Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

0040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information							
For	or calendar plan year 2010 or fiscal plan year beginning 08/01/2010 and ending 07/31/2011							
A	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)	one-participant plan				
В	This return/report is for: first return/report	final retur	n/report					
	an amended return/report	short plar	year return/report (less than 12 mo	onths)				
С	Check box if filing under: Form 5558 automatic extension				DFVC progra	m		
	special extension (enter description							
Pa	Int II Basic Plan Information—enter all requested inform	ation						
	Name of plan	allon		1b	Three-digit			
	N EXCAVATING PROFIT SHARING PLAN				plan number	001		
					(PN) •			
				1C	Effective date of 08/01/2			
2a	Plan sponsor's name and address (employer, if for single-employer	nlan)		2b	Employer Identif			
	N EXCAVATING, INC.	piani			(EIN) 01-0442			
C NAA	LIDCLEY AVE			2c	Plan sponsor's t	elephone number		
	UDSLEY AVE RINGTON, RI 02806-2313			24	401-245			
				Zu	Business code (238900	see instructions)		
	Plan administrator's name and address (if same as Plan sponsor, e		9")	3b	Administrator's E			
AUB	N EXCAVATING, INC. 6 MAUDSLE BARRINGTO		06-2313	2-	01-0442			
				3C	Administrator's t	elephone number 5-1729		
4	f the name and/or EIN of the plan sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN			
	name, EIN, and the plan number from the last return/report. Sponso	r's name		4.0	DNI			
5 0	Total accept on a formaticina and a state of the charge of the color o				PN	3		
	Total number of participants at the beginning of the plan year			5a 5b		3		
D	b Total number of participants at the end of the plan year					3		
C	Total number of participants with account balances as of the end o complete this item)			5c		3		
6a	Were all of the plan's assets during the plan year invested in eligib					X Yes No		
b	Are you claiming a waiver of the annual examination and report of							
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility		•			^ Yes ∐ No		
Pa	If you answered "No" to either 6a or 6b, the plan cannot use F rt III Financial Information	orm 5500-	SF and must instead use Form 55	000.				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End	of Vear		
	Total plan assets	. 7a	11109	8	(b) Elia	125569		
b	Total plan liabilities			0		0		
С	Net plan assets (subtract line 7b from line 7a)		11109	8		125569		
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) T	otal		
а	Contributions received or receivable from:		` ,	0	(-7			
	(1) Employers	. 8a(1)						
	(2) Participants			0				
	(3) Others (including rollovers)	` '		0				
b	Other income (loss)	. 8b	1447	1	4.4.74			
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c				14471		
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	. 8d		0				
е	Certain deemed and/or corrective distributions (see instructions)	8e		0				
f	Administrative service providers (salaries, fees, commissions)	8f		0				
g	Other expenses			0				
h	Total expenses (add lines 8d, 8e, 8f, and 8g)					0		
i	Net income (loss) (subtract line 8h from line 8c)					14471		
	Transfers to (from) the plan (see instructions)			0				

Form 5500-SF 2010	Page 2-

		•	
Part IV	Plan	(`hara	cteristics
ı aıtıv ı	ı ıaıı	Onal a	SIGH SHOS

HERE

SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2G 3D

b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Cha	racteris	tic Co	des in	the instr	uctions		
art	٧	Compliance Questions							
0	Du	ring the plan year:		Yes	No		Am	ount	
а		as there a failure to transmit to the plan any participant contributions within the time period described in 2 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	n 10a		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported line 10a.)	10b		X				
С	Wa	as the plan covered by a fidelity bond?	10c	X					20000
d		the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraudishonesty?	10d		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, urance service or other organization that provides some or all of the benefits under the plan? (See tructions.)	10e		X				
f	Ha	s the plan failed to provide any benefit when due under the plan?	10f		X				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X				
h		his is an individual account plan, was there a blackout period? (See instructions and 29 CFR 20.101-3.)	10h		X				
i		Oh was answered "Yes," check the box if you either provided the required notice or one of the ceptions to providing the notice applied under 29 CFR 2520.101-3	10i						
art	VI	Pension Funding Compliance	<u> </u>		1				
11	ls ti	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co					[Yes	No
12		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes	X No
_			uc 01 00	otion	JUZ 01	LINIO/N.			ш
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1			24,		00		
b	Ent	ter the minimum required contribution for this plan year			12b				
С	Ent	ter the amount contributed by the employer to the plan for this plan year		L	12c				
d		otract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the legative amount)			12d				
е	Will	I the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	l	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		<u>.</u>		,		Yes	X No
	lf "۱	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough the PBGC?	nt under	the co	ontrol 			Yes	X No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify ich assets or liabilities were transferred. (See instructions.)	the pla	n(s) to)				
1	13c(1) Name of plan(s):			13c(2) EIN(s) 13c(3				13c(3)	PN(s)
`au+	ion:	A penalty for the late or incomplete filing of this return/report will be assessed unless reasonate	hle ca	ISA İS	estah	lished			
		nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this re-					icable.	a Sche	dule
SB o	r Ścł	hedule MB completed and signed by an enrolled actuary, as well as the electronic version of this returns true, correct, and complete.							
SIGI	N	Filed with authorized/valid electronic signature. 12/05/2011 PATRICK AUB	IN						

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

> Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2010

This Form is Open to Public Inspection

	art I Annual Report Identification Information				0 = 10 = 10 = =		
For		08/01/2	2010 and ending		07/31/2011 —		
Α.	This return/report is for: X single-employer plan	multiple-e	mployer plan (not multiemployer)	yer) one-participant plan			
В	This return/report is for:	final retur	n/report				
	an amended return/report	short plan	year return/report (less than 12 mo	nths)	•		
C	Check box if filing under: Form 5558	automatic	extension		DFVC progra	m	
_	special extension (enter description	n)				•	
D.	Int II Basic Plan Information—enter all requested information			·····			
	Name of plan	auon		1h	Three-digit	.	
	AUBIN EXCAVATING PROFIT SHARING PLAN				plan number		
					(PN) •	001	
				1c	Effective date of	•	
***************************************				ļ.,	08/01/200		
2a	Plan sponsor's name and address (employer, if for single-employer AUBIN EXCAVATING, INC.	plan)		2b	Employer Identif		
	FIGURE MANCENTER TING, THE			20	(EIN) 01 - 044:	elephone number	
	6 MAUDSLEY AVE				401-245-1		
	BARRINGTON RI 02806-2313			2d	Business code (see instructions)	
				01-	238900		
3a	Plan administrator's name and address (if same as Plan sponsor, ea AUBIN EXCAVATING, INC.	nter "Same	e")	30	Administrator's I		
	6 MAUDSLEY AVE			3c		elephone number	
	BARRINGTON RI 02806-231	3			401-245-1		
	f the name and/or EIN of the plan sponsor has changed since the las		port filed for this plan, enter the	4b	EIN		
I	name, EIN, and the plan number from the last return/report. Sponso	r's name		40	PN		
52	Total number of participants at the beginning of the plan year			}	. [3	
Ju	Total humber of participants at the beginning of the pian year			Ja		3	
h	Total number of norticinants of the and of the plan user			1		2	
	Total number of participants at the end of the plan year			1		3	
	Total number of participants with account balances as of the end of	f the plan y	ear (defined benefit plans do not	1		3	
c	Total number of participants with account balances as of the end of complete this item)	f the plan y	rear (defined benefit plans do not	5b 5c		3	
c	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets?	rear (defined benefit plans do not	5b 5c		X Yes No	
6a	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and condit	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IGions.)	5b 5c		3	
6a b	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and condit	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IGions.)	5b 5c		X Yes No	
6a b	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and condit	(See instructions.) dent qualified public accountant (IC ions.) SF and must instead use Form 5	5b 5c		X Yes No X Yes No	
6a b	Total number of participants with account balances as of the end of complete this item) Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility all you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities	f the plan y le assets? an indeper and conditi orm 5500-	(See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 5:	5b 5c 2PA)		3 X Yes No X Yes No Of Year	
6a b	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and condit orm 5500-	(See instructions.) dent qualified public accountant (IC ions.) SF and must instead use Form 5	5b 5c PPA)		3 X Yes No X Yes No of Year	
6a b Pa 7 a b	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and condit orm 5500- 7a 7b	(See instructions.) Ident qualified public accountant (ICons.) SF and must instead use Form 5: (a) Beginning of Year	5b 5c PPA) 500.		3 X Yes No X Yes No Of Year 125569	
6a b Pa 7 a b	Total number of participants with account balances as of the end of complete this item). Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities. Net plan assets (subtract line 7b from line 7a)	f the plan y le assets? an indeper and condit orm 5500- 7a 7b	(See instructions.) (See instructions.) Ident qualified public accountant (IC ions.) SF and must instead use Form 5 (a) Beginning of Year 1110:	5b 5c PPA) 500.	(b) End	3 X Yes No X Yes No Of Year 125569 0 125569	
C 6a b 7 a b c	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and condit orm 5500- 7a 7b	(See instructions.) Ident qualified public accountant (ICons.) SF and must instead use Form 5: (a) Beginning of Year	5b 5c PPA) 500.		3 X Yes No X Yes No Of Year 125569 0 125569	
6a b Pa 7 a b	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7c	(See instructions.) (See instructions.) Ident qualified public accountant (IC ions.) SF and must instead use Form 5 (a) Beginning of Year 1110:	5b 5c 8PA) 500.	(b) End	3 X Yes No X Yes No Of Year 125569 0 125569	
C 6a b 7 a b c	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1)	(See instructions.) (See instructions.) Ident qualified public accountant (IC ions.) SF and must instead use Form 5 (a) Beginning of Year 1110:	5b 5c 8PA)	(b) End	3 X Yes No X Yes No Of Year 125569 0 125569	
C 6a b 7 a b c	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2)	(See instructions.) (See instructions.) Ident qualified public accountant (IC ions.) SF and must instead use Form 5 (a) Beginning of Year 1110:	5b 5c 5c 8PA) 8600.	(b) End	3 X Yes No X Yes No Of Year 125569 0 125569	
Ga b Pa b c 8 a	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3)	(See instructions.) (See instructions.) (dent qualified public accountant (IC ons.) (a) Beginning of Year (a) Beginning of Year (a) Amount	5b 5c 5c 5c 500.	(b) End	3 X Yes No X Yes No Of Year 125569 0 125569	
Ga b Pa 7 a b c 8 a b	Total number of participants with account balances as of the end of complete this item). Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants Others (including rollovers)	f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.) (See instructions.) Ident qualified public accountant (IC ions.) SF and must instead use Form 5 (a) Beginning of Year 1110:	5b 5c 5c 5c 500.	(b) End	3 X Yes No No No No No No No N	
Ga b Pa 7 a b c 8 a b c c	Total number of participants with account balances as of the end of complete this item). Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities. Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss). Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.) (See instructions.) (dent qualified public accountant (IC ons.) (a) Beginning of Year (a) Beginning of Year (a) Amount	5b 5c 5c 5c 500.	(b) End	3 X Yes No X Yes No Of Year 125569 0 125569	
Ga b Pa 7 a b c 8 a b	Total number of participants with account balances as of the end of complete this item). Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lf you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants Others (including rollovers)	f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	(See instructions.) (See instructions.) (dent qualified public accountant (IC ons.) (a) Beginning of Year (a) Beginning of Year (a) Amount	5b 5c 5c 5c 500.	(b) End	3 X Yes No No No No No No No N	
Ga b Pa 7 a b c 8 a b c c	Total number of participants with account balances as of the end of complete this item)	the plan y le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	(See instructions.) (See instructions.) (dent qualified public accountant (IC ons.) (a) Beginning of Year (a) Beginning of Year (a) Amount	5b 5c 8PA) 500. 98 0 0 0 0 71	(b) End	3 X Yes No No No No No No No N	
Pa b c 8 a b c d	Total number of participants with account balances as of the end of complete this item). Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	the plan y le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	(See instructions.) (See instructions.) (dent qualified public accountant (IC ons.) (a) Beginning of Year (a) Beginning of Year (a) Amount	5b 5c 8PA) 500. 98 0 0 0 0 71	(b) End	3 X Yes No No No No No No No N	
Fa b c 8 a b c d e f	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(See instructions.) (See instructions.) (dent qualified public accountant (IC ons.) (a) Beginning of Year (a) Beginning of Year (a) Amount	5b 5c 5c 8PA) 500. 98 0 0 0 71	(b) End	3 X Yes No No No No No No No N	
Fa b c 8 a b c d e f g	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	(See instructions.) (See instructions.) (dent qualified public accountant (IC ons.) (a) Beginning of Year (a) Beginning of Year (a) Amount	5b 5c 5c 5600.	(b) End	3 X Yes No No No No No No No N	
Fa b c 8 a b c d e f	Total number of participants with account balances as of the end of complete this item)	f the plan y le assets? an indeper and condit orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	(See instructions.) (See instructions.) (dent qualified public accountant (IC ons.) (a) Beginning of Year (a) Beginning of Year (a) Amount	5b 5c 5c 5600.	(b) End	3 X Yes No No X Yes No No 125569 0 125569 Total	

		Form 5500-SF 2010	Pi	age 2-			,				
Par	+ 117	Plan Characteristics									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	***************************************	plan provides pension benefits, enter the applicable pension featu	ire codes from the	List of Plan Char	acteris	stic Co	des in	the inst	ruction	s:	
b		e plan provides welfare benefits, enter the applicable welfare feature	re codes from the	List of Plan Chara	acteris	tic Co	des in t	the instr	uctions	;	
Part	V	Compliance Questions									
10	Dui	ing the plan year:			***************************************	Yes	No		Am	ount	
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		Х				
b		re there any nonexempt transactions with any party-in-interest? (Doine 10a.)			10b		Х				
С	Wa	s the plan covered by a fidelity bond?	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10c	х					20000
d	Did or o	the plan have a loss, whether or not reimbursed by the plan's fideli	ity bond, that was	caused by fraud	10d		Х		•••••	***************************************	
е	We	re any fees or commissions paid to any brokers, agents, or other per purance service or other organization that provides some or all of the ructions.)	ersons by an insur benefits under the	ance carrier, e plan? (See	10e		х				
f	Has	the plan failed to provide any benefit when due under the plan?		***************************************	10f		Х				
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	/ear end.)		10a		х			***************************************	
h		is is an individual account plan, was there a blackout period? (See 0.101-3.)			10h		х	50 See 5			
i	If 1	Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or or	e of the	10i			15.000 (1) 15.000 (1)			
Part	Vi	Pension Funding Compliance					·	I			
11	ls th	is a defined benefit plan subject to minimum funding requirements 0))	? (If "Yes," see ins	tructions and con	plete	Sched	lule SE	(Form	Г	Yes	No
12		his a defined contribution plan subject to the minimum funding requ							J	Yes	X No
	(lf **	Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.	.)						•	•	
а	lf a	waiver of the minimum funding standard for a prior year is being an	nortized in this pla	n year, see instru	ctions,	and e	enter th	ie date d	of the le	etter rui	ing
lf v		nting the waivercomplete lines 3, 9, and 10 of Schedule MB					Day		_ Yea	1r	······································
b	_	er the minimum required contribution for this plan year	,	•		Γ	12b		······································	***************************************	
C		er the amount contributed by the employer to the plan for this plan				<u> </u>	12c				
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a min	us sign to the left	of a	<u> </u>	12d				***************************************
е	Will	the minimum funding amount reported on line 12d be met by the fu	ınding deadline?		*******			Yes	П	No [N/A
Part	99.6979	Plan Terminations and Transfers of Assets							·····		
13a	Has	a resolution to terminate the plan been adopted during the plan ye	ar or any prior yea	r?					Γ	Yes	X No
		es," enter the amount of any plan assets that reverted to the emplo				f"	13a			<u> </u>	
b		e all the plan assets distributed to participants or beneficiaries, tran					ntrol	L			
· c	lf d	ne PBGC?ting this plan year, any assets or liabilities were transferred from the				n(s) to			L.,] Yes	X No
1		ch assets or liabilities were transferred. (See instructions.) Name of plan(s):				13	c(2) Ei	N(s)		13c(3)	PN(s)
					<u> </u>						

Caut	ion:	A penalty for the late or incomplete filing of this return/report v	vill be assessed i	uniess reasonab	le cau	ıse is	establ	ished.			
SB or	r Sch	nalties of perjury and other penalties set forth in the instructions, I di edule MB completed and signed by an enrolled actuary, as well as true, <u>correct</u> , and <u>complete</u> .	eclare that I have the electronic ver	examined this return	urn/rep /report	oort, in , and t	cluding to the t	g, if appl pest of n	icable, ny knov	a Sche vledge	edule and
CIV:	NO S		11/30/2011	PATRICK AU	BIN						~~~~
HER	NON CONTRACTOR OF THE PROPERTY										
	100			Potric		7		birn	., . at 113U	3101	
SIGI	-	Signatura of amployar/plan changer	Date 12/2/11		H	اما مند	_			Jon ==	
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