

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>► Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <b>2010</b>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information				
<b>1a</b> Name of plan <u>BARGREEN-ELLINGSON, INC. 401(K) PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>01/01/2004</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ►	<u>002</u>	<b>1c</b> Effective date of plan <u>01/01/2004</u>	
<b>1b</b> Three-digit plan number (PN) ►	<u>002</u>				
<b>1c</b> Effective date of plan <u>01/01/2004</u>					
<b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)  <u>BARGREEN-ELLINGSON, INC.</u>   <u>6626 TACOMA MALL BLVD</u> <u>TACOMA, WA 98409</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN) <u>91-0715309</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number <u>253-475-9201</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>423800</u></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>91-0715309</u>	<b>2c</b> Sponsor's telephone number <u>253-475-9201</u>	<b>2d</b> Business code (see instructions) <u>423800</u>	
<b>2b</b> Employer Identification Number (EIN) <u>91-0715309</u>					
<b>2c</b> Sponsor's telephone number <u>253-475-9201</u>					
<b>2d</b> Business code (see instructions) <u>423800</u>					

**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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	<u>10/14/2011</u>	<u>JANET HANKS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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")

BARGREEN-ELLINGSON, INC.

6626 TACOMA MALL BLVD  
TACOMA, WA 98409**3b** Administrator's EIN

91-0715309

**3c** Administrator's telephone number

253-475-9201

**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**

439

**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**

423

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

0

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

1

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

424

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

0

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

424

**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

292

**h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

0

**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:

2E 2F 2G 2J 2K 2T 3D 3H

**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)

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
<b>A</b> Name of plan BARGREEN-ELLINGSON, INC. 401(K) PLAN	<b>B</b> Three-digit plan number (PN) ► 002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 BARGREEN-ELLINGSON, INC.	
<b>D</b> Employer Identification Number (EIN) 91-0715309	

<b>Part I</b>	<b>Service Provider Information (see instructions)</b>
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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.

<b>1 Information on Persons Receiving Only Eligible Indirect Compensation</b>
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- |   |   |
|---|---|
| <b>a</b> 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)..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation  FID.INV.INST.OPS.CO.  04-2647786
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<b>(b)</b> Enter name and EIN or address of person who provided you disclosure 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

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**(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

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

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

KMS FINANCIAL SERVICES INC

91-0850651

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
27	ADVISOR	63828	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

<b>(b)</b> Service Code(s)	<b>(c)</b> Relationship to employer, employee organization, or person known to be a party-in-interest	<b>(d)</b> Enter direct compensation paid by the plan. If none, enter -0-.	<b>(e)</b> Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	<b>(f)</b> Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	<b>(g)</b> Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	<b>(h)</b> Did the service provider give you a formula instead of an amount or estimated amount?
64 37 65 60	RECORDKEEPER	3700	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

**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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation		
ABF LG CAP VAL INV - BOSTON FINANCI	0.35%	
13-2953455		
<b>(a)</b> Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation		
ALL BERN INTL GR ADV - ALLIANCEBERN	0.25%	
13-3211780		
<b>(a)</b> Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation		
ALLNZ NFJ DIV VAL R - BOSTON FINANC	0.25%	
04-2526037		

**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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLK RK CAP APPR BR - BNY MELLON INV P.O. BOX 9793 PROVIDENCE, RI 02940		0.25%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLK RK INTL OPP INST - BNY MELLON IN 760 MOORE ROAD KING OF PRUSSIA, PA 19406		0.25%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLK RK MIDCAP VAL IS - BNY MELLON IN 760 MOORE ROAD KING OF PRUSSIA, PA 19406		0.25%



**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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CS LG CAP BLEND II A - BOSTON FINAN  04-2526037	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DREY BASIC S P 500 - DREYFUS TRANSF  13-5673135	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
IVK SMALL CAP VAL Y - INVESCO TRIMA P.O. BOX 4739 HOUSTON, TX 77210	0.35%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPM EMRG MKTS EQ SEL - BOSTON FINAN  04-2526037	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JPM MKT EXP IDX A - BOSTON FINAN  04-2526037	0.30%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MAINSTY ICAP SELEQ I - BOSTON FINAN  04-2526037	0.25%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MNSTY ICAP SEL EQ R2 - BOSTON FINAN  04-2526037	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NUVEEN MDCP INDEX I - US BANCORP FU  39-0281260	0.15%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NUVEEN REAL ESTATE I - US BANCORP F  39-0281260	0.35%	

**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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THORNBURG VALUE R3 - BOSTON FINANCI	0.25%	
04-2526037		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
THORNBURG VALUE R5 - BOSTON FINANCI	0.25%	
04-2526037		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY SM CO OPP A - CITI FUND SER	0.25%	
31-1249295		

**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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
<p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>VILLERE BALANCED - US BANCORP FUND</p> <p>39-0281260</p>		
<p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p>		
<p><b>(a)</b> Enter service provider name as it appears on line 2</p> <p>FIDELITY INVESTMENTS INSTITUTIONAL</p>		
	60	0
<p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p> <p>WFA TOT RTN BD ADM - BOSTON FINANCI</p> <p>04-2526037</p>		
<p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>0.25%</p>		
<p><b>(a)</b> Enter service provider name as it appears on line 2</p>		
<p><b>(d)</b> Enter name and EIN (address) of source of indirect compensation</p>		
<p><b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p>		

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN;
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN;
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:





**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  
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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  
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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  
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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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2010</b>
		<b>This Form is Open to Public Inspection</b>

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

<b>A</b> Name of plan <u>BARGREEN-ELLINGSON, INC. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) <u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BARGREEN-ELLINGSON, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0715309</u>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other.....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	<u>375159</u>	<u>298692</u>
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other.....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	<u>0</u>	<u>373039</u>
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	<u>75633</u>	<u>181866</u>
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	<u>1109350</u>	<u>1048754</u>
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	<u>16940869</u>	<u>21195037</u>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

**1d** Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	18501011	23097388

**Liabilities**

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

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	18501011	23097388
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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) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	502242	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>	1101467	
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>	52340	
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		1656049
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	16460	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>	8080	
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		24540
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	599435	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		599435
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		

		(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other .....	<b>2b(5)(B)</b>		
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		37872
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		2223690
<b>c</b> Other income.....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		4541586

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	743274	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		743274
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Investment advisory and management fees .....	<b>2i(3)</b>		
(4) Other .....	<b>2i(4)</b>	72893	
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		72893
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		816167

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3725419
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		870958
(2) From this plan .....	<b>2l(2)</b>		

**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: DOTY BEARDSLEY ROSENGREN AND CO PS

(2) EIN: 20-5018267

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> 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. ....		X	

- 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)

<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2010</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

<b>A</b> Name of plan <u>BARGREEN-ELLINGSON, INC. 401(K) PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>BARGREEN-ELLINGSON, INC.</u>	<b>D</b> Employer Identification Number (EIN) <u>91-0715309</u>

<b>Part I</b>	<b>Distributions</b>
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All references to distributions relate only to payments of benefits during the plan year.

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
<b>2</b> 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): <u>04-6568107</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<b>3</b>	

<b>Part II</b>	<b>Funding Information</b> (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)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> 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).....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (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.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</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.) .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

- 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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

- 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): \_\_\_\_\_

**BARGREEN-ELLINGSON, INC.**  
**401(K) PLAN**

**Audited Financial Statements and  
Supplemental Financial Information**

**December 31, 2010**

**BARGREEN-ELLINGSON, INC. 401(K) PLAN**

**Audited Financial Statements and  
Supplemental Financial Information**

December 31, 2010

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**SUPPLEMENTAL FINANCIAL INFORMATION**

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Doty, Beardsley, Rosengren & Co., P.S.

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Certified Public Accountants

Independent Auditor's Report

To the Administrative Committee of  
Bargreen-Ellingson, Inc. 401(k) Plan  
Fife, Washington

We have audited the accompanying statement of net assets available for benefits of Bargreen-Ellingson, Inc. 401(k) Plan (the Plan) as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental financial information for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit. We were also engaged to audit the accompanying statement of net assets available for benefits of Bargreen-Ellingson, Inc. 401(k) Plan as of December 31, 2009. These financial statements are also the responsibility of the Plan's management.

Except as discussed in the following paragraph, we conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

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, investments held by Fidelity Management Trust Company, the trustee of the Plan, and transactions in those assets were excluded from the scope of our audit of the Plan's 2009 financial statements, except for comparing the information provided by the trustee, which is summarized in Note 4, with the related information in the financial statements.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the Plan's financial statements as of December 31, 2009. The form and content of the information included in the 2009 financial statements, other than that derived from the information certified by the trustee, have been audited by us, 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.

In our opinion, the financial statements referred to above, of Bargreen-Ellingson, Inc. 401(k) Plan as of December 31, 2010, and for the year then ended present fairly, in all material respects, the net assets available for benefits of Bargreen-Ellingson, Inc. 401(k) Plan as of December 31, 2010, and the changes in its net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit of the Plan's financial statements as of and for the year ended December 31, 2010, was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules on pages 15-16, together referred to as "supplemental information," as of and for the year ended December 31, 2010, are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements for the year ended December 31, 2010, and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

*Doty, Beardsley, Rosengren & Co., P.S.*

**DOTY, BEARDSLEY, ROSENGREN & CO., P.S.**

October 13, 2011

## AUDITED FINANCIAL STATEMENTS

**BARGREEN-ELLINGSON, INC. 401(K) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE  
FOR BENEFITS**

December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
<b><u>ASSETS</u></b>		
Investments, at fair value:		
Cash	\$ 16,703	
Mutual funds	21,195,037	\$ 16,940,869
Common or collective trust	1,048,754	1,109,350
Money market fund	281,989	375,159
Limited partnership	<u>373,039</u>	<u>          </u>
<b>Total Investments</b>	22,915,522	18,425,378
Notes receivable from participants	<u>181,866</u>	<u>75,633</u>
<b>Net Assets Available for Benefits,             at Fair Value</b>	23,097,388	18,501,011
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(19,613)</u>	<u>1,451</u>
<b>Net Assets Available for Benefits</b>	<u>\$ 23,077,775</u>	<u>\$ 18,502,462</u>

The accompanying notes are an integral part of these financial statements.

**BARGREEN-ELLINGSON, INC. 401(K) PLAN**

**STATEMENT OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS**

Year Ended December 31, 2010

**ADDITIONS TO NET ASSETS ATTRIBUTED TO:**

Investment income:

Net appreciation in fair value of mutual funds	\$ 2,223,690
Net appreciation in contract value of common or collective trust	16,808
Interest, dividends, and capital gain distributions	<u>623,975</u>

**Total Investment Income** 2,864,473

Transfer of Plan assets due to merger (see Note 12) 870,958

Contributions:

Participant	1,101,467
Employer	502,242
Rollovers from qualified plans	<u>52,340</u>

**Total Contributions** 1,656,049

**Total Additions** 5,391,480

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:**

Benefits paid to participants	743,274
Administrative expenses	<u>72,893</u>

**Total Deductions** 816,167

**Net Increase** 4,575,313

**NET ASSETS AVAILABLE FOR BENEFITS AT  
BEGINNING OF YEAR**

18,502,462

**Net Assets Available for Benefits at End of Year** \$ 23,077,775

The accompanying notes are an integral part of these financial statements.



## BARGREEN-ELLINGSON, INC. 401(K) PLAN

### NOTES TO FINANCIAL STATEMENTS

December 31, 2010

#### NOTE 1 - DESCRIPTION OF PLAN

The following description of the Bargreen-Ellingson, Inc. 401(K) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

##### *General*

The Plan is a defined contribution plan covering all employees of Bargreen-Ellingson, Inc. who have attained the age of 21, completed three months of service by the end of a twelve month period, and are not covered under a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

##### *Contributions*

Participants may contribute up to 100% of their eligible compensation through salary reductions. Participants direct their contributions to any or all of the investment choices available to them. The Company makes pretax safe harbor matching contributions to the Plan equal to 100% of the employee's salary deferral that do not exceed 3% of their compensation, plus 50% of the employee's salary deferral between 3% and 5% of their compensation. Participants must be 21 years of age and complete 1 year of service by the end of a twelve month period to be eligible for the match. Participants are 100% vested in the safe harbor match. The Plan may also elect to make an annual discretionary employer contribution to participants that have completed 1,000 hours of service and be employed on the last day of the year (unless the participant dies, becomes disabled, or retires during the year).

##### *Participant Accounts*

Each participant's account is credited with the participant's contribution, allocation of the Company's contribution and Plan earnings and losses. Allocations are based on participant compensation or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

##### *Vesting*

Participants are immediately vested in their 401(k) salary reduction contribution and the employer safe harbor matching contribution. Participants become vested in any employer discretionary matching contributions, nonelective contributions, and any earnings thereon based on their years of service, as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

## **BARGREEN-ELLINGSON, INC. 401(K) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

#### **NOTE 1 - DESCRIPTION OF PLAN (Continued)**

##### ***Normal Retirement***

Normal retirement age is 60.

##### ***Payment of Benefits***

On termination of service, a participant (or beneficiary) may elect to receive the value of his or her account either as a lump-sum cash distribution, a direct rollover distribution or a combination of the two. Distribution of account balances in excess of \$1,000 may be deferred, but not later than the date under law that minimum required distributions must commence.

##### ***Death or Disability***

In the event of death of a participant before his or her retirement benefit commences, the participant becomes vested in any unvested balances, and 100% of the participant's account balance will be paid to the named beneficiary. If a participant becomes permanently disabled while a company employee, 100% of his or her account will become vested and be distributed in the same manner as if the participant had retired.

##### ***Hardship Withdrawals***

While still employed by the Company, participants are permitted to withdraw a single lump-sum up to their total vested account balance, under certain conditions. These conditions include unreimbursed medical expenses, the purchase of a participant's principal residence, the payment of post-secondary education tuition, funeral or burial expenses, or to prevent eviction or foreclosure from the participant's principal residence. A participant's right to make pretax deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

##### ***Rollovers From Other Qualified Plans***

Participants who have an interest in any other qualified employee benefit plan (as described in Section 401(a) of the Internal Revenue Code) may transfer the lump-sum values of their accrued benefits directly into the Plan if such transfer meets the requirements of the Internal Revenue Code.

##### ***Notes Receivable from Participants***

Participants may borrow from their fund accounts the lesser of 50% of the Plan participant's vested balance as of the most recent valuation date or \$50,000. The minimum principal amount is \$1,000. Note repayment terms, including interest rate, and the length of the notes are determined at the time the note is made. The notes are secured by the balance in the participant's account and bear interest at 6% at December 31, 2010 and 2009. Principal and interest are paid ratably through payroll deductions.

## **BARGREEN-ELLINGSON, INC. 401(K) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

#### **NOTE 1 - DESCRIPTION OF PLAN (Continued)**

##### ***Forfeitures***

Forfeitures of matching contributions by nonvested terminated participants are retained by the Plan and are first used to reduce administrative expenses and then used to reduce future employer contributions.

#### **NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES**

##### ***Basis of Accounting***

The financial statements of the Plan are prepared on the accrual method of accounting.

##### ***Income Tax***

The Plan is exempt from income taxes under Internal Revenue Code Section 401(k).

##### ***Expenses***

Administrative expenses not paid by the Plan are paid by the company. Administrative expenses recorded in the Plan represent trustee fees and other recordkeeping fees paid directly from the Plan to the Plan's trustee.

##### ***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

##### ***Valuation of Assets***

Investments are carried at fair market value as determined by fair value measurement (see Note 3). The limited partnership investment consists of an investment in the Bank of New York Partners Fund II, LLC (the Fund). Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Gains and losses (realized and unrealized) are reported in net appreciation (depreciation) in fair value of common or collective trust and mutual funds.

##### ***Fully Benefit-Responsive Investment***

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the contract at fair value, which approximates the contract value for this investment. The Statement of Changes in Net Assets Available for Benefits also is prepared on fair value with an adjustment to the contract value basis for fully benefit-responsive investment (see Note 3).

## **BARGREEN-ELLINGSON, INC. 401(K) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

#### **NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)**

##### ***Evaluation of Subsequent Events***

Subsequent events were evaluated through October 13, 2011, the date that the financial statements were available to be issued, which is the date of the audit report. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

#### **NOTE 3 - FAIR VALUE MEASUREMENTS**

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The Fair Value Measurements topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) established a fair value hierarchy for reporting that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable units other than quoted prices for identical assets; and Level 3 inputs have the lowest priority.

##### ***Level 1 Fair Value Measurements***

The fair values of the mutual funds and money market funds are based on quoted net asset values of the shares held by the Plan at year-end. These funds are classified as Level 1 of the valuation hierarchy.

##### ***Level 2 Fair Value Measurements***

The investment in common or collective trust consists of a single fund, the Fidelity Advisor Stable Value Fund. The fund is accounted for in accordance with the FASB ASC subtopic on Fully Benefit-Responsive Investment Contracts.

The fair value of the common or collective trust is based on redemption prices of the shares as determined by the trustee based on the current market values of the underlying assets. The contract value of the Fidelity Advisor Stable Value Fund represents contributions made plus interest accrued at contract value, less withdrawals. The average yield earned by the Plan for the fully benefit-responsive investment contract was 1.56% and 2.07% for the years ended December 31, 2010 and 2009, respectively. The average yield earned by the Plan for the fully-benefit responsive investment contract, with an adjustment to reflect the actual interest rate credited to the Plan participants was 1.59% and 2.06% for the years ended December 31, 2010 and 2009, respectively. The minimum crediting rate under the contract is 0%.

##### ***Level 3 Fair Value Measurements***

The fair value of the limited partnership is determined annually by an audit of the Fund. The fair value of the investments was determined using unobservable inputs that cannot be corroborated by current market data, based on the audit for the Fund's year-end.

# BARGREEN-ELLINGSON, INC. 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2010

### NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	<u>Assets at Fair Value at December 31, 2010</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2010 Total</u>
Mutual funds:				
Small blend	\$ 2,645,331			\$ 2,645,331
Multisector bond	2,507,249			2,507,249
Large blend	2,419,296			2,419,296
Intermediate term bond	2,267,656			2,267,656
Large growth	2,026,283			2,026,283
Foreign large growth	1,814,998			1,814,998
Balanced	1,676,759			1,676,759
Foreign large blend	1,184,608			1,184,608
Mid-cap growth	941,577			941,577
Mid-cap value	918,155			918,155
Mid-cap blend	750,516			750,516
Large value	692,792			692,792
Diversified emerging markets	577,688			577,688
Money market	281,989			281,989
Retirement income	240,683			240,683
Real estate	206,315			206,315
Other	325,131			325,131
Cash	16,703			16,703
Common or collective trust		\$ 1,048,754		1,048,754
Limited partnership			\$ 373,039	373,039
<b>Total Assets at Fair Value</b>	<b>\$ <u>21,493,729</u></b>	<b>\$ <u>1,048,754</u></b>	<b>\$ <u>373,039</u></b>	<b>\$ <u>22,915,522</u></b>

	<u>Assets at Fair Value at December 31, 2009</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2009 Total</u>
Mutual funds:				
Small blend	\$ 2,141,762			\$ 2,141,762
Multisector bond	2,020,895			2,020,895
Large blend	1,610,382			1,610,382
Intermediate term bond	1,798,479			1,798,479
Large growth	1,368,947			1,368,947
Foreign large growth	2,015,026			2,015,026
Balanced	1,634,158			1,634,158
Foreign large blend	926,589			926,589
Mid-cap growth	772,411			772,411
Mid-cap value	703,505			703,505

**BARGREEN-ELLINGSON, INC. 401(K) PLAN**

**NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

**NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)**

	<b>Assets at Fair Value at December 31, 2009</b>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2009 Total</u>
Mutual Funds (Continued):				
Mid-cap blend	\$ 464,342			\$ 464,342
Large value	539,892			539,892
Diversified emerging markets	118,915			118,915
Money market	375,159			375,159
Retirement income	114,013			114,013
Real estate	137,027			137,027
Other	574,526			574,526
Common or collective trust		\$ 1,109,350		1,109,350
<b>Total Assets at Fair Value</b>	<b>\$ 17,316,028</b>	<b>\$ 1,109,350</b>		<b>\$ 18,425,378</b>

**NOTE 4 - INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA, the Plan administrator instructed the auditors not to perform any auditing procedures with respect to information which was certified as complete and accurate by the Fidelity Management Trust Company as of and for the year ended December 31, 2009.

The information included in the financial statements which was provided and certified by the trustee as complete and accurate includes: (1) investments, at fair value, (2) adjustment of fully benefit-responsive contract from fair value to contract value, (3) net appreciation (depreciation) in fair value of common or collective trust and mutual funds, (4) interest, money market fund, and (5) schedule of assets held at end of year as of and for the year ended December 31, 2009.

**BARGREEN-ELLINGSON, INC. 401(K) PLAN****NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

**NOTE 5 - INVESTMENTS**

The following investments represent 5% or more of the Plan's net assets at December 31:

	<u>2010</u>	<u>2009</u>
FA Strat Income I	\$ 2,402,595	\$ 2,020,895
WFA Tot Rtn Bd Adm	\$ 2,230,338	\$ 1,798,479
ALL/Bern Intl Gr Adv	\$ 1,784,917	\$ 1,702,086
FA New Insights I	\$ 1,574,381	\$ 1,368,947
IVK Small Cap Value	\$ 1,536,988	\$ 1,164,380
FA Stable Value (at contract value)	*	\$ 1,110,801
FA Small Cap Cl T	*	\$ 977,382

\* Less than 5% of net assets

**NOTE 6 - NONPARTICIPANT DIRECTED INVESTMENTS**

The investments that were merged into the Plan as of January 1, 2010 (see Note 12) include certain nonparticipant directed investments. Information about the net assets and the significant components of the change in net assets related to the nonparticipant directed investments is as follows:

	<u>Year Ended December 31, 2010</u>
Beginning of year	\$ 0
Transfer of Plan assets due to merger (see Note 12)	870,958
Interest and dividend income	16,420
Net appreciation	78,779
Benefits paid	(33,465)
Administrative expenses	<u>(5,350)</u>
Total Nonparticipant Directed Investments	\$ <u>927,342</u>

These investments are comprised of the following at December 31, 2010:

Cash	\$ 16,703
Mutual funds	537,600
Limited Partnership	<u>373,039</u>
Total Nonparticipant Directed Investments	\$ <u>927,342</u>

## **BARGREEN-ELLINGSON, INC. 401(K) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

#### **NOTE 7 - INCOME TAX STATUS**

The Company adopted a Fidelity Prototype 401(k) Plan document in September 2003. The Plan obtained its latest determination letter in October 2003, 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. However, the plan administrator and the plan's tax counsel believe 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 tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service or Department of Labor. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company has filed its Form 5500 return timely. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

#### **NOTE 8 - PLAN TERMINATION**

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



# **BARGREEN-ELLINGSON, INC. 401(K) PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

### **NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 23,077,775	\$ 18,502,462
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>19,613</u>	<u>(1,451)</u>
Net assets available for benefit per Form 5500, Schedule H, part 1, line L	\$ <u>23,097,388</u>	\$ <u>18,501,011</u>

The following is a reconciliation of net increase in net assets per the financial statements to the Form 5500 for the year ended December 31, 2010:

	<u>2010</u>
Net increase in net assets per the financial statements	\$ 4,575,313
Transfer of Plan assets due to merger (see Note 12)	(870,958)
Change in adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>21,064</u>
Net income per Form 5500, Schedule H, Part II	\$ <u>3,725,419</u>

### **NOTE 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 participant's account balances and the amounts reported in the statement of net assets available for benefits.

## **BARGREEN-ELLINGSON, INC. 401(K) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

#### **NOTE 11 - COMMITMENT**

The Participatory Plan which was merged into the Plan on January 1, 2010 (see Note 12) entered into an agreement with a Fund (see Note 2) to invest a total of \$500,000 over a number of years. The Fund is a venture capital fund which seeks to invest in merger and acquisitions, as well as initial public offerings (IPOs). A capital call of \$62,500 was made during the year ending December 31, 2010 in order for the Plan to fund its remaining commitment for capital to be called. There is no remaining commitment that remains callable at December 31, 2010. The Plan could sell its interest in the Fund to a third party with prior approval of the Fund.

#### **NOTE 12 - PLAN MERGER**

On January 1, 2010, the Bargreen-Ellingson, Inc. 401(k) Participatory Profit Sharing Plan (Participatory Plan) was merged into the Bargreen-Ellingson, Inc. 401(k) Plan. Prior to the merger, the Participatory Plan covered eligible employees of Bargreen-Ellingson, Inc. The transferred net assets have been recognized in the accounts of the Bargreen-Ellingson, Inc. 401(k) Plan as of January 1, 2010, at their balances as previously carried in the accounts of the Bargreen-Ellingson, Inc. 401(k) Participatory Profit Sharing Plan of \$870,958. The changes in net assets of the combined plans are included in the accompanying statement of changes in net assets available for benefits from January 1, 2010.

## SUPPLEMENTAL FINANCIAL INFORMATION

**BARGREEN-ELLINGSON, INC. 401(K) PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)**

December 31, 2010

EIN: 91-0715309

Plan: 002

<b>(a)</b> <b>*</b> <b>Party in</b> <b>Interest</b>	<b>(b)</b> <b>Identity of Issue,</b> <b>Borrower, Lessor or</b> <b>Similar Party</b>	<b>(c)</b> <b>Description of</b> <b>Investment Including</b> <b>Maturity Date, Rate of</b> <b>Interest, Collateral,</b> <b>Par or Maturity Value</b>	<b>(d)</b> <b>Cost</b>	<b>(e)</b> <b>Current</b> <b>Value</b>
*	Blrk Cap Appr	16,511 Shares, Mutual fund	**	\$ 392,958
*	ABF LG Cap Val Inv	34,401 Shares, Mutual fund	**	637,456
*	ALL/BERN Intl Gr Adv	114,786 Shares, Mutual fund	**	1,784,917
*	Thornburg Value R5	25,735 Shares, Mutual fund	**	885,795
*	Nuveen Real Estate I	11,342 Shares, Mutual fund	**	206,315
*	Nuveen MDCP Index I	28,807 Shares, Mutual fund	**	376,795
*	Drey Basic S&P 500	21,642 Shares, Mutual fund	**	555,566
*	JPM Emrg Mkts EQ Sel	23,666 Shares, Mutual fund	**	577,688
*	IVK Small Cap Val Y	84,404 Shares, Mutual fund	**	1,536,988
*	WFA Total Rtn Bd Adm	178,856 Shares, Mutual fund	**	2,230,338
*	Mainstay ICap Seleq I	24,897 Shares, Mutual fund	**	876,872
*	Blkrk Intl Opp Inst	18,286 Shares, Mutual fund	**	639,646
*	Blkrk Midcap Val IS	77,876 Shares, Mutual fund	**	918,155
*	FA Lev Co Stock I	10,237 Shares, Mutual fund	**	356,076
*	FA Small Cap I	42,062 Shares, Mutual fund	**	1,108,343
*	FID Ret Govt MM	Money market fund	**	281,989
*	FA Strat Income I	191,901 Shares, Mutual fund	**	2,402,595
*	FA Stable Value	Common/collective trust	**	1,048,754
*	FA INFLA Protct BD I	9,046 Shares, Mutual fund	**	105,019
*	FA Freedom 2010 I	12,644 Shares, Mutual fund	**	146,427
*	FA Freedom 2020 I	31,203 Shares, Mutual fund	**	376,308
*	FA Freedom 2030 I	20,091 Shares, Mutual fund	**	245,713
*	FA Freedom 2040 I	12,668 Shares, Mutual fund	**	157,211
*	FA Freedom Inc I	22,515 Shares, Mutual fund	**	240,683
*	FA New Insights I	78,172 Shares, Mutual fund	**	1,574,381
*	FA Freedom 2005 I	1,725 Shares, Mutual fund	**	19,300
*	FA Freedom 2015 I	17,789 Shares, Mutual fund	**	205,458
*	FA Freedom 2025 I	7,057 Shares, Mutual fund	**	82,363
*	FA Freedom 2035 I	12,848 Shares, Mutual fund	**	149,164
*	FA Mid Cap II I	51,963 Shares, Mutual fund	**	941,577
*	FA Intl Discovery I	14,943 Shares, Mutual fund	**	492,988
*	FA Freedom 2045 I	11,688 Shares, Mutual fund	**	112,674
*	FA Freedom 2050 I	19,192 Shares, Mutual fund	**	182,141
*	FA Intl Real Est I	14,907 Shares, Mutual fund	**	139,527
	<b>Subtotal Participant Directed</b>		**	<b>21,988,180</b>

\* *Party in Interest*

\*\* *Participant Directed*

**BARGREEN-ELLINGSON, INC. 401(K) PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR) (Continued)**

December 31, 2010

EIN: 91-0715309

Plan: 002

(a) * Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Cash	Cash	\$ 16,703	\$ 16,703
*	AQR Divers Arbitrage N	2,466 Shares, Mutual fund	27,538	27,394
*	Artisan Opport Value	5,794 Shares, Mutual fund	54,814	55,336
*	BNY Partners Fund II, LLC	Limited Partnership	437,500	373,039
*	FMI Large Cap	3,431 Shares, Mutual fund	51,744	53,559
*	Harbor Capital Appreciation In	766 Shares, Mutual fund	27,181	27,832
*	Harbor Int'l Inv	502 Shares, Mutual fund	30,230	30,123
*	Lazard Int'l Strat Equity	2,046 Shares, Mutual fund	21,850	21,851
*	Loomis Sayles Bond Retail	2,279 Shares, Mutual fund	32,963	32,403
*	PIMCO Emerg Local Bond D	4,995 Shares, Mutual fund	55,816	53,193
*	Touch Sand Cap Sel Grow Z	3,108 Shares, Mutual fund	29,899	31,111
*	PIMCO Total Return D	3,439 Shares, Mutual fund	39,987	37,318
*	PIMCO Unconstrained Bond	6,509 Shares, Mutual fund	73,741	72,251
*	Selected American Shs S	1,146 Shares, Mutual fund	46,208	47,503
*	Thornburg Int'l Value A	1,073 Shares, Mutual fund	29,899	30,081
*	Westport Select Cap R	715 Shares, Mutual fund	16,309	17,645
		<b>Subtotal Nonparticipant Directed Investments</b>	<b>992,382</b>	<b>927,342</b>
*	Participant Loans	Loans to participants, Maturity dates ranging from March 2011 - October 2015; 6% interest rate	<u>0</u>	<u>181,866</u>
		<b>Total</b>	<b>\$ 992,382</b>	<b>\$ 23,097,388</b>

\* Party in Interest

\*\* Participant Directed

**BARGREEN-ELLINGSON, INC.**  
**401(K) PLAN**

**Audited Financial Statements and  
Supplemental Financial Information**

**December 31, 2010**

**BARGREEN-ELLINGSON, INC. 401(K) PLAN**

**Audited Financial Statements and  
Supplemental Financial Information**

December 31, 2010

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Doty, Beardsley, Rosengren & Co., P.S.

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Certified Public Accountants

Independent Auditor's Report

To the Administrative Committee of  
Bargreen-Ellingson, Inc. 401(k) Plan  
Fife, Washington

We have audited the accompanying statement of net assets available for benefits of Bargreen-Ellingson, Inc. 401(k) Plan (the Plan) as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010 and the supplemental financial information for the year ended December 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit. We were also engaged to audit the accompanying statement of net assets available for benefits of Bargreen-Ellingson, Inc. 401(k) Plan as of December 31, 2009. These financial statements are also the responsibility of the Plan's management.

Except as discussed in the following paragraph, we conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

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, investments held by Fidelity Management Trust Company, the trustee of the Plan, and transactions in those assets were excluded from the scope of our audit of the Plan's 2009 financial statements, except for comparing the information provided by the trustee, which is summarized in Note 4, with the related information in the financial statements.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the Plan's financial statements as of December 31, 2009. The form and content of the information included in the 2009 financial statements, other than that derived from the information certified by the trustee, have been audited by us, 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.



In our opinion, the financial statements referred to above, of Bargreen-Ellingson, Inc. 401(k) Plan as of December 31, 2010, and for the year then ended present fairly, in all material respects, the net assets available for benefits of Bargreen-Ellingson, Inc. 401(k) Plan as of December 31, 2010, and the changes in its net assets available for benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit of the Plan's financial statements as of and for the year ended December 31, 2010, was conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedules on pages 15-16, together referred to as "supplemental information," as of and for the year ended December 31, 2010, are presented for the purpose of additional analysis and are not a required part of the basic financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental information is the responsibility of the Plan's management. The supplemental information has been subjected to the auditing procedures applied in the audit of the basic financial statements for the year ended December 31, 2010, and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

*Doty, Beardsley, Rosengren & Co., P.S.*

**DOTY, BEARDSLEY, ROSENGREN & CO., P.S.**

October 13, 2011

## AUDITED FINANCIAL STATEMENTS

**BARGREEN-ELLINGSON, INC. 401(K) PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE  
FOR BENEFITS**

December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
<b><u>ASSETS</u></b>		
Investments, at fair value:		
Cash	\$ 16,703	
Mutual funds	21,195,037	\$ 16,940,869
Common or collective trust	1,048,754	1,109,350
Money market fund	281,989	375,159
Limited partnership	<u>373,039</u>	<u>          </u>
<b>Total Investments</b>	22,915,522	18,425,378
Notes receivable from participants	<u>181,866</u>	<u>75,633</u>
<b>Net Assets Available for Benefits,             at Fair Value</b>	23,097,388	18,501,011
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>(19,613)</u>	<u>1,451</u>
<b>Net Assets Available for Benefits</b>	<u>\$ 23,077,775</u>	<u>\$ 18,502,462</u>

The accompanying notes are an integral part of these financial statements.

**BARGREEN-ELLINGSON, INC. 401(K) PLAN**

**STATEMENT OF CHANGES IN NET ASSETS  
AVAILABLE FOR BENEFITS**

Year Ended December 31, 2010

**ADDITIONS TO NET ASSETS ATTRIBUTED TO:**

Investment income:

Net appreciation in fair value of mutual funds	\$ 2,223,690
Net appreciation in contract value of common or collective trust	16,808
Interest, dividends, and capital gain distributions	<u>623,975</u>

**Total Investment Income** 2,864,473

Transfer of Plan assets due to merger (see Note 12) 870,958

Contributions:

Participant	1,101,467
Employer	502,242
Rollovers from qualified plans	<u>52,340</u>

**Total Contributions** 1,656,049

**Total Additions** 5,391,480

**DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:**

Benefits paid to participants	743,274
Administrative expenses	<u>72,893</u>

**Total Deductions** 816,167

**Net Increase** 4,575,313

**NET ASSETS AVAILABLE FOR BENEFITS AT  
BEGINNING OF YEAR**

18,502,462

**Net Assets Available for Benefits at End of Year** \$ 23,077,775

The accompanying notes are an integral part of these financial statements.

## BARGREEN-ELLINGSON, INC. 401(K) PLAN

### NOTES TO FINANCIAL STATEMENTS

December 31, 2010

#### NOTE 1 - DESCRIPTION OF PLAN

The following description of the Bargreen-Ellingson, Inc. 401(K) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

##### *General*

The Plan is a defined contribution plan covering all employees of Bargreen-Ellingson, Inc. who have attained the age of 21, completed three months of service by the end of a twelve month period, and are not covered under a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

##### *Contributions*

Participants may contribute up to 100% of their eligible compensation through salary reductions. Participants direct their contributions to any or all of the investment choices available to them. The Company makes pretax safe harbor matching contributions to the Plan equal to 100% of the employee's salary deferral that do not exceed 3% of their compensation, plus 50% of the employee's salary deferral between 3% and 5% of their compensation. Participants must be 21 years of age and complete 1 year of service by the end of a twelve month period to be eligible for the match. Participants are 100% vested in the safe harbor match. The Plan may also elect to make an annual discretionary employer contribution to participants that have completed 1,000 hours of service and be employed on the last day of the year (unless the participant dies, becomes disabled, or retires during the year).

##### *Participant Accounts*

Each participant's account is credited with the participant's contribution, allocation of the Company's contribution and Plan earnings and losses. Allocations are based on participant compensation or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

##### *Vesting*

Participants are immediately vested in their 401(k) salary reduction contribution and the employer safe harbor matching contribution. Participants become vested in any employer discretionary matching contributions, nonelective contributions, and any earnings thereon based on their years of service, as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

## **BARGREEN-ELLINGSON, INC. 401(K) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

#### **NOTE 1 - DESCRIPTION OF PLAN (Continued)**

##### ***Normal Retirement***

Normal retirement age is 60.

##### ***Payment of Benefits***

On termination of service, a participant (or beneficiary) may elect to receive the value of his or her account either as a lump-sum cash distribution, a direct rollover distribution or a combination of the two. Distribution of account balances in excess of \$1,000 may be deferred, but not later than the date under law that minimum required distributions must commence.

##### ***Death or Disability***

In the event of death of a participant before his or her retirement benefit commences, the participant becomes vested in any unvested balances, and 100% of the participant's account balance will be paid to the named beneficiary. If a participant becomes permanently disabled while a company employee, 100% of his or her account will become vested and be distributed in the same manner as if the participant had retired.

##### ***Hardship Withdrawals***

While still employed by the Company, participants are permitted to withdraw a single lump-sum up to their total vested account balance, under certain conditions. These conditions include unreimbursed medical expenses, the purchase of a participant's principal residence, the payment of post-secondary education tuition, funeral or burial expenses, or to prevent eviction or foreclosure from the participant's principal residence. A participant's right to make pretax deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

##### ***Rollovers From Other Qualified Plans***

Participants who have an interest in any other qualified employee benefit plan (as described in Section 401(a) of the Internal Revenue Code) may transfer the lump-sum values of their accrued benefits directly into the Plan if such transfer meets the requirements of the Internal Revenue Code.

##### ***Notes Receivable from Participants***

Participants may borrow from their fund accounts the lesser of 50% of the Plan participant's vested balance as of the most recent valuation date or \$50,000. The minimum principal amount is \$1,000. Note repayment terms, including interest rate, and the length of the notes are determined at the time the note is made. The notes are secured by the balance in the participant's account and bear interest at 6% at December 31, 2010 and 2009. Principal and interest are paid ratably through payroll deductions.

## **BARGREEN-ELLINGSON, INC. 401(K) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

#### **NOTE 1 - DESCRIPTION OF PLAN (Continued)**

##### ***Forfeitures***

Forfeitures of matching contributions by nonvested terminated participants are retained by the Plan and are first used to reduce administrative expenses and then used to reduce future employer contributions.

#### **NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES**

##### ***Basis of Accounting***

The financial statements of the Plan are prepared on the accrual method of accounting.

##### ***Income Tax***

The Plan is exempt from income taxes under Internal Revenue Code Section 401(k).

##### ***Expenses***

Administrative expenses not paid by the Plan are paid by the company. Administrative expenses recorded in the Plan represent trustee fees and other recordkeeping fees paid directly from the Plan to the Plan's trustee.

##### ***Use of Estimates***

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

##### ***Valuation of Assets***

Investments are carried at fair market value as determined by fair value measurement (see Note 3). The limited partnership investment consists of an investment in the Bank of New York Partners Fund II, LLC (the Fund). Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Gains and losses (realized and unrealized) are reported in net appreciation (depreciation) in fair value of common or collective trust and mutual funds.

##### ***Fully Benefit-Responsive Investment***

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Statement of Net Assets Available for Benefits presents the contract at fair value, which approximates the contract value for this investment. The Statement of Changes in Net Assets Available for Benefits also is prepared on fair value with an adjustment to the contract value basis for fully benefit-responsive investment (see Note 3).

## **BARGREEN-ELLINGSON, INC. 401(K) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

#### **NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES (Continued)**

##### ***Evaluation of Subsequent Events***

Subsequent events were evaluated through October 13, 2011, the date that the financial statements were available to be issued, which is the date of the audit report. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

#### **NOTE 3 - FAIR VALUE MEASUREMENTS**

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The Fair Value Measurements topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) established a fair value hierarchy for reporting that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable units other than quoted prices for identical assets; and Level 3 inputs have the lowest priority.

##### ***Level 1 Fair Value Measurements***

The fair values of the mutual funds and money market funds are based on quoted net asset values of the shares held by the Plan at year-end. These funds are classified as Level 1 of the valuation hierarchy.

##### ***Level 2 Fair Value Measurements***

The investment in common or collective trust consists of a single fund, the Fidelity Advisor Stable Value Fund. The fund is accounted for in accordance with the FASB ASC subtopic on Fully Benefit-Responsive Investment Contracts.

The fair value of the common or collective trust is based on redemption prices of the shares as determined by the trustee based on the current market values of the underlying assets. The contract value of the Fidelity Advisor Stable Value Fund represents contributions made plus interest accrued at contract value, less withdrawals. The average yield earned by the Plan for the fully benefit-responsive investment contract was 1.56% and 2.07% for the years ended December 31, 2010 and 2009, respectively. The average yield earned by the Plan for the fully-benefit responsive investment contract, with an adjustment to reflect the actual interest rate credited to the Plan participants was 1.59% and 2.06% for the years ended December 31, 2010 and 2009, respectively. The minimum crediting rate under the contract is 0%.

##### ***Level 3 Fair Value Measurements***

The fair value of the limited partnership is determined annually by an audit of the Fund. The fair value of the investments was determined using unobservable inputs that cannot be corroborated by current market data, based on the audit for the Fund's year-end.



# BARGREEN-ELLINGSON, INC. 401(K) PLAN

## NOTES TO FINANCIAL STATEMENTS

December 31, 2010

### NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

	<u>Assets at Fair Value at December 31, 2010</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2010 Total</u>
Mutual funds:				
Small blend	\$ 2,645,331			\$ 2,645,331
Multisector bond	2,507,249			2,507,249
Large blend	2,419,296			2,419,296
Intermediate term bond	2,267,656			2,267,656
Large growth	2,026,283			2,026,283
Foreign large growth	1,814,998			1,814,998
Balanced	1,676,759			1,676,759
Foreign large blend	1,184,608			1,184,608
Mid-cap growth	941,577			941,577
Mid-cap value	918,155			918,155
Mid-cap blend	750,516			750,516
Large value	692,792			692,792
Diversified emerging markets	577,688			577,688
Money market	281,989			281,989
Retirement income	240,683			240,683
Real estate	206,315			206,315
Other	325,131			325,131
Cash	16,703			16,703
Common or collective trust		\$ 1,048,754		1,048,754
Limited partnership			\$ 373,039	373,039
<b>Total Assets at Fair Value</b>	<b>\$ <u>21,493,729</u></b>	<b>\$ <u>1,048,754</u></b>	<b>\$ <u>373,039</u></b>	<b>\$ <u>22,915,522</u></b>

	<u>Assets at Fair Value at December 31, 2009</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2009 Total</u>
Mutual funds:				
Small blend	\$ 2,141,762			\$ 2,141,762
Multisector bond	2,020,895			2,020,895
Large blend	1,610,382			1,610,382
Intermediate term bond	1,798,479			1,798,479
Large growth	1,368,947			1,368,947
Foreign large growth	2,015,026			2,015,026
Balanced	1,634,158			1,634,158
Foreign large blend	926,589			926,589
Mid-cap growth	772,411			772,411
Mid-cap value	703,505			703,505

**BARGREEN-ELLINGSON, INC. 401(K) PLAN**

**NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

**NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)**

	<b>Assets at Fair Value at December 31, 2009</b>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>2009 Total</u>
Mutual Funds (Continued):				
Mid-cap blend	\$ 464,342			\$ 464,342
Large value	539,892			539,892
Diversified emerging markets	118,915			118,915
Money market	375,159			375,159
Retirement income	114,013			114,013
Real estate	137,027			137,027
Other	574,526			574,526
Common or collective trust		\$ 1,109,350		1,109,350
<b>Total Assets at Fair Value</b>	<b>\$ 17,316,028</b>	<b>\$ 1,109,350</b>		<b>\$ 18,425,378</b>

**NOTE 4 - INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE**

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA, the Plan administrator instructed the auditors not to perform any auditing procedures with respect to information which was certified as complete and accurate by the Fidelity Management Trust Company as of and for the year ended December 31, 2009.

The information included in the financial statements which was provided and certified by the trustee as complete and accurate includes: (1) investments, at fair value, (2) adjustment of fully benefit-responsive contract from fair value to contract value, (3) net appreciation (depreciation) in fair value of common or collective trust and mutual funds, (4) interest, money market fund, and (5) schedule of assets held at end of year as of and for the year ended December 31, 2009.

**BARGREEN-ELLINGSON, INC. 401(K) PLAN****NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

**NOTE 5 - INVESTMENTS**

The following investments represent 5% or more of the Plan's net assets at December 31:

	<u>2010</u>	<u>2009</u>
FA Strat Income I	\$ 2,402,595	\$ 2,020,895
WFA Tot Rtn Bd Adm	\$ 2,230,338	\$ 1,798,479
ALL/Bern Intl Gr Adv	\$ 1,784,917	\$ 1,702,086
FA New Insights I	\$ 1,574,381	\$ 1,368,947
IVK Small Cap Value	\$ 1,536,988	\$ 1,164,380
FA Stable Value (at contract value)	*	\$ 1,110,801
FA Small Cap Cl T	*	\$ 977,382

\* Less than 5% of net assets

**NOTE 6 - NONPARTICIPANT DIRECTED INVESTMENTS**

The investments that were merged into the Plan as of January 1, 2010 (see Note 12) include certain nonparticipant directed investments. Information about the net assets and the significant components of the change in net assets related to the nonparticipant directed investments is as follows:

	<u>Year Ended December 31, 2010</u>
Beginning of year	\$ 0
Transfer of Plan assets due to merger (see Note 12)	870,958
Interest and dividend income	16,420
Net appreciation	78,779
Benefits paid	(33,465)
Administrative expenses	<u>(5,350)</u>
Total Nonparticipant Directed Investments	\$ <u>927,342</u>

These investments are comprised of the following at December 31, 2010:

Cash	\$ 16,703
Mutual funds	537,600
Limited Partnership	<u>373,039</u>
Total Nonparticipant Directed Investments	\$ <u>927,342</u>

## **BARGREEN-ELLINGSON, INC. 401(K) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

#### **NOTE 7 - INCOME TAX STATUS**

The Company adopted a Fidelity Prototype 401(k) Plan document in September 2003. The Plan obtained its latest determination letter in October 2003, 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. However, the plan administrator and the plan's tax counsel believe 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 tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service or Department of Labor. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Company has filed its Form 5500 return timely. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

#### **NOTE 8 - PLAN TERMINATION**

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

# **BARGREEN-ELLINGSON, INC. 401(K) PLAN**

## **NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

### **NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Net assets available for benefits per the financial statements	\$ 23,077,775	\$ 18,502,462
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>19,613</u>	<u>(1,451)</u>
Net assets available for benefit per Form 5500, Schedule H, part 1, line L	\$ <u>23,097,388</u>	\$ <u>18,501,011</u>

The following is a reconciliation of net increase in net assets per the financial statements to the Form 5500 for the year ended December 31, 2010:

	<u>2010</u>
Net increase in net assets per the financial statements	\$ 4,575,313
Transfer of Plan assets due to merger (see Note 12)	(870,958)
Change in adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>21,064</u>
Net income per Form 5500, Schedule H, Part II	\$ <u>3,725,419</u>

### **NOTE 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 participant's account balances and the amounts reported in the statement of net assets available for benefits.

## **BARGREEN-ELLINGSON, INC. 401(K) PLAN**

### **NOTES TO FINANCIAL STATEMENTS**

December 31, 2010

#### **NOTE 11 - COMMITMENT**

The Participatory Plan which was merged into the Plan on January 1, 2010 (see Note 12) entered into an agreement with a Fund (see Note 2) to invest a total of \$500,000 over a number of years. The Fund is a venture capital fund which seeks to invest in merger and acquisitions, as well as initial public offerings (IPOs). A capital call of \$62,500 was made during the year ending December 31, 2010 in order for the Plan to fund its remaining commitment for capital to be called. There is no remaining commitment that remains callable at December 31, 2010. The Plan could sell its interest in the Fund to a third party with prior approval of the Fund.

#### **NOTE 12 - PLAN MERGER**

On January 1, 2010, the Bargreen-Ellingson, Inc. 401(k) Participatory Profit Sharing Plan (Participatory Plan) was merged into the Bargreen-Ellingson, Inc. 401(k) Plan. Prior to the merger, the Participatory Plan covered eligible employees of Bargreen-Ellingson, Inc. The transferred net assets have been recognized in the accounts of the Bargreen-Ellingson, Inc. 401(k) Plan as of January 1, 2010, at their balances as previously carried in the accounts of the Bargreen-Ellingson, Inc. 401(k) Participatory Profit Sharing Plan of \$870,958. The changes in net assets of the combined plans are included in the accompanying statement of changes in net assets available for benefits from January 1, 2010.

## SUPPLEMENTAL FINANCIAL INFORMATION

**BARGREEN-ELLINGSON, INC. 401(K) PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR)**

December 31, 2010

EIN: 91-0715309

Plan: 002

<b>(a)</b> <b>*</b> <b>Party in</b> <b>Interest</b>	<b>(b)</b> <b>Identity of Issue,</b> <b>Borrower, Lessor or</b> <b>Similar Party</b>	<b>(c)</b> <b>Description of</b> <b>Investment Including</b> <b>Maturity Date, Rate of</b> <b>Interest, Collateral,</b> <b>Par or Maturity Value</b>	<b>(d)</b> <b>Cost</b>	<b>(e)</b> <b>Current</b> <b>Value</b>
*	Blrk Cap Appr	16,511 Shares, Mutual fund	**	\$ 392,958
*	ABF LG Cap Val Inv	34,401 Shares, Mutual fund	**	637,456
*	ALL/BERN Intl Gr Adv	114,786 Shares, Mutual fund	**	1,784,917
*	Thornburg Value R5	25,735 Shares, Mutual fund	**	885,795
*	Nuveen Real Estate I	11,342 Shares, Mutual fund	**	206,315
*	Nuveen MDCP Index I	28,807 Shares, Mutual fund	**	376,795
*	Drey Basic S&P 500	21,642 Shares, Mutual fund	**	555,566
*	JPM Emrg Mkts EQ Sel	23,666 Shares, Mutual fund	**	577,688
*	IVK Small Cap Val Y	84,404 Shares, Mutual fund	**	1,536,988
*	WFA Total Rtn Bd Adm	178,856 Shares, Mutual fund	**	2,230,338
*	Mainstay ICap Seleg I	24,897 Shares, Mutual fund	**	876,872
*	Blkrk Intl Opp Inst	18,286 Shares, Mutual fund	**	639,646
*	Blkrk Midcap Val IS	77,876 Shares, Mutual fund	**	918,155
*	FA Lev Co Stock I	10,237 Shares, Mutual fund	**	356,076
*	FA Small Cap I	42,062 Shares, Mutual fund	**	1,108,343
*	FID Ret Govt MM	Money market fund	**	281,989
*	FA Strat Income I	191,901 Shares, Mutual fund	**	2,402,595
*	FA Stable Value	Common/collective trust	**	1,048,754
*	FA INFLA Protct BD I	9,046 Shares, Mutual fund	**	105,019
*	FA Freedom 2010 I	12,644 Shares, Mutual fund	**	146,427
*	FA Freedom 2020 I	31,203 Shares, Mutual fund	**	376,308
*	FA Freedom 2030 I	20,091 Shares, Mutual fund	**	245,713
*	FA Freedom 2040 I	12,668 Shares, Mutual fund	**	157,211
*	FA Freedom Inc I	22,515 Shares, Mutual fund	**	240,683
*	FA New Insights I	78,172 Shares, Mutual fund	**	1,574,381
*	FA Freedom 2005 I	1,725 Shares, Mutual fund	**	19,300
*	FA Freedom 2015 I	17,789 Shares, Mutual fund	**	205,458
*	FA Freedom 2025 I	7,057 Shares, Mutual fund	**	82,363
*	FA Freedom 2035 I	12,848 Shares, Mutual fund	**	149,164
*	FA Mid Cap II I	51,963 Shares, Mutual fund	**	941,577
*	FA Intl Discovery I	14,943 Shares, Mutual fund	**	492,988
*	FA Freedom 2045 I	11,688 Shares, Mutual fund	**	112,674
*	FA Freedom 2050 I	19,192 Shares, Mutual fund	**	182,141
*	FA Intl Real Est I	14,907 Shares, Mutual fund	**	139,527
	<b>Subtotal Participant Directed</b>		**	<b>21,988,180</b>

\* *Party in Interest*

\*\* *Participant Directed*



**BARGREEN-ELLINGSON, INC. 401(K) PLAN**

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS  
(HELD AT END OF YEAR) (Continued)**

December 31, 2010

EIN: 91-0715309

Plan: 002

(a) * Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Cash	Cash	\$ 16,703	\$ 16,703
*	AQR Divers Arbitrage N	2,466 Shares, Mutual fund	27,538	27,394
*	Artisan Opport Value	5,794 Shares, Mutual fund	54,814	55,336
*	BNY Partners Fund II, LLC	Limited Partnership	437,500	373,039
*	FMI Large Cap	3,431 Shares, Mutual fund	51,744	53,559
*	Harbor Capital Appreciation In	766 Shares, Mutual fund	27,181	27,832
*	Harbor Int'l Inv	502 Shares, Mutual fund	30,230	30,123
*	Lazard Int'l Strat Equity	2,046 Shares, Mutual fund	21,850	21,851
*	Loomis Sayles Bond Retail	2,279 Shares, Mutual fund	32,963	32,403
*	PIMCO Emerg Local Bond D	4,995 Shares, Mutual fund	55,816	53,193
*	Touch Sand Cap Sel Grow Z	3,108 Shares, Mutual fund	29,899	31,111
*	PIMCO Total Return D	3,439 Shares, Mutual fund	39,987	37,318
*	PIMCO Unconstrained Bond	6,509 Shares, Mutual fund	73,741	72,251
*	Selected American Shs S	1,146 Shares, Mutual fund	46,208	47,503
*	Thornburg Int'l Value A	1,073 Shares, Mutual fund	29,899	30,081
*	Westport Select Cap R	715 Shares, Mutual fund	16,309	17,645
		<b>Subtotal Nonparticipant Directed Investments</b>	<b>992,382</b>	<b>927,342</b>
*	Participant Loans	Loans to participants, Maturity dates ranging from March 2011 - October 2015; 6% interest rate	0	181,866
		<b>Total</b>	<b>\$ 992,382</b>	<b>\$ 23,097,388</b>

\* Party in Interest

\*\* Participant Directed