

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
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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	
	☒ 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:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan RALEIGH DIV. ATC/VANCOM MGMT. SER. ATU LOCAL UNION 1328 RET. PLAN	1b Three-digit plan number (PN) ►	011	
	1c Effective date of plan	12/01/1972	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) ATC/VANCOM MANAGEMENT SERVICES, LTD 2015 SPRING ROAD OAKBROOK, IL 60253	2b Employer Identification Number (EIN) 52-1493194	2c Sponsor's telephone number 919-833-5701	2d Business code (see instructions) 485110

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.	10/12/2011	ANGELA ALLISON
	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")

BOARD OF CONTROL

4104 POOLE ROAD
RALEIGH, NC 27610**3b** Administrator's EIN

56-2647305

3c Administrator's telephone number

919-833-5701

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**

283

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**

160

b Retired or separated participants receiving benefits.....**6b**

50

c Other retired or separated participants entitled to future benefits.....**6c**

72

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

282

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

7

f Total. Add lines **6d** and **6e**.....**6f**

289

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

21

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:

1B 1G

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) ☐

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) ☐

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A Name of plan RALEIGH DIV. ATC/VANCOM MGMT. SER. ATU LOCAL UNION 1328 RET. PLAN	B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500. ATC/VANCOM MANAGEMENT SERVICES, LTD	D Employer Identification Number (EIN) 52-1493194

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier STANDARD INSURANCE COMPANY
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
93-0242990	69019	802635	289	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid 18903	(b) Total amount of fees paid 0
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid AMERITAS INVESTMENT CORP. 5900 O STREET, FLOOR 4 LINCOLN, NE 68510-2234
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18903			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 3327423**5** Current value of plan's interest under this contract in separate accounts at year end **5** 3365413**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 3078669**c** Additions: (1) Contributions deposited during the year **7c(1)** 414282(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 93851(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)** 508133**d** Total of balance and additions (add **b** and **c(6)**). **7d** 3586802**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 242290(2) Administration charge made by carrier **7e(2)** 6762(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 10327

▶ PBGC, 6391; TRUST COMPANY, 789; AUDITOR, 3147

(5) Total deductions **7e(5)** 259379**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 3327423

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RALEIGH DIV. ATC/VANCOM MGMT. SER. ATU LOCAL UNION 1328 RET. PLAN</u>	B Three-digit plan number (PN) ▶ <u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ATC/VANCOM MANAGEMENT SERVICES, LTD</u>	D Employer Identification Number (EIN) <u>52-1493194</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>6001770</u>
b Actuarial value	2b <u>6001770</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>53</u> <u>2293590</u>
b For terminated vested participants	3b <u>68</u> <u>615068</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>545597</u>
(2) Vested benefits	3c(2) <u>3402092</u>
(3) Total active	3c(3) <u>162</u> <u>3947689</u>
d Total	3d <u>283</u> <u>6856347</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.68</u> %
6 Target normal cost	6 <u>16951</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	
Signature of actuary <u>STEPHEN M. COLEMAN, EA FSA MAAA</u>	Date <u>11-03631</u>
Type or print name of actuary <u>STANDARD RETIREMENT SERVICES, INC.</u>	Most recent enrollment number <u>971-321-8558</u>
Firm name <u>P O BOX 711</u> <u>PORTLAND, OR 97207-0711</u>	Telephone number (including area code)
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	783701	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	783701	0
10	Interest on item 9 using prior year's actual return of <u>11.75</u> %	92085	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		145974
b	Interest on (a) using prior year's effective rate of <u>8.16</u> %		11911
c	Total available at beginning of current plan year to add to prefunding balance		157885
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	875786	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	74.76 %
15	Adjusted funding target attainment percentage.....	15	74.76 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	90.67 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls		
18	Contributions made to the plan for the plan year by employer(s) and employees:		
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
01/25/2010	16169	16169	04/05/2010 15663 15663
02/08/2010	16356	16356	04/15/2010 15845 15845
02/22/2010	16302	16302	05/07/2010 15884 15884
02/23/2010	128	128	05/24/2010 15905 15905
03/05/2010	16224	16224	05/28/2010 16005 16005
03/22/2010	16233	16233	06/10/2010 16280 16280
		Totals ▶	18(b) 433323 18(c) 433323

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a	Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b	Contributions made to avoid restrictions adjusted to valuation date	19b 0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 417984
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c	If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part II	Beginning of year carryover and prefunding balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)		
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9 Amount remaining (Item 7 minus item 8).....		
10 Interest on item 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		
b Interest on (a) using prior year's effective rate of _____%		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance.....		
12 Reduction in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....		

Part III	Funding percentages	
14 Funding target attainment percentage.....	14	%
15 Adjusted funding target attainment percentage.....	15	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/25/2010	17299	17299	09/20/2010	15744	15744
07/12/2010	15688	15688	10/01/2010	16147	16147
07/23/2010	15797	15797	10/15/2010	16587	16587
08/16/2010	17793	17793	10/29/2010	14485	14485
08/23/2010	15670	15670	11/15/2010	18613	18613
09/07/2010	15309	15309	11/29/2010	14754	14754
			Totals ▶	18(b)	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	Yes ☐ No ☐
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	Yes ☐ No ☐
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part II	Beginning of year carryover and prefunding balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)		
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9 Amount remaining (Item 7 minus item 8).....		
10 Interest on item 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		
b Interest on (a) using prior year's effective rate of _____%		
c Total available at beginning of current plan year to add to prefunding balance		
d Portion of (c) to be added to prefunding balance.....		
12 Reduction in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....		

Part III	Funding percentages	
14 Funding target attainment percentage.....	14	%
15 Adjusted funding target attainment percentage.....	15	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/13/2010	14277	14277			
12/27/2010	15171	15171			
01/04/2011	16022	16022			
01/21/2011	16973	16973			
			Totals ►	18(b)	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	Yes ☐ No ☐
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	Yes ☐ No ☐
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	16951
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1456109	296662
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	313613
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	313613
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	417984
38 Interest-adjusted excess contributions for current year (see instructions).....	38	104371
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information 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.	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 RALEIGH DIV. ATC/VANCOM MGMT. SER. ATU LOCAL UNION 1328 RET. PLAN	B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 ATC/VANCOM MANAGEMENT SERVICES, LTD	D Employer Identification Number (EIN) 52-1493194

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	
STANCORP FINANCIAL GROUP	1100 SW 6TH AVE. PORTLAND, OR 97204
93-1253579	

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

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

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

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

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)

STANCORP FINANCIAL GROUP

93-1253576

(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?
12 15 18 50	NONE	38730	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PENSION BENEFIT GUARANTEE CORPORATI

DEPARTMENT 77430
P.O. BOX 77000
DETROIT, MI 48277-0430

(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?
10 50	NONE	12686	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BATCHELOR, TILLERY & ROBERTS

56-1750124

(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?
10 50	NONE	6247	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 ☐

(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
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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.	

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
(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
(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

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:

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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.**

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
RALEIGH DIV. ATC/VANCOM MGMT. SER. ATU LOCAL UNION 1328 RET. PLAN

B Three-digit plan number (PN)	011
--	-----

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ATC/VANCOM MANAGEMENT SERVICES, LTD

D	Employer Identification Number (EIN)
	52-1493194

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: SEPARATE ACCOUNT A

b Name of sponsor of entity listed in (a): STANDARD INSURANCE COMPANY

c EIN-PN 93-0242990-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3365413
--	--	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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 RALEIGH DIV. ATC/VANCOM MGMT. SER. ATU LOCAL UNION 1328 RET. PLAN	B Three-digit plan number (PN) ►	011
C Plan sponsor's name as shown on line 2a of Form 5500 ATC/VANCOM MANAGEMENT SERVICES, LTD	D Employer Identification Number (EIN) 52-1493194	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13954	32995
(2) Participant contributions	1b(2)	13954	32995
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	2895234	3365413
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3078669	3327423
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	6001811	6758826

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6001811	6758826
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	433323	
(B) Participants	2a(1)(B)	433323	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		866646

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	93851	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		93851

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(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)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		308869
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1269366

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	478610	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		478610
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	6247	
(2) Contract administrator fees	2i(2)	14808	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	12686	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		33741
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		512351

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		757015
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

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: **BATCHELOR, TILLERY & ROBERTS, LLP**

(2) EIN: **56-1750124**

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.			

- 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)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan RALEIGH DIV. ATC/VANCOM MGMT. SER. ATU LOCAL UNION 1328 RET. PLAN		B Three-digit plan number (PN) ► 011
C Plan sponsor's name as shown on line 2a of Form 5500 ATC/VANCOM MANAGEMENT SERVICES, LTD		D Employer Identification Number (EIN) 52-1493194
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): _____ 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 18
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 v.092308.1		

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):

- 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): _____

**RALEIGH DIVISION OF ATC/VANCOM
MANAGEMENT SERVICES LIMITED
PARTNERSHIP ATU LOCAL UNION 1328
RETIREMENT PLAN**

Financial Statements and Schedule

December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

BACHELOR, TILLERY & ROBERTS, LLP

CERTIFIED PUBLIC ACCOUNTANTS

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Independent Auditors' Report

The Plan Committee

Raleigh Division of ATC/VANCOM Management

Services Limited Partnership ATU Local Union 1328 Retirement Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of Raleigh Division of ATC/VANCOM Management Services Limited Partnership ATU Local Union 1328 Retirement Plan (the "Plan") as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended, the statements of accumulated plan benefits as of January 1, 2011 and 2010 and the related statements of changes in accumulated plan benefits for the years then ended, and the supplemental schedule as of December 31, 2010. These financial statements and schedule 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 us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 4, which was certified by Standard Insurance Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We 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 December 31, 2010 and 2009 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our 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.

Batchelor, Tillery & Roberts, LLP

Batchelor, Tillery & Roberts, LLP

September 12, 2011

RALEIGH DIVISION OF ATC/VANCOM
MANAGEMENT SERVICES LIMITED PARTNERSHIP
ATU LOCAL UNION 1328 RETIREMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
<u>Assets</u>		
Investments, at fair value-		
group annuity separate account	\$ <u>6,692,836</u>	<u>5,973,903</u>
Receivables:		
Employer contributions	32,995	13,954
Employee contributions	<u>32,995</u>	<u>13,954</u>
	<u>65,990</u>	<u>27,908</u>
 Total assets	 6,758,826	 6,001,811
 <u>Liabilities</u>		
Administrative expenses payable	<u>3,187</u>	<u>2,662</u>
 Net assets available for benefits	 \$ <u>6,755,639</u>	 <u>5,999,149</u>

See accompanying notes to financial statements.

RALEIGH DIVISION OF ATC/VANCOM
MANAGEMENT SERVICES LIMITED PARTNERSHIP
ATU LOCAL UNION 1328 RETIREMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions to net assets:		
Contributions:		
Employer	\$ 433,323	360,114
Employees	<u>433,323</u>	<u>360,114</u>
	<u>866,646</u>	<u>720,228</u>
Investment return:		
Net appreciation in fair value of investments	308,869	526,186
Interest	<u>93,851</u>	<u>89,135</u>
	402,720	615,321
Less investment expenses	<u>(15,333)</u>	<u>(12,162)</u>
	<u>387,387</u>	<u>603,159</u>
Total additions	<u>1,254,033</u>	<u>1,323,387</u>
Deductions from net assets:		
Benefits paid	478,610	363,400
Administrative expenses	<u>18,933</u>	<u>15,682</u>
Total deductions	<u>497,543</u>	<u>379,082</u>
Net increase in net assets available for benefits	756,490	944,305
Net assets available for benefits:		
Beginning of year	<u>5,999,149</u>	<u>5,054,844</u>
End of year	\$ <u>6,755,639</u>	<u>5,999,149</u>

See accompanying notes to financial statements.

RALEIGH DIVISION OF ATC/VANCOM
MANAGEMENT SERVICES LIMITED PARTNERSHIP
ATU LOCAL UNION 1328 RETIREMENT PLAN

Statements of Accumulated Plan Benefits

January 1, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 3,355,387	2,939,685
Other participants	<u>3,548,650</u>	<u>3,493,175</u>
	6,904,037	6,432,860
Nonvested benefits	<u>598,934</u>	<u>577,299</u>
Total actuarial present value of accumulated plan benefits	\$ <u>7,502,971</u>	<u>7,010,159</u>

See accompanying notes to financial statements.

RALEIGH DIVISION OF ATC/VANCOM
MANAGEMENT SERVICES LIMITED PARTNERSHIP
ATU LOCAL UNION 1328 RETIREMENT PLAN

Statements of Changes in Accumulated Plan Benefits

Years ended January 1, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ <u>7,010,159</u>	<u>5,993,982</u>
Increase (decrease) during the year attributed to:		
Benefits accumulated, including interest	971,422	638,767
Benefits paid	(478,610)	(363,400)
Changes in actuarial assumptions	<u>-</u>	<u>740,810</u>
	<u>492,812</u>	<u>1,016,177</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u><u>7,502,971</u></u>	<u><u>7,010,159</u></u>

See accompanying notes to financial statements.

RALEIGH DIVISION OF ATC/VANCOM
MANAGEMENT SERVICES LIMITED PARTNERSHIP
ATU LOCAL UNION 1328 RETIREMENT PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(1) Basis of Presentation and Significant Accounting Policies

Description of the Plan - The following description of the Raleigh Division of ATC/VANCOM Management Services Limited Partnership ATU Local Union 1328 Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

The Plan is a tax-qualified plan established pursuant to Section 401(a) of the Internal Revenue Code of 1986 and is sponsored by the Raleigh Division of ATC/VANCOM Management Services Limited Partnership (the "Partnership"). The Plan began December 1, 1972 and is a defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Employees of the Partnership, classified as bus operators and maintenance employees, must complete a 120 working day probationary period before joining the Plan.

Basis of Presentation - The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator and plan actuary to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Significant Accounting Policies - The significant accounting policies of the Plan are summarized below:

(a) Fair Value Measurements

For determining fair value measurements, fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants. Management follows an established framework for measuring fair value. That framework provides a fair value hierarchy, which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The three levels of inputs that may be used to measure fair value are described below:

Level 1: quoted prices (unadjusted) in active markets for identical assets or liabilities.

Level 2: inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3: one or more significant inputs or significant value drivers are unobservable or based on market assumptions

RALEIGH DIVISION OF ATC/VANCOM
MANAGEMENT SERVICES LIMITED PARTNERSHIP
ATU LOCAL UNION 1328 RETIREMENT PLAN

Notes to Financial Statements, Continued

December 31, 2010 and 2009

(1) Basis of Presentation and Significant Accounting Policies, Continued

(b) Investments

Investments are stated at fair value as provided by the Plan's trustee (see note 4). Investments in mutual funds under the group annuity separate account with Standard Insurance Company ("Standard") are composed of assets that are either priced by a pricing service or directly by the relevant mutual fund company trading partner, with the group annuity separate account then subject to unit value determination by Standard (Level 2 and 3). Securities transactions are recognized on the trade date. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

(c) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of employees who have died, and present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by an actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and the probability of payment between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of December 31, 2010 and 2009 were (a) market value method, (b) life expectancy of participants (RP 2000 Mortality Table, updated annually per IRS regulations), (c) retirement age assumptions (at age 62 with 10 years of vesting service or age 65 or age on actuarial valuation date, if greater), (d) discount rate (6.5%), (e) funding target interest rates based on a 24-month average of the current yields on high quality corporate bonds, ranging from 3.78% to 6.57% for 2010 and 5.03% to 6.82% for 2009, and (f) employee contributions of 5% of pay, increasing to 5.5% on February 20, 2009, and to 6.0% on January 1, 2010. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

(d) Benefits

Benefit payments to participants are recorded as an expense when paid.

RALEIGH DIVISION OF ATC/VANCOM
MANAGEMENT SERVICES LIMITED PARTNERSHIP
ATU LOCAL UNION 1328 RETIREMENT PLAN

Notes to Financial Statements, Continued

December 31, 2010 and 2009

(2) Contributions

The cost of the Plan is shared by the Partnership and the participants. The contribution rates for the Partnership and the participants are defined in the Labor Agreement by and between Raleigh Division of ATC/VANCOM Management Services Limited Partnership and Amalgamated Transit Union Local Union 1328 and satisfy the minimum funding requirements of ERISA. Effective January 1, 2007 through December 31, 2008, the Partnership contributed 5.0% of each participant's gross wages to the Plan, and each participant contributed 5.0% of his/her gross wages to the Plan. These contribution percentages were increased to 5.5% beginning on February 20, 2009, and to 6.0% beginning on January 1, 2010, effective through December 31, 2010.

(3) Vesting and Benefits

Participants are immediately vested in 100% of employee contributions and earnings thereon. Participants' benefits with regard to Partnership contributions and earnings thereon are not vested at all until the participant has completed five years of service, at which time the participant becomes 100% vested.

Upon separation from service with the Partnership because of termination after five years of service, the participant is eligible to receive 100% of the monthly retirement benefit, with payments beginning on the participant's normal retirement date. A participant's monthly benefit is defined in the Plan agreement.

A participant who terminates employment due to total and permanent disability will be paid his accrued benefit beginning on the month after termination due to total and permanent disability. If a participant dies prior to retiring, the participant's spouse will receive a survivor benefit equal to one-half the benefit that the participant otherwise would have received upon leaving employment on his earliest retirement date.

(4) Investments

The Plan's investments and cash and cash equivalents are held in a trust and are managed by the trustee, Standard Insurance Company. All information in the financial statements, related notes, and supplemental schedules relating to investments and investment transactions was obtained from data that has been prepared and certified as complete and accurate by the trustee.

RALEIGH DIVISION OF ATC/VANCOM
MANAGEMENT SERVICES LIMITED PARTNERSHIP
ATU LOCAL UNION 1328 RETIREMENT PLAN

Notes to Financial Statements, Continued

December 31, 2010 and 2009

(4) Investments, Continued

The following table presents the fair values of investments:

	<u>2010</u>	<u>2009</u>
Group annuity separate account:		
Standard Insurance Company Stable Asset Fund II	\$ 3,327,423	3,078,669
Standard Insurance Company Separate Account A	<u>3,365,413</u>	<u>2,895,234</u>
	\$ <u>6,692,836</u>	<u>5,973,903</u>

Standard's Stable Asset Fund II is an interest-bearing account with the goal of conservation of principal. Standard invests these deposits as part of its general assets, investing in high-quality bonds and insurance contracts, and return is determined by the declared interest rate, not by the investment performance of Standard's general assets. Certain events may limit the ability of the Plan to transact at contract value with Standard. Standard may terminate the contract with 30 days advance written notice for reasonable cause. Upon these events or upon such termination, a market value adjustment may apply. The effective rate of return for 2010 and 2009 was 2.96% and 3.04%, respectively.

Standard's Separate Account A is composed of assets invested in various mutual funds with various investment strategies. The investment strategies of the underlying mutual funds, along with the relative percentage of Separate Account A as of December 31, 2010, are as follows:

Mutual Fund A (43%) seeks a high and stable rate of current income, consistent with long-term preservation of capital, and normally invests in a diversified portfolio of high-quality bonds and other fixed-income securities.

Mutual Fund B (20%) seeks to provide long-term capital appreciation and reasonable current income, and invests 60-70% of assets in common stocks of established, medium-size and large companies, and 30-40% of assets mainly in fixed income securities.

Mutual Fund C (18%) seeks long-term growth of capital, investing the majority of assets in equity securities issued by large companies with market capitalizations of at least \$10 billion.

Mutual Fund D (10%) seeks to track the performance of a benchmark index that measures the investment return of mid-capitalization stocks.

Mutual Fund E (9%) seeks long-term growth of principal and income, and invests primarily in a diversified portfolio of equity securities issued by non-U.S. companies from at least three different foreign countries, including emerging markets.

RALEIGH DIVISION OF ATC/VANCOM
MANAGEMENT SERVICES LIMITED PARTNERSHIP
ATU LOCAL UNION 1328 RETIREMENT PLAN

Notes to Financial Statements, Continued

December 31, 2010 and 2009

(4) Investments, Continued

During 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in fair value as follows:

	<u>2010</u>	<u>2009</u>
Group annuity separate account	\$ <u>308,869</u>	<u>526,186</u>

The Plan recognized interest income of \$93,851 and \$89,135 during 2010 and 2009, respectively.

(5) Fair Value Measurements

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits as follows:

		Fair Value Measurements at Reporting Date Using:	
<u>December 31, 2010:</u>	<u>Fair Value</u>	<u>Level 2</u>	<u>Level 3</u>
Assets, at fair value-			
Group annuity separate account:			
Stable Asset Fund II	\$ 3,327,423	-	3,327,423
Separate Account A	<u>3,365,413</u>	<u>3,365,413</u>	<u>-</u>
	<u>\$ 6,692,836</u>	<u>3,365,413</u>	<u>3,327,423</u>

		Fair Value Measurements at Reporting Date Using:	
<u>December 31, 2009:</u>	<u>Fair Value</u>	<u>Level 2</u>	<u>Level 3</u>
Assets, at fair value-			
Group annuity separate account:			
Stable Asset Fund II	\$ 3,078,669	-	3,078,669
Separate Account A	<u>2,895,234</u>	<u>2,895,234</u>	<u>-</u>
	<u>\$ 5,973,903</u>	<u>2,895,234</u>	<u>3,078,669</u>

RALEIGH DIVISION OF ATC/VANCOM
MANAGEMENT SERVICES LIMITED PARTNERSHIP
ATU LOCAL UNION 1328 RETIREMENT PLAN

Notes to Financial Statements, Continued

December 31, 2010 and 2009

(5) Fair Value Measurements, Continued

The following table provides further details of the changes in the Level 3 fair value measurements during 2010 and 2009:

	<u>Stable Asset Fund II</u>	
	<u>2010</u>	<u>2009</u>
Balance, beginning of year	\$ 3,078,669	2,829,279
Interest	93,851	89,135
Purchases	414,282	369,657
Sales	<u>(259,379)</u>	<u>(209,402)</u>
Balance, end of year	\$ <u>3,327,423</u>	<u>3,078,669</u>

(6) Federal Income Taxes

The Plan obtained its latest determination letter on November 7, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. The Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. Management does not believe the financial statements include any uncertain tax positions. Tax years ended December 31, 2007 through December 31, 2010 remain open for examination by taxing authorities as of the date of this report.

(7) Related Party Transactions

The Plan has investments in the group annuity separate account of its trustee. These funds paid fees to the trustee for investment advisory and trustee services totaling \$12,994 in 2010 and \$11,794 in 2009.

As of December 31, 2010 and 2009, the Plan had a contribution receivable from the Partnership of \$65,990 and \$27,908, respectively. Both amounts were paid to the Plan in January of the following year.

RALEIGH DIVISION OF ATC/VANCOM
MANAGEMENT SERVICES LIMITED PARTNERSHIP
ATU LOCAL UNION 1328 RETIREMENT PLAN

Notes to Financial Statements, Continued

December 31, 2010 and 2009

(8) Plan Termination

Although the Partnership expects the Plan to be continued indefinitely, it reserves the right to terminate the Plan at any time, subject to the provisions of ERISA. In the event of termination, all employer contributions will cease, no additional employees will enter the Plan, and each participant will be fully vested and nonforfeitable in his accrued benefit to the extent funded after reduction for expenses of administration and liquidation of the Plan. Additionally, certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC"), an agency of the United States government. Generally, the PBGC guarantees vested benefits at the level in effect on the date of termination of the Plan. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

(9) Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per Form 5500	\$ 6,758,826	6,001,811
Operating payables	<u>(3,187)</u>	<u>(2,662)</u>
Net assets available for plan benefits per the financial statements	\$ <u>6,755,639</u>	<u>5,999,149</u>

The following is a reconciliation of changes in net assets available for benefits per the financial statements to the Form 5500:

	<u>2010</u>	<u>2009</u>
Net increase in net assets available for benefits per Form 5500	\$ 757,015	944,267
Operating expenses accrued in the prior year	2,662	2,700
Operating expenses accrued in the current year	<u>(3,187)</u>	<u>(2,662)</u>
Net increase in net assets available for benefits per the financial statements	\$ <u>756,490</u>	<u>944,305</u>

Individual differences within captions on Form 5500 and the accompanying financial statements exist, however, the classifications have no impact on total net assets available for benefits or the change in net assets available for benefits except as shown above.

RALEIGH DIVISION OF ATC/VANCOM
MANAGEMENT SERVICES LIMITED PARTNERSHIP
ATU LOCAL UNION 1328 RETIREMENT PLAN

Notes to Financial Statements, Continued

December 31, 2010 and 2009

(10) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

(11) Liquidity

As of December 31, 2010, the actuarial present value of accumulated plan benefits exceeds the Plan's net assets available for benefits by approximately \$747,000, due primarily to negative investment returns during 2008 and changes in actuarial assumptions during 2009. Participant and Partnership contributions were increased to 5.5% of compensation effective February 20, 2009, and to 6.0% effective January 1, 2010. Management believes the Plan has sufficient liquidity to currently meet its obligations.

(12) Subsequent Events

The date to which events occurring after December 31, 2010, the date of the most recent statement of net assets available for benefits, have been evaluated for possible adjustment to the financial statements or disclosure is September 12, 2011, the date the financial statements were available to be issued.

RALEIGH DIVISION OF ATC/VANCOM
MANAGEMENT SERVICES LIMITED PARTNERSHIP
ATU LOCAL UNION 1328 RETIREMENT PLAN

Schedule of Assets (Held at End of Year)

December 31, 2010

<u>Description</u>	<u>Par value or shares</u>	<u>Cost</u>	<u>Fair value</u>
Group annuity separate account:			
* Standard Insurance Company Stable Asset Fund II	30,274	\$ 3,327,423	3,327,423
* Standard Insurance Company Separate Account A	-	<u>3,013,198</u>	<u>3,365,413</u>
		<u>\$ 6,340,621</u>	<u>6,692,836</u>

All information has been certified as complete and accurate by the Plan trustee.

* Denotes party-in-interest

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. 1510-0110 1510-0089 <div style="text-align: center; font-size: 1.2em;">2010</div> 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	☐ a DFE (specify) ____
	☒ a single-employer plan;		
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:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II Basic Plan Information—enter all requested information			
1a Name of plan RALEIGH DIV. ATC/VANCOM MGMT. SER. ATU LOCAL UNION 1328 RET. PLAN	1b Three-digit plan number (PN)	011	
	1c Effective date of plan	12/01/1972	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) ATC/VANCOM MANAGEMENT SERVICES, LTD 2015 SPRING ROAD OAKBROOK IL 60253	2b Employer Identification Number (EIN) 52-1493194	2c Sponsor's telephone number (919) 833-5701	2d Business code (see instructions) 485110

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		10/5/2011	ANGELA ALLISON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/10/2011	SCOTT MCCLELLAN
	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BOARD OF CONTROL 4104 POOLE ROAD RALEIGH NC 27610	3b Administrator's EIN 56-2647305 3c Administrator's telephone number (919) 833-5701
---	---

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	283
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	160
b Retired or separated participants receiving benefits.....	6b	50
c Other retired or separated participants entitled to future benefits.....	6c	72
d Subtotal. Add lines 6a, 6b, and 6c.....	6d	282
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	7
f Total. Add lines 6d and 6e.....	6f	289
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	21
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: <div style="display: flex; justify-content: space-between;"> 1B 1G </div> 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)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ Trust (4) ☐ General assets of the sponsor	(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☐ 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	b General Schedules
(1) ☒ 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	(1) ☒ H (Financial Information) (2) ☐ I (Financial Information - Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DPE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Raleigh Div. ATC/Vancom Mgmt Ser.ATU Local Union 1328 Ret. Plan

EIN/PN: 52-1493194 / 011

Plan Year Starting: January 1, 2010

Schedule SB Line 22 – Weighted Average Retirement Age

Calculation of Estimated Retirement Age

Participants are assumed to retire at the earlier of Age 65 and Age 62 with 10 Years of Service. The weighted Retirement Age is calculated as follows:

Assumed Retirement Age	Estimated # of Plan Participants	% Expected to Retire	# Expected to Retire	Weighted Factor
62	162	92.6%	150	9,300
63	12	33.3%	4	252
64	8	25.0%	2	128
65	6	100%	6	390
			162	10,070

Weighted Average Retirement Age:

62

Summary of Actuarial Assumptions and Methods

Actuarial Value of Assets:	Market Value Method	
Funding Target Discount Rates:		
Years 0 to 5:	5.03%	
Years 6 to 20:	6.73%	
Years 21 on:	6.82%	
FAS 35 Discount Rate:	6.50%	(Previously 7.50%)
Salary Scale (compounded annually):	4.00%	
Turnover:	<u>Age</u>	<u>Rate</u>
	25	7.84%
	30	6.24%
	35	4.83%
	40	3.60%
	45	2.42%
	50	1.19%
	55 or more	0.00%
Disability Incidence:	<u>Age</u>	<u>Rate</u>
	30	0.08%
	35	0.11%
	40	0.16%
	45	0.30%
	50	0.51%
	55	0.87%
Retirement:	Age 65 or Age 62 with 10 Years of Vesting Service	
Funding Mortality:	2009 Optional Combined Valuation Mortality Table.	
FAS 35 Mortality:	RP2000 Table Projected to 2010	
Marital Status:	90% of males and 70% of females are assumed to be married. Males are assumed to be three years older than their spouses.	
Assumed Form of Payment:	Participants are assumed to elect the normal form under the Plan.	
Expenses:	Estimated expenses are included in the Normal Cost.	

Raleigh Div. ATC/Vancom Mgmt Ser.ATU Local Union 1328 Ret. Plan
EIN/PN: 52-1493194 / 011
Plan Year Starting: January 1, 2010
Schedule SB Part V – Summary of Actuarial Assumptions and Methods

Summary of Actuarial Assumptions and Methods (cont.)

Plan Benefits Not Considered: None.

Changes Since Prior Year: Interest and mortality assumptions have been updated per IRS regulations. As noted above, the full yield curve was used in lieu of segment rates.

Commonwealth Community Bank, Inc. Employees' Pension Plan
EIN: 61-0219040, PN: 001
Schedule SB, Part V - Summary of Plan Provisions

Original Effective Date:	January 1, 1974
Last Restatement:	January 1, 1997
Subsequent Amendments:	EGTRRA Amendment adopted 12-18-2002 Good Faith IRA Rollover Amendment adopted 3-14-2005
Eligible Employee:	<p>All employees of Commonwealth Community Bank, Inc. except leased employees. Collective bargaining employees are excluded unless the collective bargaining agreement provides otherwise.</p> <p>You will enter the plan each January 1 or July 1 following completion of 12 months of service working at least 1,000 hours.</p>
Service:	Years and months of employment to January 1, 1975. After December 31, 1974, a year of credited service is credited to an employee if he works 1,000 hours in a plan year, and a fractional year is credited in the years of employment or termination if he works less than 1,000 hours. (For those years, the fraction will equal hours divided by 1,000). Bank of Fordsville employees earn credited service only on and after January 1, 1995.
Vesting Service:	Years and months of employment to January 1, 1975. After December 31, 1974, a year of service is credited for a plan year in which the employee works at least 1,000 hours.
Normal Retirement Date:	The first day of the calendar month coincident with or next following the attainment of age 65.
Early Retirement Date:	First of the month coincident with or next following attainment of age 55 and the completion of 10 years of service.
Special Early Retirement Date:	First of the month coincident with or next following attainment of age 62 and the completion of 25 years of service.
Final Average Earnings:	Monthly average for the highest five consecutive calendar years.
Regular Benefit Amount:	1% of Final Average Monthly Compensation (FAMC), plus .65% of FAMC in excess of Covered Compensation (CC; the sum multiplied by credited service to a maximum of 35 years.
Termination Benefit:	A grandfathered participant's personal stake in his accrued benefit shall be at all times 100%.

Years of Service

Vested Interest

less than 5
5 or more

0%
100%

Notwithstanding any other provision of the Plan to the contrary, a participant's vested interest in his accrued benefit shall be 100% upon attainment of retirement or death while an active employee.

Commonwealth Community Bank, Inc. Employees' Pension Plan
EIN: 61-0219040, PN: 001
Schedule SB, Part V - Summary of Plan Provisions

Early Retirement Benefit: The accrued benefit reduced 1/180 for each of the first 60 months and 1/360 for each additional month by which the benefit commencement date precedes the normal retirement date.

Special Early Retirement Benefit: 1% of FAMC plus the applicable percentage [from plan Section 3.2(c)] of FAMC in excess of Covered Compensation; the sum multiplied by years of credited service to a maximum of 35 years; unreduced for early commencement.

Normal Form of Benefit: A monthly benefit payable for the life of the participant. Married participants shall be paid in an equivalent joint and 50% to survivor annuity, unless electing another option.

Optional Benefit Forms: Single Life Annuity
100%, 75%, 66-2/3% or 50% Joint and Survivor Annuity
240, 180, 120 or 60 month Certain and Life Annuity

Death Benefits (Pre-Retirement): The plan may provide a death benefit depending on your marital and employment status at the time of death as shown below:

<u>Unmarried</u>	<u>Benefit Form Payable at Death</u>
Employed prior to normal	None
Terminated employment	None
Employed after attaining normal retirement age	If no election of optional form prior to death, then a 240 month Certain and Life Annuity will be paid to your beneficiary.
Terminated employment after attaining retirement age	If no election of optional form prior to death, then a 240 month Certain and Life Annuity will be paid to your beneficiary.
<u>Married</u>	
Employed prior to	50% Preretirement Joint and Survivor Annuity
Terminated employment	50% Preretirement Joint and Survivor Annuity
Employed after attaining	100% Joint and Survivor Annuity
Terminated employment	100% Joint and Survivor Annuity

Death Benefits (Post-Retirement): None except as provided by the annuity form elected.

Changes Since Last Year: None.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

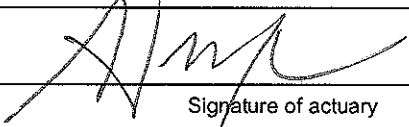
A Name of plan RALEIGH DIV. ATC/VANCOM MGMT. / LOCAL 1328 RET. PL		B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ATC/VANCOM MANAGEMENT SERVICES, LTD		D Employer Identification Number (EIN) 52-1493194
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....		2a	6,001,770
b Actuarial value.....		2b	6,001,770
3 Funding target/participant count breakdown			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	53	2,293,590
b For terminated vested participants.....	3b	68	615,068
c For active participants:			
(1) Non-vested benefits.....	3c(1)		545,597
(2) Vested benefits.....	3c(2)		3,402,092
(3) Total active.....	3c(3)	162	3,947,689
d Total.....	3d	283	6,856,347
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....		5	6.68 %
6 Target normal cost.....		6	16,951

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE		<u>7-8-2011</u>
STEPHEN M. COLEMAN, EA FSA MAAA		Date
Type or print name of actuary		11-03631
STANDARD RETIREMENT SERVICES, INC.		Most recent enrollment number
P O BOX 711		(971) 321-8558
Firm name		Telephone number (including area code)
PORTLAND		
Address of the firm		
OR 97207-0711		

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	783,701	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	783,701	0
10	Interest on item 9 using prior year's actual return of <u>11.75</u> %	92,085	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		145,974
b	Interest on (a) using prior year's effective rate of <u>8.16</u> %		11,911
c	Total available at beginning of current plan year to add to prefunding balance		157,885
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	875,786	0

Part III Funding percentages			
14	Funding target attainment percentage	14	74.76 %
15	Adjusted funding target attainment percentage	15	74.76 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	90.67 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	433,323	18(c) 433,323

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	417,984
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
(4) 4th 0		

Attachment 19 contains contribution timing.

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	16,951
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,456,109	296,662
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	313,613
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35)	36	313,613
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	417,984
38 Interest-adjusted excess contributions for current year (see instructions)	38	104,371
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Plan Name	RALEIGH DIV. ATC/VANCOM MGMT. / LOCAL 1328 RET. PL	EIN:	52-1493194
Plan Sponsor's Name	ATC/VANCOM MANAGEMENT SERVICES, LTD	PN:	011

[illegible]

Attachment to 2010 Form 5500
Schedule SB, line 19 - Discounted Employer Contributions

EIN: 52-1493194

PN: 011

[illegible]

Schedule SB, line 32 - Schedule of Amortization Bases

EIN: 52-1493194

PN: 011

[illegible]

Plan Name	RALEIGH DIV. ATC/VANCOM MGMT. / LOCAL 1328 RET. PL	EIN:	52-1493194
Plan Sponsor's Name	ATC/VANCOM MANAGEMENT SERVICES, LTD	PN:	011

[illegible]

Attachment to 2010 Form 5500
Schedule SB, line 19 - Discounted Employer Contributions

Plan Name RALEIGH DIV. ATC/VANCOM MGMT. / LOCAL 1328 RET. PL

EIN: 52-1493194

Plan Sponsor's Name	ATC/VANCOM MANAGEMENT SERVICES, LTD
----------------------------	-------------------------------------

PN: 011

[illegible]

Attachment to 2010 Form 5500
Schedule SB, line 26 - Schedule of Active Participant Data

Plan Name RALEIGH DIV. ATC/VANCOM MGMT. / LOCAL 1328 RET. PL **EIN:** 52-1493194
Plan Sponsor's Name ATC/VANCOM MANAGEMENT SERVICES, LTD **PN:** 011

Attained Age	YEARS OF CREDITED SERVICE								
	Under 1			1 to 4			5 to 9		
	No.	Average		No.	Average		No.	Average	
		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.
Under 25	1			1			0		
25 to 29	0			8			0		
30 to 34	1			12			2		
35 to 39	2			8			2		
40 to 44	4			9			3		
45 to 49	5			14			4		
50 to 54	4			12			7		
55 to 59	1			10			7		
60 to 64	0			3			2		
65 to 69	0			0			0		
70 & up	0			0			0		

Attained Age	YEARS OF CREDITED SERVICE								
	10 to 14			15 to 19			20 to 24		
	No.	Average		No.	Average		No.	Average	
		Comp.	Cash Bal.		Comp.	Cash Bal.		Comp.	Cash Bal.
Under 25	0			0			0		
25 to 29	0			0			0		
30 to 34	0			0			0		
35 to 39	2			0			0		
40 to 44	3			1			0		
45 to 49	3			1			0		
50 to 54	5			3			1		
55 to 59	2			0			1		
60 to 64	2			4			2		
65 to 69	1			0			1		
70 & up	0			0			1		

Attained Age	YEARS OF CREDITED SERVICE											
	25 to 29			30 to 34			35 to 39			40 & up		
	Average			Average			Average			Average		
	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.	No.	Comp.	Cash Bal.
Under 25	0			0			0			0		
25 to 29	0			0			0			0		
30 to 34	0			0			0			0		
35 to 39	0			0			0			0		
40 to 44	0			0			0			0		
45 to 49	0			0			0			0		
50 to 54	2			0			0			0		
55 to 59	1			1			0			0		
60 to 64	0			2			0			1		
65 to 69	0			0			0			0		
70 & up	0			0			0			0		

Schedule SB, line 32 - Schedule of Amortization Bases

PN: 011

[illegible]