## 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).

2040

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

P	Complete all entries in according to the complete are considered in the con	dance wit	h the instructions to the Form 5500	0-SF.	1
	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	1	and ending 1	1/30/2	2011
Α -	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for:	final retur	n/report		
_	an amended return/report		n year return/report (less than 12 mor	nthe)	
_			, , ,	11113)	□ pr/c
C	Check box if filing under:	ı	extension		DFVC program
	special extension (enter description	on)			
Pa	Irt II Basic Plan Information—enter all requested inform	ation			
	Name of plan			1b	Three-digit
COS	MOPOLITAN ENGINEERING GROUP, INC. 401(K) PLAN				plan number 001
				4.	(PN) •
				10	Effective date of plan 07/01/1994
22	Plan sponsor's name and address (employer, if for single-employer	· nlan)		2h	Employer Identification Number
	MOPOLITAN ENGINEERING GROUP, INC.	piai i)		20	(EIN) 91-1570286
				2c	Plan sponsor's telephone number
	BOX 1678 DMA, WA 98401				253-272-7220
TAC	JWIA, WA 30401			2d	Business code (see instructions) 541330
- 2-	Di Litter de la companya de la compa	. "0	"	26	
COS	Plan administrator's name and address (if same as Plan sponsor, e MOPOLITAN ENGINEERING GROUP, INC. P.O. BOX 16	enter "Same 378	∋″)	30	Administrator's EIN 91-1570286
	TACOMA, W	/A 98401		3c	Administrator's telephone number
					253-272-7220
	f the name and/or EIN of the plan sponsor has changed since the la		port filed for this plan, enter the	4b	EIN
	name, EIN, and the plan number from the last return/report. Sponso	or's name		40	DN
	Total accept and an afficiency to at the board of the other or a			4c	
	Total number of participants at the beginning of the plan year			5a	12
b	Total number of participants at the end of the plan year			5b	0
С	Total number of participants with account balances as of the end of		•	E.	0
	complete this item)			5c	□ □ □
	Were all of the plan's assets during the plan year invested in eligib		,		Yes No
D	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use F		•		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	1266975	5	0
b	Total plan liabilities				
С	Net plan assets (subtract line 7b from line 7a)		1266975	5	0
8	Income, Expenses, and Transfers for this Plan Year	,,,,,	(a) Amount		(b) Total
а	Contributions received or receivable from:		(a) Amount		(b) Total
u	(1) Employers	. 8a(1)			
	(2) Participants	. 8a(2)	27172	2	
	(3) Others (including rollovers)				
b	Other income (loss)	` ` `	-52553	3	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)				-25381
d	Benefits paid (including direct rollovers and insurance premiums				
-	to provide benefits)	. 8d	1233055		
е	Certain deemed and/or corrective distributions (see instructions)	8e	6269	)	
f	Administrative service providers (salaries, fees, commissions)				
g	Other expenses		2270	)	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				1241594
i	Net income (loss) (subtract line 8h from line 8c)				-1266975
i	Transfers to (from) the plan (see instructions)				
		ı XI	1		

Form 5500-SF 2010	Page <b>2-</b>

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Part IV	Dian	('hara	cteristics
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SIGN HERE Signature of plan administrator

Signature of employer/plan sponsor

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

b	If th	e plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Ch	aracteris	tic Co	des in	the instru	ıctions		
art	V	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 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	in <b>10a</b>		X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reporte line 10a.)	d <b>10b</b>		X				
С	W	as the plan covered by a fidelity bond?	10c	X					50000
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by frau dishonesty?	d <b>10d</b>		X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance 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	Dic	the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X					0
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		Pension Funding Compliance							
11	ls ti	his a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and c					. [	Yes	No
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes	X No
_		'Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)			JUL 0.		· _		ш
а	lf a	waiver of the minimum funding standard for a prior year is being amortized in this plan year, see insunting the waiver.							
lf y	-	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line			Day		. 100	·	
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			12c				
d		btract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the l gative amount)		[	12d				
е	Wil	I the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No	N/A
art	VII	Plan Terminations and Transfers of Assets							
3a	Has	s a resolution to terminate the plan been adopted during the plan year or any prior year?		·····			X	Yes	No
	If "\	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				0
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or broug the PBGC?	ht under	the co	ontrol 		X	Yes	No
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identifich assets or liabilities were transferred. (See instructions.)	y the pla	n(s) to	)				
1	3c(1	1) Name of plan(s):		13	<b>c(2)</b> El	N(s)		13c(3)	PN(s)
`aut	ion:	A namely for the late or incomplete filing of this return/report will be assessed unless reason	able car	ico ic	octab	lichad			
		A penalty for the late or incomplete filing of this return/report will be assessed unless reason nalties of perjury and other penalties set forth in the instructions, I declare that I have examined this					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 retust rue, correct, and complete.							
SIGI	N F	Filed with authorized/valid electronic signature.  12/06/2011  JAMES K. D'A	BOY						

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

**Annual Report Identification Information** 

Part I

## 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.

1210-0089

OMB Nos. 1210-0110

2010

This Form is Open to Public Inspection

	calendar plan year 2010 or fiscal plan year beginning 01/01/201	1	and ending 1	1/30/2	2011	
Α .	This return/report is for:	multiple-emp	oloyer plan (not multiemployer)		one-participar	nt plan
В	This return/report is for:     first return/report   X	final return/re	eport			
	an amended return/report	short plan ye	ar return/report (less than 12 mo	nlhs)		
C	Check box if filing under: Form 5558	automatic ex	tension	9	DFVC prograi	n
	special extension (enter description	on)				
Pa	art II Basic Plan Information—enter all requested inform	ation				
1a	Name of plan			1b	Three-digit	
cos	MOPOLITAN ENGINEERING GROUP, INC. 401(K) PLAN				plan number	001
				10	(PN) ▶ Effective date of	
				10	07/01/19	
	Plan sponsor's name and address (employer, if for single-employer	plan)		430403000	Employer Identifi	
cos	MOPOLITAN ENGINEERING GROUP, INC.				(EIN) 91-1570	
P.O.	BOX 1678			20	Plan sponsor's te 253-272	
	OMA WA 98401			2d	Business code (s	ee instructions)
				01	541330	
SAM	Plan administrator's name and address (if same as Plan sponsor, e $\!$	nter "Same")		3b	Administrator's E 91-1570	
	_			3c	Administrator's te	
4	f the name and for CIN of the plan arrange has been decided that the	-11/	4 61-4 f- 11-1 11-1	46	253-272	-7220
	f the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report. Sponso		t filed for this plan, enter the	4b	EIN	
				4c	PN	
5a	Total number of participants at the beginning of the plan year			5a		12
b	Total number of participants at the end of the plan year	*****************		5b		0
				JD	4	
С	Total number of participants with account balances as of the end of	f the plan year	r (defined benefit plans do not			0
	Total number of participants with account balances as of the end of complete this item)	f the plan year	r (defined benefit plans do not	5c		0 X Yes No
6a	Total number of participants with account balances as of the end of complete this item)	f the plan year le assets? (Se an independe	r (defined benefit plans do not ee instructions.)	<b>5</b> c ⊃A)		X Yes No
6a	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 and the second secon	f the plan year le assets? (Se an independe and conditions	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQI	<b>5</b> c		
6a b	Total number of participants with account balances as of the end of complete this item)	f the plan year le assets? (Se an independe and conditions	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQI	<b>5</b> c		X Yes No
6a b	Total number of participants with account balances as of the end of complete this item)	f the plan year le assets? (Se an independe and conditions	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQI s.) and must instead use Form 55	<b>5</b> c		X Yes No
6a b Pa	Total number of participants with account balances as of the end of complete this item)	f the plan year le assets? (Se an independe and conditions orm 5500-SF	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQI	5c ⊃A)		X Yes No
6a b Pa 7	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 of you answered "No" to either 6a or 6b, the plan cannot use Fort III Financial Information  Plan Assets and Liabilities  Total plan assets	f the plan year le assets? (Se an independe and conditions orm 5500-SF	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQI s.) and must instead use Form 55	5c ⊃A)		Yes No Yes No
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 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 liabilities	f the plan year le assets? (So an independe and conditions orm 5500-SF	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQI s.) and must instead use Form 55	<b>5</b> c ⊃A)		Yes No Yes No
6a b Pa 7	Total number of participants with account balances as of the end of complete this item)	f the plan year le assets? (So an independe and conditions orm 5500-SF	r (defined benefit plans do not  ee instructions.)	<b>5</b> c ⊃A)	(b) End	Yes No Yes No Of Year 0
Pa 7 a b 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 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 liabilities	f the plan year le assets? (So an independe and conditions orm 5500-SF	r (defined benefit plans do not  ee instructions.)	<b>5</b> c ⊃A)		Yes No Yes No Of Year 0
Pa 7 a b c	Total number of participants with account balances as of the end of complete this item)	f the plan year le assets? (So an independe and conditions orm 5500-SF	r (defined benefit plans do not  ee instructions.)	<b>5</b> c ⊃A)	(b) End	Yes No Yes No Of Year 0
Pa 7 a b c	Total number of participants with account balances as of the end of complete this item)	f the plan year le assets? (So an independe and conditions orm 5500-SF	r (defined benefit plans do not  ee instructions.)	5c	(b) End	Yes No Yes No Of Year 0
Pa 7 a b c	Total number of participants with account balances as of the end of complete this item)	the plan year le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c  8a(1)	r (defined benefit plans do not  ee instructions.)  nt qualified public accountant (IQI s.)  and must instead use Form 55  (a) Beginning of Year  1266975  1266975  (a) Amount	5c	(b) End	Yes No Yes No Of Year 0
Pa 7 a b c	Total number of participants with account balances as of the end of complete this item)	f the plan year le assets? (Sean independe and conditions orm 5500-SF  7a 7b 7c  8a(1) 8a(2) 8a(3)	r (defined benefit plans do not  ee instructions.)	5c	(b) End	Yes No Yes No Of Year  0  Otal
Pa 7 a b c 8 a	Total number of participants with account balances as of the end of complete this item)	f the plan year le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c  8a(1) 8a(2) 8a(3)	r (defined benefit plans do not  ee instructions.)  nt qualified public accountant (IQI s.)  and must instead use Form 55  (a) Beginning of Year  1266975  1266975  (a) Amount	5c	(b) End	Yes No Yes No Of Year 0
Pa 7 a b c 8 a	Total number of participants with account balances as of the end of complete this item)	f the plan year le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	r (defined benefit plans do not  ee instructions.)  nt qualified public accountant (IQI s.)  and must instead use Form 55  (a) Beginning of Year  1266975  1266975  (a) Amount	5c	(b) End	Yes No Yes No Of Year  O  Otal
Pa 7 a b c 8 a	Total number of participants with account balances as of the end of complete this item)	f the plan year le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	r (defined benefit plans do not  ee instructions.)  nt qualified public accountant (IQI s.)  and must instead use Form 55  (a) Beginning of Year  1266975  (a) Amount  27172	5c	(b) End	Yes No Yes No Of Year  0  Otal
Pa 7 a 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 under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information  Plan Assets and Liabilities  Total plan assets  Total 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)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)	f the plan year le assets? (Se an independe and conditions orm 5500-SF  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	r (defined benefit plans do not  ee instructions.) Int qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 1266975  (a) Amount  27172	5c	(b) End	Yes No Yes No Of Year  O  Otal
Pa 7 a b c 8 a b c d	Total number of participants with account balances as of the end of complete this item)	f the plan year le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	r (defined benefit plans do not  ee instructions.) Int qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 1266975  (a) Amount  27172	5c	(b) End	Yes No Yes No Of Year  O  Otal
Pa 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 year le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 1266975  (a) Amount  27172  -52553	5c	(b) End	Yes No Yes No Of Year  0  Otal
Pa 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)  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 of under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the you answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information  Plan Assets and Liabilities  Total plan assets	f the plan year le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 1266975  (a) Amount  27172  -52553	5c	(b) End	Yes No Yes No Of Year  0  otal
Pa 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)  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 of the your answered "No" to either 6a or 6b, the plan cannot use Fourt 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)  Benefits paid (including direct rollovers and insurance premiums to provide benefits)  Certain deemed and/or corrective distributions (see instructions)  Administrative service providers (salaries, fees, commissions)	f the plan year le assets? (So an independe and conditions orm 5500-SF  7a 7b 7c  8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g 8h 8i	r (defined benefit plans do not ee instructions.) nt qualified public accountant (IQI s.) and must instead use Form 55  (a) Beginning of Year 1266975  (a) Amount  27172  -52553	5c	(b) End	Yes No Yes No Of Year  0  0  0  1241594

Form	5500	-SF	201	0

- 1	1	Z-	Page

Form 5500-SF 2010 Page <b>Z-</b> [I					
Part I	V Plan Characteristics				
	the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Chara 2G 2J 2K 2T 3D	cteris	tic Co	des in the	nstructions:
	the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Charac	cterist	lic Cod	les in the i	nstructions:
Part V	Compliance Questions				
10 c	uring the plan year:		Yes	No	Amoun
	/as there a failure to transmit to the plan any participant contributions within the time period described in P29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
b v	/ere there any nonexempt transactions with any party-in-interest? (Do not include transactions reported	. serven		v	1111

а		/as there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х			
b		/ere lhere any nonexempt transactions with any party-in-interest? (Do not include transactions reported in line 10a.)	10b		х			
C	٧	Vas the plan covered by a fidelity bond?	10c	Х				50000
d	O	id the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud r dishonesty?	10d		х			
е	in	/ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, surance service or other organization that provides some or all of the benefits under the plan? (See structions.)	10e		x			
f	Н	as the plan failed to provide any benefit when due under the plan?	10f		×			
g	D	id the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				0
h	2	this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10h		х		\$ -1   T	470
i		10h was answered "Yes," check the box if you either provided the required notice or one of the xceptions to providing the notice applied under 29 CFR 2520.101-3	10i	7				
art	VI	Pension Funding Compliance	-					
11	ls 55	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com	plete S	Sched	lule SB	(Form	☐ Yes	∏ No
12		s this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)					<del>;                                    </del>	
	gr	a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions the waiver	th	and e	nter Ih Day	e date of th		
		completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_				
		nter the minimum required contribution for this plan year		_	12b			
	Er	nter the amount contributed by the employer to the plan for this plan year			12c			
d	ne	ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left egative amount)			12d			
		ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
art	VI	Plan Terminations and Transfers of Assets						let an account
13a	H	as a resolution to terminate the plan been adopted during the plan year or any prior year?	********				X Yes	No
	lf	"Yes," enter the amount of any plan assets that reverted to the employer this year		*****	13a		(Anto-100)	0
	of	ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought to the PBGC?					X Yes	☐ No
C	lf w	during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify th hich assets or liabilities were transferred. (See instructions.)	ne plan	(s) to				===
11	9	PAN AL ANDRONO SIGNATURE AND A STATE OF THE PARTY OF THE				10000		
	3c	(1) Name of plan(s):		130	(2) EII	V(s)	13c(3	) PN(s)
	36	(1) Name of plan(s):		130	(2) Ell	N(s)	13c(3	) PN(s)
	130	(1) Name of plan(s):		130	(2) Ell	N(s)	13c(3	) PN(s)

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

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

SIGN	the state of the s	112/5/11	JAMES K. D'ABOY
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor