan isbilites<		Same				3c /	Administrator's telephone number				
4 If the name and/or EN of the plan sponsor has drained and that interview in the has point on the plan test return/report. Sponsor's Name 4 C PN 5a Total number of participants at the beginning of the plan year 5a 18 b Total number of participants at the end of the plan year 5a 18 c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 16 6a Were all of the plan's assets during the plan year (newsted in eligible assets? (See instructions.) 5c 16 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) C Total number of the annual examination and report of an independent qualified public accountant (QPA) C Total plan assets C Total plan assets C Total plan isbilites C Total plan assets C Total plan isbilites C Total plan assets C Total plan isbilites<											
name, EIN and the plan number from the last returningout. Splots is kaine 4C PN 5a Total number of participants at the beginning of the plan year 5a 18 b Total number of participants at the end of the plan year 5c 16 c Total number of participants with accurs as of the end of the plan year (defined benefit plans do not complete this item) 5c 16 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 5c 16 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 5c 16 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 5c 16 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) 5c 16 7a 422,954 403,015 7a 422,954 403,015 7b 0 0 0 0 0 7c 422,954 403,015 8a(1) 0 0 8 10 conne, Expenses, and Transfers for this Plan Year 6a(2) 0 6a(3) 1,71.9 8 1,71.9 8a(2) 0 6a(3) 1,71.9 72.9 9 Other incorme(los)	<u> </u>	If the name and/or FIN of the	plan sponsor has changed since the la	st return/report	filed for this plan, enter the	4b					
Sa Total number of participants at the deginning of the plan year Sb 21 b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 16 complete this item)	name, EIN and the plan number from the last return/report. Sponsor's N				ame 4c			; PN			
b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) Subscription Subscription G Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 16 G Were all of the plan's assets (using the plan year invested in eligible assets? (See instructions)			the beginning of the plan year			5a		18			
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) 5c 16 C Total number of participants with account balances as of the end of the plan sasets (See instructions.) 5c 16 D Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 20 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Image: Complete this item) Image: Complete this item) <td>5a</td> <td>Total number of participants a</td> <td>the end of the plan year</td> <td></td> <td></td> <td>5b</td> <td></td> <td>21</td>	5a	Total number of participants a	the end of the plan year			5b		21			
complete this item)	a menu to a final structure with approximate holdinger as of the end of the plan year (defined benefit plans do not										
Ga Were all of the plan's assets during the plan year invested in eligible assets (YGe Instructions) The function of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 252.014467 (See instructions on waiver eligibility and conditions.) Image: Control of Contro of Contro of Contro of Control of Contrective Control of Control		complete this item)	<u></u>		<u> </u>	50					
under 29 CFR 2520.104.46? (See instructions on waiver eligibility and condutions.) 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	6a	Were all of the plan's assets of	during the plan year invested in eligible	assets? (See i	nstructions.)	• • •					
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Partilli Financial Information 7 Plan Assets and Liabilities a Total plan assets 7a 422,954 403,015 b Total plan liabilities 7b 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 422,954 403,015 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 0 0 (2) Participants 8a(2) 0 8a(3) 0 (3) Others (including rollovers) 8b 1,719 8c 1,719 b Other income (loss) 8a(1) 0 8a(2) 0 1,719 c Total incound; dd lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1,719 8c 1,719 c Cartain deemed and/or corrective distributions (see instructions) 8d 21,658 8g 21,658 g Other expenses (add lines 8d, 8e, 8f, and 8g) 8d 1,628 8h 1(19,939) i Net income (loss) (subtract line 8h from line 8c) 8i 1,658 1(19,939) <td>b</td> <td>Are you claiming a waiver of t</td> <td>the annual examination and report of all</td> <td>n independent (ad conditions.)</td> <td>qualified public accountant (IQPA)</td> <td></td> <td></td> <td>XYes No</td>	b	Are you claiming a waiver of t	the annual examination and report of all	n independent (ad conditions.)	qualified public accountant (IQPA)			XYes No			
ParkIII Financial Information (a) Beginning of Year (b) End of Year 7 Plan Assets and Liabilities 7a 422,954 403,015 b Total plan assets 7b 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 422,954 403,015 c Net plan assets (subtract line 7b from line 7a) 7c 422,954 403,015 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 0 0 (1) Employers 8a(1) 0 8a(2) 0 (2) Participants 8a(3) 1,719 8a(3) 1,719 c Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8b 1,719 1,719 c Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8e 8e 1,719 c Total income(dad lines 8a(1), 8a(2), 8a(3), and 8b) 8e 21,658 8e g Other expenses Se and additional additionadditional additiona		under 29 CFR 2520.104-46?	her 6a or 6b, the plan cannot use Fo	rm 5500-SF an	d must instead use Form 5500.						
Arrow Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 422,954 403,015 b Total plan liabilities 7b 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 422,954 403,015 8 Income, Expenses, and Transfers for this Plan Year 7c 422,954 403,015 9 Income, Expenses, and Transfers for this Plan Year 8a(1) 0 0 10 Employers 8a(1) 0 8a(2) 0 (2) Participants 8a(3) 1,719 8a(3) 1,719 C Total income(edd lines 8a(1), 8a(2), 8a(3), and 8b) 8c 8a(2) 0 C Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8e 1,719 Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 21,658 g Other expenses 9 9 8d 11,939 i Net income (loss) (subtract line 8h from line 8c) 8g 11,939 i Net income (loss) (subtract line 8h from line 8c) 8i 119,939) i Net income (loss) (subtract line 8h from line 8c) 8i 119,939) i Transfers t				<u> </u>							
7 Plain Assets and Elabilities a Total plan assets 7a 422,954 403,015 b Total plan liabilities 7b 0 0 c Net plan assets (subtract line 7b from line 7a) 7c 422,954 403,015 c Net plan assets (subtract line 7b from line 7a) 7c 422,954 403,015 c Net plan assets (subtract line 7b from line 7a) 7c 422,954 403,015 c Net plan assets (subtract line 7b from line 7a) 7c 422,954 403,015 d Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 0 8a(2) 0 (2) Participants 8a(3) 1,719 8a(3) 1,719 1,719 b Other income (loss) Sa(2) 0 8a(3) 1,719 1,719 c Total pome(add lines 8a(1), 8a(2), 8a(3), and 8b) 8d 21,658 21,658 1,719 c Certain deemed and/or corrective distributions (see instructions) 8e 8e 21,658 21,658					(a) Beginning of Year		(b) End	of Year			
a Yota plan liabilities 7b 0 0 b Total plan liabilities 7c 422,954 403,015 c Net plan assets (subtract line 7b from line 7a) 7c 422,954 403,015 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 0 (1) Employers 8a(1) 0 (2) Participants 8a(2) 0 (3) Others (including rollovers) 8a(3) 1,719 b Others (including fines 8a(1), 8a(2), 8a(3), and 8b) 8b 1,719 c Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8e 1,719 c Certain deemed and/or corrective distributions (see instructions) 8e 8e 21,658 f Administrative service providers (salaries, fees, commissions) 8f 8h 21,658 f Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 11,939) 11,939) i Net income (loss) (subtract line 8h from line 8c) 8i 8i 11,939) i Net i	-				422,954			403,015			
b Interplan absence 1 1 1 403,015 c Net plan assets (subtract line 7b from line 7a) 7c 422,954 403,015 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) 0 (2) Participants 8a(2) 0 8a(3) (3) Others income (loss) 8a(3) 1,719 b Other income (loss) 8a(3) 1,719 c Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8e 1,719 c Certain deemed and/or corrective distributions (see instructions) 8e 8e 21,658 f Administrative service providers (salaries, fees, commissions) 8f 8h 21,658 f Net income (loss) (subtract line 8h from line 8c) 8h 11,939) 21,658 i Net income (loss) (subtract line 8h from line 8c) 8i 8i 11,939)		•			0			00			
C Net plan assets (subtract line 10 retrime rby) (b) Total 8 Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 0 8a(1) 0 (2) Participants 8a(2) 0 8a(2) 0 (3) Others (including rollovers) 8a(3) 8a(3) 1,719 b Other income (loss) 8a(3), and 8b) 8c 1,719 c Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 21,658 e Certain deemed and/or corrective distributions (see instructions) 8e 8e 21,658 f Administrative service providers (salaries, fees, commissions) 8f 8h 21,658 g Other expenses 8g 21,658 21,658 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 21,658 21,658 i Net income (loss) (subtract line 8h from line 8c) 8h 8h 21,658 i Transfers to (from) the plan (see instructions) 8i 8i 3i				· ·	422,954			403,015			
a Contributions received or receivable from: (1) Employers					(a) Amount		(b)	Totai			
(1) Employers 88(1) (2) Participants 88(2) (3) Others (including rollovers) 88(3) (3) Others (including rollovers) 88(3) (4) Other income (loss) 82(3) (5) Other income (loss) 82(3) (7) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8b (1) Employers 8b (1) Comme (loss) 1,719 (1) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d (2) Certain deemed and/or corrective distributions (see instructions) 8e (2) Other expenses 8g (3) Other expenses 8g (4) Total expenses (add lines 8d, 8e, 8f, and 8g) 8h (19, 939) 8i (19, 939) 8i		Income, Expenses, and Tran	sters for this Plan Year	20032040302030							
(2) Participants 0 (3) Others (including rollovers) 8a(2) (4) Other income (loss) 1,719 (5) Other income (loss) 8b (7) Other income (loss) 1,719 (2) Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (3) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c (4) Certain deemed and/or corrective distributions (see instructions) 8e (5) Other expenses 8f (6) Other expenses 8g (7) Other expenses (add lines 8d, 8e, 8f, and 8g) 8h (19, 939) 8i (19, 939) 8i	а			<u>8a(1)</u>		_		in the case of the			
(3) Others (including rollovers). 8a(3) (3) Others (including rollovers). 8b (3) Other income (loss) 1,719 (3) Other income (loss) 8c (3) Other income (loss) 1,719 (3) Other income (loss) 8c (4) Other income (loss) 8c (5) Other income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8c (6) Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d (7) Other expenses 8d (10) Other expenses 8f (11) Other expenses 8g (12) Other expenses 8t (13) Other expenses (add lines 8d, 8e, 8f, and 8g) 8t (14) Possibility 8t (15) Possibility 8t		.,		. 8a(2)	0						
(3) Other income (loss) 8b 1,719 C Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1,719 C Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1,719 Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 21,658 F Administrative service providers (salaries, fees, commissions) 8f 1,719 If Administrative service providers (salaries, fees, commissions) 8f 1,658 If Other expenses 8g 21,658 If Notal expenses (add lines 8d, 8e, 8f, and 8g) 8h 1,719 If Net income (loss) (subtract line 8h from line 8c) 8i 1,719 If Transfers to (from) the plan (see instructions) 8j 8j		., .	rs)	<u>8a(3)</u>							
C Total income(add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 1,719 d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8c 21,658 e Certain deemed and/or corrective distributions (see instructions) 8e 21,658 f Administrative service providers (salaries, fees, commissions) 8f 21,658 g Other expenses 8g 21,658 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 21,658 i Item (loss) (subtract line 8h from line 8c) 8i 11,719 i Transfers to (from) the plan (see instructions) 8j 8j	þ	• •		<u>8</u> b	1,719						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d 21,658 e Certain deemed and/or corrective distributions (see instructions) 8e 8e f Administrative service providers (salaries, fees, commissions) 8f 21,658 g Other expenses 8g 21,658 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 11,658 i Transfers to (from) the plan (see instructions) 8j 8j		Total income(add lines 8a(1)	8a(2), 8a(3), and 8b)	8c			and the second second second second second	1,719			
e Certain deemed and/or corrective distributions (see instructions) 8e f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g Other expenses 8g 21,658 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 1000000000000000000000000000000000000		Benefits paid (including direct	t rollovers and insurance premiums	8d	21,658			area de la composition de la compositio En la composition de la			
f Administrative service providers (salaries, fees, commissions) 8f g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h i Transfers to (from) the plan (see instructions) 8j	~	•	active distributions (see instructions)								
g Other expenses 8g 21,658 h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 21,658 i Net income (loss) (subtract line 8h from line 8c) 8i (19,939) i Transfers to (from) the plan (see instructions) 8j 9	e										
h Total expenses (add lines 8d, 8e, 8f, and 8g) 21,658 i 1 1	T										
I Transfers to (from) the plan (see instructions) · · · · · · · · · · · · · · · · ·		•	1 0- 05					21,658			
Transfers to (from) the plan (see instructions)	h				(1991年前4月1日) (1991年4月1日)			(19,939)			
	i			-				的时候 的话来的			
	Ţ	Transfers to (from) the plan	(see instructions)		tions for Form 5500-SF.			Form 5500-SF (2010) v.092308			

Form 5500-SF 2010

Part IV **Plan Characteristics**

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2J 2K 3E

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

Part				Yes	No	<i>4</i>	Mount
0	During the plan year: Was there a failure to transmit to the plan any participant contribution within the time period described in				x		
	20 CEP 2510 2 1022 (See instructions and DOI's Voluntary Fiduciary Correction Program)		10a	<u> </u>			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		10b		x		
С	Was the plan covered by a fidelity bond?		10c	x			
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		10d	ļ	x		
е	Were any fees or commisions paid to any brokers, agents, or other persons by an insurance carrier, insurance services or other organization that provides some or all of the benefits under the plan? (See instructions.)		10e	x			
f	Has the plan failed to provide any benefit when due under the plan?		10f		x		
-	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		100		x		
g h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	•	101	1	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	M Pension Funding Compliance						
1	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co	•		* *	<u></u>	<u> </u>	. <u> </u>
2	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Cod (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)						. ∐Y∉
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instr granting the waiver rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13	D IC	ns, ar onth _	nd ente	er the da Da	ate of the le y	Year
	Enter the minimum required contribution for this plan year			[12b		
b	Enter the amount contributed by the employer to the plan for this plan year				12c		
c d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le negative amount)	ft of	a •		12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?	•	<u></u>	••	••	Yes	No
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?	•	••	•••	••	<u></u>	<u>. </u>
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	•			13a		
b c	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough of the PBGC? If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify	•	• •	• •	···	• • • •	. 🗆 Y
	which assets or liabilities were transferred. (See instructions.)		<u> </u>		13c(2)	EIN(s)	130
<u> </u>	13c(1) Name of plan(s):				100(2)		
							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.

R. V-Min ly	ROBERT MORLEY
sign and a	Date /n - 5-// Enter name of individual signing as plan administrator
HERE Signature of plan administrator	BOD TO RORCEY
sign 2 at - In ty	
HERE Signature of employer/plan sponsor	Date 10 ~- II Enter name of individual signing as employer or plan sponsor
HERE Signature of employer/plan sponsor /	Date $\int_{D} \int -i(Entrem name of many adar signing as empty. If per optimized$

Page 2-

10,000

599

]Yes XNo Yes X No

∏N/A

Yes XNo

Yes X No

13c(3) PN(s)