#### Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110 1210-0089

2010

					Inspection
Part I		ification Information			
For caler	ndar plan year 2010 or fiscal p	lan year beginning 10/01/201	10	and ending 0	9/30/2011
A This	eturn/report is for:	a multiemployer plan;	a multip	ole-employer plan; or	
		a single-employer plan;	a DFE	(specify)	
		_			
<b>B</b> This r	return/report is:	the first return/report;	the fina	I return/report;	
		an amended return/rep	ort; a short	plan year return/report (	less than 12 months).
C If the	plan is a collectively-bargaine	d plan, check here			
<b>D</b> Chec	k box if filing under:	X Form 5558;	automa	tic extension;	the DFVC program;
2 000	a sox ii iiii ig anaon	special extension (ente	_		
Part	I Rasic Plan Inform	ation—enter all requested in			
	ne of plan	ation—criter all requested lill	iomation		<b>1b</b> Three-digit plan 501
	ROUP FLEXIBLE BENEFITS I	PLAN			number (PN) ▶
					1c Effective date of plan
		<del> </del>			09/01/1986
	sponsor's name and address ress should include room or su	(employer, if for a single-employer	oyer plan)		<b>2b</b> Employer Identification Number (EIN)
NBBJ LP 91-1574838					
					2c Sponsor's telephone
					number 206-223-5555
	E AVE N		YALE AVE N		2d Business code (see
SEATTL	E, WA 98109	SEA	TTLE, WA 98109		instructions)
					541310
Caution	: A penalty for the late or inc	omplete filing of this return/	report will be assessed	l unless reasonable ca	use is established.
		_ · _ ·	•		eport, including accompanying schedules,
					nd belief, it is true, correct, and complete.
SIGN	Filed with authorized/valid elec	ctronic signature.	07/13/2012	SHERRIE GIETZEN	I
HERE	Signature of plan administ	rator	Date	Enter name of individ	dual signing as plan administrator
	•				<u> </u>
SIGN					
HERE	Signature of employer/plar	n sponsor	Date	Enter name of individ	dual signing as employer or plan sponsor
	o.gataro er empreyenplar		Date	Z.Roi Harrio di Individ	assa. e.gg as employed of plan openion
SIGN					
HERE				+	

Signature of DFE Date Enter name of individual signing as DFE For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010) v.092307.1

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	Plan administrator's name and address (if same as plan sponsor, enter "San BJ LP	ne")		ministrator's EIN 1574838
	BYALE AVE N ATTLE, WA 98109		nu	ministrator's telephone mber 6-223-5555
4	If the name and/or EIN of the plan sponsor has changed since the last return the plan number from the last return/report:	n/report filed for this plan, enter the name, EIN	l and	4b EIN
а	Sponsor's name			4c PN
5	Total number of participants at the beginning of the plan year		5	615
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines <b>6a, 6b, 6c,</b> and <b>6d</b> ).		
а	Active participants		. 6a	563
b	Retired or separated participants receiving benefits		. 6b	12
С	Other retired or separated participants entitled to future benefits		. 6c	
d	Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b>		. 6d	575
е	Deceased participants whose beneficiaries are receiving or are entitled to re	ceive benefits	. 6e	
f	Total. Add lines <b>6d</b> and <b>6e</b>		. 6f	575
g	Number of participants with account balances as of the end of the plan year complete this item)	•	. 6g	
h	Number of participants that terminated employment during the plan year with less than 100% vested		. 6h	
7	Enter the total number of employers obligated to contribute to the plan (only		. 7	
	If the plan provides pension benefits, enter the applicable pension feature confidence of the plan provides welfare benefits, enter the applicable welfare feature code 4A 4B 4H 4L			
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 the (1)   Insurance (2)   Code section 412(e)(3) (3)   Trust (4)   General assets of the specific production of the s	insurand	
10 a	Check all applicable boxes in 10a and 10b to indicate which schedules are 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	b General Schedules (1) H (Financial Inform (2) I (Financial Inform (3) A (Insurance Inform (4) C (Service Provide	mation) nation – rmation) er Inform	Small Plan) nation)
	(3) SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(5) D (DFE/Participation of the detail of th	-	
				*

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

#### File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

		pursuant to El	RISA section 103(a)(2).	IIIIS FO	Inspection		
For calendar plan year 20	10 or fiscal plan	year beginning 10/01/2010	and e	nding 09/30/2011	•		
A Name of plan NBBJ GROUP FLEXIBLE	BENEFITS PL	AN		e-digit number (PN)	501		
C Plan sponsor's name a NBBJ LP	C Plan sponsor's name as shown on line 2a of Form 5500.  NBBJ LP  D Employer Identification Number (EIN) 91-1574838						
			Coverage, Fees, and Com unit in Parts II and III can be reported				
1 Coverage Information:							
(a) Name of insurance ca	rrier						
(b) FINI	(c) NAIC	(d) Contract or	(e) Approximate number of	Policy or o	contract year		
(b) EIN	code	identification number	persons covered at end of policy or contract year	(f) From	<b>(g)</b> To		
58-0663085	60380	58-0663085	40	10/01/2010	09/30/2011		
2 Insurance fee and com- descending order of the		tion. Enter the total fees and tota	I commissions paid. List in item 3	3 the agents, brokers, and	other persons in		
(a) Total a	amount of comn	·	<b>(b)</b> To	otal amount of fees paid			
		2948			213		
3 Persons receiving com	missions and fe	es. (Complete as many entries a	as needed to report all persons).				
	(a) Name a	<u> </u>	or other person to whom commiss	sions or fees were paid			
KIMBERLY MOGER			98TH AVE NE, 1900 SUITE 1973 EVUE, WA 98004				
(b) Amount of sales ar	nd base	Fees	s and other commissions paid				
commissions pa		(c) Amount	(d) Purpos	е	(e) Organization code		
	668	63					
	(a) Name a	nd address of the agent, broker, o	or other person to whom commiss	sions or fees were paid			
HILARY K CAHILL	(3)	22910	SE 283RD ST E VALLEY, WA 98038				
(b) Amount of sales ar	nd hase	Fees	s and other commissions paid				
commissions pa		(c) Amount	(d) Purpos	e	(e) Organization code		
	579	48					
For Donomicals Dodinatio	n Act Notice o	ad OMD Control Numbers	the instructions for Form FEOO	Cal	hadula A (Farm FF00) 2010		

Schedule A (Form 5500)	2010	Page <b>2-</b>	
(a) Nai	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	d
TERESA M ANTHONY	3778	RIVERSIDE DR DN, OH 45040	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
426	9		
(a) Nar	•	er, or other person to whom commissions or fees were paid E WASHINGTON BLVD, #128	<u> </u>
LINDA W NAPOLI	PASA	DENA, CA 90015	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
324	0		
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	1
WENDY J POOLE PYNE		AST UNION ST AND, MA 01721	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
154	18		
<b>(a)</b> Nai	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	<u> </u>
LORRIE A WETZEL		IATHAWAY RD Γ JEFFERSON, OH 43162	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
102	18		
(a) Na	me and address of the agent broke	er, or other person to whom commissions or fees were pair	<u> </u>
JOSHUA BALTOR	5 THC	DMAS MELLON CIRCLE FRANCISCO, CA 94134	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
86	0		

Schedule A (Form 5500)	2010	Page <b>2-</b>	
<b>(a)</b> Nar	ne and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
SCOTT W BLACKSHEAR		AIRWAY DRIVE EAST AWAY, TX 75771	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
80	21		
<b>(a)</b> Nar	ne and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
SCOTT A SMITH	TEN P	PIEDMONT RD PIEDMONT CENTER, STE 825 NTA, GA 30305	
(b) Amount of sales and base	l	Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
57	4		
(a) Nar	ne and address of the agent, broke	r, or other person to whom commissions or fees were pa	id
PETER J ROSENFELD		NCOCK ST, APT 3 ON, MA 02114	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization code
44	0		
(a) Nar	ne and address of the agent broke	r, or other person to whom commissions or fees were pa	l
PATRICIA GAIL LEES	1124 (	CHURCH'S COURT ANK, CA 91501	
			1
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 37	(c) Amount	(d) Purpose	code
(a) Nar	ne and address of the agent, broke	r, or other person to whom commissions or fees were pa	id .
STEVE NIETO	5419 (	CLUB DRIVE ERVILLE, OH 43082	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
35	0		
			<u> </u>

Schedule A (Form 5500) 2	2010	Page <b>2-</b> <sup>β</sup>	
(a) Nan	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	
PAUL B ROBEDEAU		A TERRAZA CT FEREY, CA 93940	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 30	(c) Amount	(d) Purpose	code
(a) Nan	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	
ROBERT P HARE	470 O WEST	LDE WORTHINGTON RD, SUITE 250 TERVILLE, OH 43082	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 26	(c) Amount	(d) Purpose	code
(a) Nan TODD V MASON	110 P	r, or other person to whom commissions or fees were paid INE AVE, SUITE 710 BEACH, CA 90802	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 25	(c) Amount	(d) Purpose	code
(a) Nan	<b>y</b> .	r, or other person to whom commissions or fees were paid	
LORI J ESCH		HARVEST RUN DR NON, OH 45036	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	ne and address of the agent, broke	r, or other person to whom commissions or fees were paid	
KAREN TUCCI	73 ST	ETSON DR BOROUGH, MA 01752	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
22	4		

Schedule A (Form 5500)	2010	Page <b>2-</b>	
(a) Na	ume and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
SHAWN M THEIS	3309	WESTERVILLE WOODS DR JMBUS, OH 43231	aiu
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
21	4		
(a) Na	ime and address of the agent, broke	er, or other person to whom commissions or fees were pa	 aid
KANDACE M MCCARTHY	7156	SOUTHAMPTON LN T CHESTER, OH 45069	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
18	0		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
THOMPSON SPEARS & ASSOC		112TH AVE NE, SUITE 201 EVUE, WA 98004	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
18	0		
(a) Na	ame and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
DANIEL P CLARK	33 LA	NDAU RD NVILLE, MA 02762	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
17	4		
(a) Na	ime and address of the agent, broke	er, or other person to whom commissions or fees were pa	aid
LANCE SHNIDER	5900	ROCHE DR, SUITE 202 JMBUS, OH 43229	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 17	(c) Amount	(d) Purpose	code

Schedule A (Form 5500) 2010		Page <b>2-</b>	
(a) Name ar	nd address of the agent, broker,	or other person to whom commissions or fees were paid	
STEVEN R KARAS	29 CRA NEWTO	AFTS ST, SUITE 550 DN, MA 02458	
(b) Amount of sales and base	F	ees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
	7		
(a) Name ar		or other person to whom commissions or fees were paid NE 133RD ST	
	KIRKLA	AND, WA 98034	
(b) Amount of sales and base		ees and other commissions paid	(e) Organization
commissions paid 13	<b>(c)</b> Amount	(d) Purpose	code
(a) Name ar	nd address of the agent, broker,	or other person to whom commissions or fees were paid	
HERRIE J SUTHERLAND		KENNEWICK AVE EWICK, WA 99336	
(b) Amount of calca and base	Fi	ees and other commissions paid	(a) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
12	0		
(a) Name ar	nd address of the agent, broker,	or other person to whom commissions or fees were paid	
ISA R BRELAND		N FAIRGREEN WAY M, AZ 85086	
(b) Amount of sales and base		ees and other commissions paid	(e) Organization
commissions paid 11	(c) Amount	(d) Purpose	code
(a) Name ar	nd address of the agent, broker,	or other person to whom commissions or fees were paid	
EGINA E MARTINELLI	8895 M	IARTINELLI RD STVILLE, CA 95436	
(b) Amount of sales and base commissions paid	(c) Amount	ees and other commissions paid  (d) Purpose	(e) Organization code
11	0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Schedule A (Form 5500) 2010		Page <b>2-</b>	
(a) Name ar	nd address of the agent, broke	er, or other person to whom commissions or fees were paid	
QUINN, MEYER & ASSOCIATES		MAJORCA LN ES, FL 34114	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 10	(c) Amount	(d) Purpose	code
(a) Name ar		er, or other person to whom commissions or fees were paid	
MICHAEL E MCCARTHY	8240 WEST	BECKETT PARK DR, SUITE B CCHESTER, OH 45069	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 9	(c) Amount	(d) Purpose	code
(a) Name ar	nd address of the agent, broke	er, or other person to whom commissions or fees were paid	
ERIC E MILLER		FOX RIDGE CIRCLE DSON, NC 28036	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid  8	(c) Amount	(d) Purpose	code
(a) Name ar	nd address of the agent, broke	er, or other person to whom commissions or fees were paid	
MARLENE R GUTTMAN	8240 WEST	BECKETT PARK DR, SUITE B I CHESTER, OH 45069	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid 8	(c) Amount	(d) Purpose	code
(a) Name ar	nd address of the agent, broke	er, or other person to whom commissions or fees were paid	
EVAN D CROSS	18 EN BOST	MERSON ST, #3 FON, MA 02127	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization code
6	0	(a) i dipose	

Schedule A (Form 5500)	2010	Page <b>2-</b>	
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
SPALDING GROUP ENETERPRISES	847 N	HOLLYWOOD WAY, SUITE 204 BANK, CA 91505	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization code
6	0		
<b>(a)</b> Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
JILL M MOORE	765 W	/ WREN AVE //IISTON, OR 97838	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
5	0		
<b>(a)</b> Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
DAVID S HALLETT	48 PL CHAR	EASANT ST #2 RLESTOWN, MA 02129	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
5	0		
<b>(a)</b> Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
TRAVIS C ROLAND		RINGFIELD ST, UNIT 3 IONT, MA 02478	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
4	0		
(a) Na	me and address of the agent, broke	r, or other person to whom commissions or fees were paid	
BRIAN J DAY		UNION CENTRE BLVD CCHESTER, OH 45069	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
3	0		

Schedule A (Form 5500) 2010		Page <b>2-</b> <sup>8</sup>	
(a) Name ar	nd address of the agent, broker,	or other person to whom commissions or fees were paid	
DAVID E CIAMPOLI	BUILDIN	BOTH AVE NE NG D, SUITE 200 /UE, WA 98005	
(b) Amount of sales and base	Fe	ees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
2	0		
		or other person to whom commissions or fees were paid	,
BRUCE MEYER		REWSTER LANE LL, OH 43065	
(b) Amount of sales and base	1	ees and other commissions paid	(e) Organization
commissions paid 2	(c) Amount	(d) Purpose	code
(a) Name ar	nd address of the agent, broker,	or other person to whom commissions or fees were paid	
JOSEPH A BUZZELLO		ALBOA BLVD, SUITE 254 IRIDGE, CA 91325	
(b) Amount of color and have	Fe	ees and other commissions paid	(a) Organization
(b) Amount of sales and base commissions paid	(c) Amount	(d) Purpose	(e) Organization code
2	0		
· · · · · · · · · · · · · · · · · · ·		or other person to whom commissions or fees were paid	
COTTER CONSULTING & BENEFITS INC		NE 52ND ST TION, WA 98014	
(b) Amount of sales and base		ees and other commissions paid	(e) Organization
commissions paid 2	(c) Amount	(d) Purpose	code
(a) Name ar	555 S R	or other person to whom commissions or fees were paid RENTON VILAGE PL, SUITE 160 N, WA 98057	
(b) Amount of sales and base		ees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
2	0		

Schedule A (Form 5500)	2010	Page <b>2-</b>			
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid			
ERNEST E SNOOK	8202 SUITI	STATE HWY 104 NE E 102, BOX 25 STON, WA 98346			
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid  (d) Purpose	(e) Organization code		
1	0				
		er, or other person to whom commissions or fees were paid	<u>'</u>		
MARGARET A TIBBITS	BELL	OX 32388 INGHAM, WA 98228			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid 1	(c) Amount	(d) Purpose	code		
		er, or other person to whom commissions or fees were paid			
MITHCELL PUMPIAN		QUAH, WA 98027			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid 0	(c) Amount	(d) Purpose	code		
		er, or other person to whom commissions or fees were paid			
VICTORIA A RUSSELL		9TH ST SE #A2 JRN, WA 98002			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid 0	(c) Amount	(d) Purpose	code		
		er, or other person to whom commissions or fees were paid			
WILLIAM K VERBRUGGE	27 CF SAN I	RYSTAL SPRINGS RD, #6 MATEO, CA 94402			
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization		
commissions paid 0	(c) Amount	(d) Purpose	code		

Part II		Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such individual this report.	idual contracts with	·	unit for purposes of
		ent value of plan's interest under this contract in the general account at year			
5 (	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6 (	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check he	re 🕨 🗌	
7 (	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate	accounts)	
	а		ite participation guar		
		(3) guaranteed investment (4) other			
		(e) Sagramood invocations (e) Sagramood invocations			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year	. 7c(1)	1 2	
		(2) Dividends and credits	. 7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		<b>)</b>			
		(6) Total additions		7c(6)	
	٩.	(6)Total additions			
		Total of balance and additions (add <b>b</b> and <b>c(6)</b> )			
			7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	- (0)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	. / 5(4)		
		•			
		(5) Total deductions		7e(5)	
	f	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> )		7f	

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**Welfare Benefit Contract Information** 

Benefit and contract type (check all applicable boxes)  a	
e Temporary disability (accident and sickness) i Stop loss (large deductible) j HMO contract k PPO contract  1 Indemnity contract  9 Experience-rated contracts: a Premiums: (1) Amount received	
i Stop loss (large deductible)  j HMO contract  k PPO contract  l Indemnity contract  m Other (specify)  Experience-rated contracts:  a Premiums: (1) Amount received	
i Stop loss (large deductible)  j HMO contract  k PPO contract  l Indemnity contract  m Other (specify)  Experience-rated contracts:  a Premiums: (1) Amount received	
m Other (specify)  9 Experience-rated contracts: a Premiums: (1) Amount received	
9 Experience-rated contracts:  a Premiums: (1) Amount received	
a Premiums: (1) Amount received	
a Premiums: (1) Amount received	
(2) Increase (decrease) in amount due but unpaid	
(3) Increase (decrease) in unearned premium reserve	
(4) Earned ((1) + (2) - (3)) 9a(4)	
b Benefit charges (1) Claims paid	
(2) Increase (decrease) in claim reserves	
(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )	
(4) Claims charged	
C Remainder of premium: (1) Retention charges (on an accrual basis)	
(A) Commissions	
(B) Administrative service or other fees	
(C) Other specific acquisition costs	
(D) Other expenses 9c(1)(D) (E) Taxes 9c(1)(E)	
2 (1)(=)	
(F) Charges for risks or other contingencies	
(H) Total retention	
(2) Dividends or retroactive rate refunds. (These amounts were paid in cash, or credited.)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement	
(2) Claim reserves	
(3) Other reserves	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).)	
10 Nonexperience-rated contracts:	
a Total premiums or subscription charges paid to carrier	7087
<b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or	
retention of the contract or policy, other than reported in Part I, item 2 above, report amount	
Specify nature of costs	
Part IV Provision of Information	
11 Did the insurance company fail to provide any information necessary to complete Schedule A?	
12 If the answer to line 11 is "Yes," specify the information not provided.	

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### **Insurance Information**

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

File as an attachment to Form 5500.

Insurance companies are required to provide the information

OMB No. 1210-0110

2010

This Form is Open to Public

pursuant to ERISA section 103(a)(2).		1	Inspection			
For calendar plan year 2010 or fiscal plan year beginning 10/01/2010				ending 09	9/30/2011	
A Name of plan NBBJ GROUP FLEXIBLE	BENEFITS PL	AN		ee-digit n number (F	PN) <b>•</b>	501
C Plan sponsor's name a NBBJ LP	s shown on line	e 2a of Form 5500.		loyer Identifi 574838	cation Number (	EIN)
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.					
1 Coverage Information:						
(a) Name of insurance ca	(a) Name of insurance carrier AFLAC					
/L\ FINI	(c) NAIC	(d) Contract or	(e) Approximate number of		Policy or co	ontract year
<b>(b)</b> EIN	code	identification number	persons covered at end of policy or contract year	(f	) From	<b>(g)</b> To
58-0663085	60380	52-0807803	3	10/01/2	010	09/30/2011
2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.						
(a) Total amount of commissions paid (b) Total amount of fees paid						
1565						
3 Persons receiving com		es. (Complete as many entries a				
011150111511111110	(a) Name a	nd address of the agent, broker, o	or other person to whom commis	sions or fee	s were paid	
SHARON NEIMANIS			ASSET, NY 11030			
						Γ
(b) Amount of sales ar			Tees and other commissions paid  (d) Purpose  (e) Organization			(-) (0,0,0,0)
commissions pa		(c) Amount	(d) Purpo	se		(e) Organization code
1048						
	(a) Name a	nd address of the agent, broker, o	or other person to whom commis	sions or fee	s were paid	
SHAUN T KONIOR	(a) Name a		13TH ST, #1	301010 01 100	o were paid	
LINDENHURST, NY 11757						
(b) Amount of sales ar	nd base	Fees	s and other commissions paid			
commissions pa		(c) Amount	(d) Purpo	se	(e) Organization code	
	239	2				

Schedule A (Form 5500)	2010	Page <b>2-</b>	
(a) Na	ume and address of the agent, broke	er, or other person to whom commissions or fees were paid	1
RUHLE RISK MANAGEMENT INC	200 G	GARDEN CITY PLAZA, SUITE 502 DEN CITY, NY 11530	
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code
157 2			
(a) Na	<b>y</b>	er, or other person to whom commissions or fees were paid	d
KENNETH C MEIER CORP		RANKLIN AVE, SUITE 312 DEN CITY, NY 11530	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
119	2		
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	d
KIMBERLY MOGER	10655 BELLI	5 NE 4TH ST, SUITE 212 EVUEE, WA 98004	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
2	1		
(a) Na	me and address of the agent, broke	er, or other person to whom commissions or fees were paid	t d
SCOTT W BLACKSHEAR	11400	D SE 8TH ST, #375 EVUE, WA 98004	
(b) Amount of sales and base		Fees and other commissions paid	(e) Organization
commissions paid	(c) Amount	(d) Purpose	code
0	0		
(a) Na	ime and address of the agent, broke	er, or other person to whom commissions or fees were paid	1
(4)	<b>3</b>		
(b) Amount of sales and base commissions paid	(c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

Part II		Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such individual this report.	idual contracts with	·	unit for purposes of
		ent value of plan's interest under this contract in the general account at year			
5 (	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6 (	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check he	re 🕨 🗌	
7 (	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate	accounts)	
	а		ite participation guar		
		(3) guaranteed investment (4) other			
		(e) additional invocations (e) are a			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year	. 7c(1)	1 2	
		(2) Dividends and credits	. 7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		<b>)</b>			
		(6) Total additions		7c(6)	
	٩.	(6)Total additions			
		Total of balance and additions (add <b>b</b> and <b>c(6)</b> )			
			7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	- (0)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	. / 5(4)		
		•			
		(5) Total deductions		7e(5)	
	f	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> )		7f	

Page	4

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

Part III

**Welfare Benefit Contract Information** 

<b>8</b> E	3en	efit and contract type (check all applicable boxes)						
;	a 🏻	Health (other than dental or vision)	<b>b</b> Dental		С	Vision		<b>d</b> Life insurance
	e [	Temporary disability (accident and sickness)	f Long-term	n disability	g	Supplemental unemp	oloyment	h Prescription drug
i	ιĒ	Stop loss (large deductible)	j HMO cont	tract	k	PPO contract	•	I Indemnity contract
	' L 			iraot		1100011111111		
	n [	Other (specify)						
9 E	хрє	erience-rated contracts:						
6	a I	Premiums: (1) Amount received			9a(1)			
		(2) Increase (decrease) in amount due but unpaid			9a(2)			
		(3) Increase (decrease) in unearned premium rese	erve		9a(3)			
		(4) Earned ((1) + (2) - (3))					9a(4)	
	b	Benefit charges (1) Claims paid			9b(1)		•	
		(2) Increase (decrease) in claim reserves			9b(2)			
		(3) Incurred claims (add (1) and (2))					9b(3)	
		(4) Claims charged					9b(4)	
	С	Remainder of premium: (1) Retention charges (or						
		(A) Commissions			9c(1)(A)			
		(B) Administrative service or other fees		_	9c(1)(B)			
		(C) Other specific acquisition costs		_	9c(1)(C)			
		(D) Other expenses			9c(1)(D)			
		(E) Taxes		_	9c(1)(E)			
		(F) Charges for risks or other contingencies			9c(1)(F)			
		(G) Other retention charges			9c(1)(G)			
		(H) Total retention					9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	amounts were	paid in c	cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1)					9d(1)	
	_	(2) Claim reserves		•			9d(2)	
		(3) Other reserves					9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no					9e	
10		nexperience-rated contracts:			··· • (= <b>/</b> ·/			
		Total premiums or subscription charges paid to ca	arrier				10a	3176
	b	If the carrier, service, or other organization incurre					100	
		retention of the contract or policy, other than repo				•	10b	
	Sp	ecify nature of costs						
Par	† I\	/ Provision of Information						
		I the insurance company fail to provide any informa	ation necessary	to complet	ta Schadula	Δ2 Π	Yes	N <sub>o</sub>
		ne insurance company rail to provide any information answer to line 11 is "Yes," specify the information			ie Scriedule	Λ:	. 00	
14	ii ti	ie answer to line i i is i tes, specify the information	n not provided.	,				

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

#### File as an attachment to Form 5500.

OMB No. 1210-0110

nursuant to FDICA continu 402(a)(2)				m is Open to Public Inspection			
For calendar plan year 20°	10 or fiscal plai	n year beginning 10/01/2010		and ending 09/	/30/2011	•	
A Name of plan NBBJ GROUP FLEXIBLE			В	Three-digit plan number (PN	۱) 🕨	501	
C Plan sponsor's name a NBBJ LP				Employer Identifica 91-1574838			
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.						
1 Coverage Information:							
• •	(a) Name of insurance carrier GROUP HEALTH COOPERATIVE						
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate number persons covered at end	Lof	•	ontract year	
	code	identification number	policy or contract year	r (f)	From	<b>(g)</b> To	
91-0511770	95672	0434400	35	35 10/01/2010		09/30/2011	
	2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.						
(a) Total a	amount of com			(b) Total amount	of fees paid		
5669							
3 Persons receiving com	missions and f	ees. (Complete as many entries	s as needed to report all pers	ons).			
	(a) Name a	and address of the agent, broke		mmissions or fees	were paid		
THOMPSON SPEARS &	ASSOCIATES		0 112TH AVE NE, SUITE 201 LEVUE, WA 98004				
(b) Amount of sales ar	nd base	Fe	es and other commissions pa	iid			
commissions pai	d	(c) Amount	(d) Purpose			(e) Organization code	
	5669	0					
	(a) Name a	and address of the agent, broke	r, or other person to whom co	mmissions or fees	were paid		
(b) Amount of sales ar	nd base	Fe	es and other commissions pa	nid			
commissions pai	d	(c) Amount	( <b>d</b> ) F	urpose		(e) Organization code	

Schedule A (Form 5500)	2010	Page <b>2-</b>		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Part II		Where individual contracts are provided, the entire group of such indivi	idual contracts with e	each carrier may be treated as a	unit for purposes of
1	Curr	this report.	and	4	
_		ent value of plan's interest under this contract in the general account at year or ent value of plan's interest under this contract in separate accounts at year en		_	
_		racts With Allocated Funds:	<b>J</b>		
Ü		State the basis of premium rates			
	۳.	State the basic of premium rates 7			
	b	Premiums paid to carrier		6b	
	C	Premiums due but unpaid at the end of the year			
	_	If the carrier, service, or other organization incurred any specific costs in cor		ujoition or	
	-	retention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1)  individual policies (2)  group deferred	d annuity		
		(3) other (specify)	·		
		(b) Carlot (Specify)			
	£			<b>.</b> 🗆	
_	<u> </u>	If contract purchased, in whole or in part, to distribute benefits from a termin			
1		racts With Unallocated Funds (Do not include portions of these contracts ma	•	,	
	а		te participation guar	antee	
		(3) guaranteed investment (4) dother			
	b	Balance at the end of the previous year		7b	
	С	Additions: (1) Contributions deposited during the year			
		(2) Dividends and credits	7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	7c(5)		
		•			
		(6)Total additions		7c(6)	
	ч.	Total of balance and additions (add <b>b</b> and <b>c(6)</b> ).			
		Deductions:			
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
		(2) Administration charge made by carrier	7e(2)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	7e(4)		
		<b>)</b>			
		<i>r</i>			
		(5) Total deductions			
	f	Balance at the end of the current year (subtract e(5) from d)		<b>7f</b>	

Page	4

Part III

**Welfare Benefit Contract Information** 

12	If th	ne answer to line 11 is "Yes," specify the information	n no	ot provided.					
11	Dic	the insurance company fail to provide any information	ation	necessary to compl	ete Sched	ule	A?	Yes	X No
						_		Vaa	X No.
Pai		ecify nature of costs   Provision of Information							
		If the carrier, service, or other organization incurre retention of the contract or policy, other than report serify nature of costs.		, ,			•	10b	
	_	Total premiums or subscription charges paid to ca						10a	188969
10		nexperience-rated contracts:					г		400000
	е	Dividends or retroactive rate refunds due. (Do no	t inc	lude amount entered	l in <b>c(2)</b> .)			9e	
		(3) Other reserves						9d(3)	
	-	(2) Claim reserves(1)						9d(2)	
	d	Status of policyholder reserves at end of year: (1)			<u> </u>	_	L. Carrier and Car	9d(1)	
		(2) Dividends or retroactive rate refunds. (These		_	_	_	•	9c(2)	,
		(H) Total retention		•				9c(1)(H	)
		(F) Charges for risks or other contingencies (G) Other retention charges			9c(1)(F)				
		(E) Charges for risks or other centingensies			9c(1)(E) 9c(1)(F)	_			
		(D) Other expenses			9c(1)(D)	_			
		(C) Other specific acquisition costs			9c(1)(C	_			
		(B) Administrative service or other fees			9c(1)(B	)			
		(A) Commissions		, i	9c(1)(A	)			
	С	Remainder of premium: (1) Retention charges (on					ι		
		(4) Claims charged						9b(4)	
		(3) Incurred claims (add <b>(1)</b> and <b>(2)</b> )						9b(3)	
		(2) Increase (decrease) in claim reserves				+			
	b	(4) Earned ((1) + (2) - (3))				·····		9a(4)	
		(3) Increase (decrease) in unearned premium rese		•				00(4)	
		(2) Increase (decrease) in amount due but unpaid				4			
;		Premiums: (1) Amount received			9a(1)	4			
<b>9</b> E	Ехре	rience-rated contracts:							
ı	m [	Other (specify)							
	i [	Stop loss (large deductible)	j	HMO contract	k	: <u> </u>	PPO contract		I Indemnity contract
	e [		f [	_ ~		二	Supplemental unemp	loyment	h Prescription drug
	a [⁴		. =	Dental	C	님	Vision		d ☐ Life insurance
	- 5	efit and contract type (check all applicable boxes)	<b>ь</b> Г	<b>1</b> p	_	П	171		<b>d</b> □ 1.6
•		the entire group of such individual contracts w							
		If more than one contract covers the same gro information may be combined for reporting put							

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

#### File as an attachment to Form 5500.

OMB No. 1210-0110

pursuant to ERISA section 103(a)(2).  This Form is Open to Inspection					•				
For calendar plan year 20	10 or fiscal plar	year beginning 10/01/2010		and ending	09/30/2011	•			
A Name of plan	A Name of plan  NBBJ GROUP FLEXIBLE BENEFITS PLAN				per (PN)	501			
C Plan sponsor's name as shown on line 2a of Form 5500.  NBBJ LP  D Employer Identification Number (EIN 91-1574838									
		ing Insurance Contract Individual contracts grouped as							
1 Coverage Information:									
` '	(a) Name of insurance carrier REGENCE BLUESHIELD								
<b>(b)</b> EIN	(c) NAIC	(d) Contract or	(e) Approximate numb persons covered at en		Policy or c	ontract year			
(b) LIN	code	identification number	policy or contract ye		(f) From	<b>(g)</b> To			
91-0282080	53902	60018418	993	10/	/01/2010	09/30/2011			
2 Insurance fee and com descending order of the		ation. Enter the total fees and to	tal commissions paid. List ir	n item 3 the a	gents, brokers, and	other persons in			
(a) Total a	amount of comr			(b) Total an	nount of fees paid				
		0				0			
3 Persons receiving com	missions and fe	ees. (Complete as many entries	as needed to report all pers	sons).					
		nd address of the agent, broker			r fees were paid				
(b) Amount of sales ar			es and other commissions p			  -			
commissions pa	id	(c) Amount	(d)	Purpose		(e) Organization code			
	(a) Name a	nd address of the agent, broker	, or other person to whom co	ommissions o	or fees were paid				
(b) Amount of sales ar	nd base	Fe	es and other commissions p	aid					
commissions pa		(c) Amount	(d) Purpose			(e) Organization code			

Schedule A (Form 5500)	2010	Page <b>2-</b>						
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid					
(a) Na	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(b) Amount of sales and base		Fees and other commission		(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid					
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid					
(b) Amount of sales and base		Fees and other commission		(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid					
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid					
		Fees and other commission	an noid					
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code				
	(o) runount		(a) i dipoco					
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid					
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				
	• •							
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid					
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				

Pa	rt II	Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such individual this report.	idual contracts with	·	unit for purposes of
		ent value of plan's interest under this contract in the general account at year			
5 (	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6 (	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check he	re 🕨 🗌	
7 (	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate	accounts)	
	а		ite participation guar		
		(3) guaranteed investment (4) other			
		(e) additional invocations (e) are a			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year	. 7c(1)	1 2	
		(2) Dividends and credits	. 7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		<b>)</b>			
		(6) Total additions		7c(6)	
	٩.	(6)Total additions			
		Total of balance and additions (add <b>b</b> and <b>c(6)</b> )			
			7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	- (0)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	. / 5(4)		
		•			
		(5) Total deductions		7e(5)	
	f	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> )		7f	

Page	4
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Pa	art III	weitare Benefit Contract informa					
		If more than one contract covers the same g information may be combined for reporting p the entire group of such individual contracts	urposes if such contracts	are experience	e-rated as a unit. Wh	ere contrac	
8	Benefit	t and contract type (check all applicable boxes)	)				
	a X	Health (other than dental or vision)	<b>b</b> Dental	С	Vision		<b>d</b> Life insurance
		Temporary disability (accident and sickness)	f Long-term disabili	ity <b>g</b>	Supplemental unem	olovment	h Prescription drug
	. =	Stop loss (large deductible)	j HMO contract	, <u> </u>	PPO contract	,	I Indemnity contract
		Other (specify)	, 🗀	_			
	Ц	outer (openity)					
9	Experie	ence-rated contracts:					
	<b>a</b> Pre	emiums: (1) Amount received		9a(1)			7
	(2)	) Increase (decrease) in amount due but unpai	d	9a(2)			
	(3)	) Increase (decrease) in unearned premium res	serve	. 9a(3)			
	(4	) Earned ( <b>(1)</b> + <b>(2)</b> - <b>(3)</b> )				9a(4)	
	<b>b</b> B	enefit charges (1) Claims paid		. 9b(1)			
	(2)	) Increase (decrease) in claim reserves		. 9b(2)			
	(3)	) Incurred claims (add <b>(1)</b> and <b>(2)</b> )				9b(3)	
	(4)	) Claims charged				9b(4)	
	<b>C</b> R	emainder of premium: (1) Retention charges (	,				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		2 (4) (2)			<u>_</u>
		(C) Other specific acquisition costs					
		(D) Other expenses		9c(1)(D)			_
		(E) Taxes		0. (4)(5)			_
		(F) Charges for risks or other contingencies.					
		(G) Other retention charges				00/41/11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	/6	(H) Total retention	_			9c(1)(H	)
		2) Dividends or retroactive rate refunds. (These					
		tatus of policyholder reserves at end of year: (1				9d(1)	
	`	2) Claim reserves				9d(2)	
	`	Other reserves  ividends or retroactive rate refunds due. (Do n				9d(3) 9e	
10		experience-rated contracts:	ot include amount entere	u iii <b>c(z)</b> .)		96	
.,		otal premiums or subscription charges paid to	carrier			10a	
	_	the carrier, service, or other organization incur				100	
		etention of the contract or policy, other than rep			•	10b	
	Spec	cify nature of costs					
Pa	art IV	Provision of Information					

Yes

No

11 Did the insurance company fail to provide any information necessary to complete Schedule A?.....

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

#### File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

nurought to EDICA continu 103(a)(3)					Inspection				
For calendar plan year 20°	10 or fiscal pla	n year beginning 10/01/2010	a	and ending 0	9/30/2011	•			
A Name of plan NBBJ GROUP FLEXIBLE	BENEFITS P	LAN	В	Three-digit plan number (F	PN) •	501			
C Plan sponsor's name a NBBJ LP			9	1-1574838	ication Number (				
	Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.								
1 Coverage Information:									
(a) Name of insurance ca		DF AMERICA							
			(e) Approximate number	of	Policy or co	ntract vear			
<b>(b)</b> EIN	(c) NAIC code	(d) Contract or identification number	persons covered at end policy or contract year	of (4	f) From	<b>(g)</b> To			
01-0278678	62235	328472	563	09/01/2	2010	09/01/2011			
2 Insurance fee and communication descending order of the		ation. Enter the total fees and to	tal commissions paid. List in it	tem 3 the agent	s, brokers, and o	ther persons in			
(a) Total a	amount of com	missions paid		<b>(b)</b> Total amoun	t of fees paid				
		0				0			
3 Persons receiving com	missions and f	ees. (Complete as many entries	as needed to report all perso	ns).					
	(a) Name	and address of the agent, broker	, or other person to whom com	nmissions or fee	s were paid				
(b) Amount of sales ar	nd base	Fe	es and other commissions pai	d					
commissions pai		(c) Amount	(d) Purpose			(e) Organization code			
	(a) Name a	and address of the agent, broker	or other person to whom com	nmissions or fee	s were paid				
		, , , , , , , , , , , , , , , , , , ,							
(b) Amount of sales ar	nd base	Fe	es and other commissions pai	d					
commissions pai		(c) Amount	<b>(d)</b> Pu		(e) Organization code				

Schedule A (Form 5500)	2010	Page <b>2-</b>						
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid					
(a) Na	(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid							
(b) Amount of sales and base		Fees and other commission		(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid					
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid					
(b) Amount of sales and base		Fees and other commission		(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid					
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid					
		Fees and other commission	an noid					
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code				
	(o) runount		(a) i dipoco					
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid					
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				
	• •							
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid					
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization				
commissions paid	(c) Amount		(d) Purpose	code				

Pa	rt II	Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such individual this report.	idual contracts with	·	unit for purposes of
		ent value of plan's interest under this contract in the general account at year			
5 (	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6 (	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check he	re 🕨 🗌	
7 (	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate	accounts)	
	а		ite participation guar		
		(3) guaranteed investment (4) other			
		(e) Sagramood invocations (e) Sagramood invocations			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year	. 7c(1)	1 2	
		(2) Dividends and credits	. 7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		<b>)</b>			
		(6) Total additions		7c(6)	
	٩.	(6)Total additions			
		Total of balance and additions (add <b>b</b> and <b>c(6)</b> )			
			7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	- (0)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	. / 5(4)		
		•			
		(5) Total deductions		7e(5)	
	f	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> )		7f	

Page	4
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P	art II	Welfare Benefit Contract Information If more than one contract covers the same groen information may be combined for reporting pur the entire group of such individual contracts with the interest of the same of	up of employees of the sposes if such contracts a	are experien	ice-rated as a unit. W	here contrac	
8	Ben	efit and contract type (check all applicable boxes)	_	-	_		_
	а	Health (other than dental or vision)	<b>b</b> Dental	С	Vision		<b>d</b> X Life insurance
	е	Temporary disability (accident and sickness)	f	y <b>g</b>	Supplemental uner	nployment	<b>h</b> Prescription drug
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)		_	<u> </u>		<b>Б</b> ,
	L	] (ep),					
9	Ехре	erience-rated contracts:					
		Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid.					
		(3) Increase (decrease) in unearned premium rese	rve	9a(3)			
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves		9b(2)			
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (on	an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes					
		(F) Charges for risks or other contingencies		9C(1)(F)			
		(G) Other retention charges	•			0-(4)(11)	
		(H) Total retention	_			```	)
		(2) Dividends or retroactive rate refunds. (These a		السا			
	d	Status of policyholder reserves at end of year: (1)	·				
		(2) Claim reserves					
	_	(3) Other reserves					
11	<u>e</u>	Dividends or retroactive rate refunds due. (Do not	include amount entered	i in <b>c(2)</b> .)		9e	
11	_	nexperience-rated contracts:	rrior			10a	300887
	a b	Total premiums or subscription charges paid to ca If the carrier, service, or other organization incurre				<u>10a</u>	
	~	retention of the contract or policy, other than repor				10b	
	Sp	pecify nature of costs	·	•			•
D	ort I	V Provision of Information					
	art l'				г. Г	7 v	XI No.
11	l Did	the insurance company fail to provide any informa	tion necessary to compl	ete Schedul	e A?	Yes	X No

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## **Insurance Information**

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

#### File as an attachment to Form 5500.

▶ Insurance companies are required to provide the information

OMB No. 1210-0110

		pursuant to	ERISA section 103(a)(2)				Inspection
For calendar plan year 20°	10 or fiscal pla	in year beginning 10/01/2010		and er	nding 09	9/30/2011	•
A Name of plan NBBJ GROUP FLEXIBLE	BENEFITS P	LAN		B Three plan	e-digit number (P	PN) •	501
C Plan sponsor's name a NBBJ LP				91-157	4838	cation Number (I	
		ning Insurance Contract Individual contracts grouped as					
1 Coverage Information:							
(a) Name of insurance car		DF AMERICA					
	1		(e) Approximate nu	imher of		Policy or co	ntract vear
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contract	t end of	<b>(</b> f)	) From	<b>(g)</b> To
01-0278678	62235	541890	20	)1	12/01/2	009	12/01/2010
2 Insurance fee and communication descending order of the		nation. Enter the total fees and to	tal commissions paid. Li	st in item 3	the agents	s, brokers, and o	ther persons in
(a) Total a	amount of com	missions paid		<b>(b)</b> To	tal amount	t of fees paid	
		0					0
3 Persons receiving com	missions and	fees. (Complete as many entries	s as needed to report all	persons).			
	(a) Name	and address of the agent, broker	, or other person to whor	n commissi	ons or fee	s were paid	
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code
	(a) Name	and address of the agent, broker	, or other person to whor	n commissi	ons or fee	s were paid	
			, ,				
(b) Amount of sales ar	nd base	Fe	es and other commission	ns paid			
commissions pai		(c) Amount		(d) Purpose	9		(e) Organization code

Schedule A (Form 5500)	2010	Page <b>2-</b>		
(a) No	me and address of the agent, broke	ar or other person to whom	commissions or foos wore paid	
(a) Na	me and address of the agent, broke	er, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	or other person to whom	commissions or fees were naid	
(a) Na	ine and address of the agent, bloke	ii, or other person to whom	commissions of fees were paid	
(b) Amount of sales and base		Fees and other commission		(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
(a) Na	me and address of the agent, broke	er or other person to whom	commissions or fees were paid	
(a) 110	and and address of the agent, prone	w, or other percent to whem	commissions of 1000 were paid	
		Fees and other commission	an noid	
(b) Amount of sales and base commissions paid	(c) Amount	rees and other commission	(d) Purpose	(e) Organization code
	(o) runount		(a) i dipoco	
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code
	• •			
<b>(a)</b> Na	me and address of the agent, broke	er, or other person to whom	commissions or fees were paid	
(b) Amount of sales and base		Fees and other commission	ns paid	(e) Organization
commissions paid	(c) Amount		(d) Purpose	code

Pa	rt II	Investment and Annuity Contract Information			
		Where individual contracts are provided, the entire group of such individual this report.	idual contracts with	·	unit for purposes of
		ent value of plan's interest under this contract in the general account at year			
5 (	Curre	ent value of plan's interest under this contract in separate accounts at year e	nd	5	
6 (	Cont	racts With Allocated Funds:			
	а	State the basis of premium rates •			
	b	Premiums paid to carrier		6b	
	С	Premiums due but unpaid at the end of the year		6c	
	d	If the carrier, service, or other organization incurred any specific costs in corretention of the contract or policy, enter amount			
		Specify nature of costs			
	е	Type of contract: (1) individual policies (2) group deferred	d annuity		
		(3) other (specify)			
	f	If contract purchased, in whole or in part, to distribute benefits from a termin	ating plan check he	re 🕨 🗌	
7 (	Cont	racts With Unallocated Funds (Do not include portions of these contracts ma	intained in separate	accounts)	
	а		ite participation guar		
		(3) guaranteed investment (4) other			
		(e) Sagramood invocations (e) Sagramood invocations			
	b	Balance at the end of the previous year		7b	
	C	Additions: (1) Contributions deposited during the year	. 7c(1)	1 2	
		(2) Dividends and credits	. 7c(2)		
		(3) Interest credited during the year	7c(3)		
		(4) Transferred from separate account	7c(4)		
		(5) Other (specify below)	. 7c(5)		
		<b>)</b>			
		(6) Total additions		7c(6)	
	٩.	(6)Total additions			
		Total of balance and additions (add <b>b</b> and <b>c(6)</b> )			
			7e(1)		
		(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 7e(2)		
		(2) Administration charge made by carrier	- (0)		
		(3) Transferred to separate account	7e(3)		
		(4) Other (specify below)	. / 5(4)		
		•			
		(5) Total deductions		7e(5)	
	f	Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> )		7f	

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P	art II					-f th	
		If more than one contract covers the same gr information may be combined for reporting pu the entire group of such individual contracts v	rposes if such contracts	are experie	nce-rated as a unit.	Where contract	
8	Ben	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	<b>b</b> Dental	С	Vision		<b>d</b> X Life insurance
	е	Temporary disability (accident and sickness)	f Long-term disability	ty <b>g</b>	Supplemental u	nemployment	h Prescription drug
	i	Stop loss (large deductible)	j HMO contract	k	PPO contract		I Indemnity contract
	m	Other (specify)	- 🗀		<b>—</b>		<b>о</b>
	L	_ emer (epeemy)					
9	Ехре	erience-rated contracts:					
		Premiums: (1) Amount received		9a(1)			
		(2) Increase (decrease) in amount due but unpaid					
		(3) Increase (decrease) in unearned premium res		9a(3)			
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	Benefit charges (1) Claims paid		9b(1)			
		(2) Increase (decrease) in claim reserves		9b(2)			
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)				
		(A) Commissions		9c(1)(A)			
		(B) Administrative service or other fees		9c(1)(B)			_
		(C) Other specific acquisition costs		9c(1)(C)			
		(D) Other expenses		9c(1)(D)			
		(E) Taxes		9c(1)(E)			
		(F) Charges for risks or other contingencies		9c(1)(F)			
		(G) Other retention charges				10 (1)(1)	
		(H) Total retention	_	_	•		)
		(2) Dividends or retroactive rate refunds. (These	_				
	d	Status of policyholder reserves at end of year: (1)	·				
		(2) Claim reserves					
		(3) Other reserves				· · · ·	
4,	<u>e</u>	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in <b>c(2)</b> .)		9e	
10	_	nexperience-rated contracts:				40	127020
	a	Total premiums or subscription charges paid to c					127020
	b	If the carrier, service, or other organization incurr retention of the contract or policy, other than repo					
	Sn	ecify nature of costs	mod iii i dit i, noiii 2 doo	vo, roport a			
	-1-	,					
D	ort I	/ Provision of Information					
	art I\					П у	<u>V</u>
11	l Dic	I the insurance company fail to provide any inform	ation necessary to compl	lete Schedu	le A?	Yes	X No

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation **Service Provider Information** 

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

▶ File as an attachment to Form 5500.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or tiscal plan year beginning 10/01/2010		and ending 09/30/2011	
A Name of plan NBBJ GROUP FLEXIBLE BENEFITS PLAN	В	Three-digit	501
NBBJ GROUP FLEXIBLE BENEFITS PLAN	L	plan number (PN)	
C Plan sponsor's name as shown on line 2a of Form 5500	D	Employer Identification Nu	mber (EIN)
NBBJ LP		91-1574838	
Part I Service Provider Information (see instructions)			
Tarri Service Herriagi internation (See menucione)			
You must complete this Part, in accordance with the instructions, to report the information or more in total compensation (i.e., money or anything else of monetary value) in connecti plan during the plan year. If a person received <b>only</b> eligible indirect compensation for whi answer line 1 but are not required to include that person when completing the remainder of	ion witl	h services rendered to the pl plan received the required d	lan or the person's position with the
1 Information on Persons Receiving Only Eligible Indirect Compensation	ation		
a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of	f this P	art because they received or	
indirect compensation for which the plan received the required disclosures (see instruction	ns for c	definitions and conditions)	Yes No
b If you answered line 1a "Yes," enter the name and EIN or address of each person providing received only eligible indirect compensation. Complete as many entries as needed (see in			service providers who
(b) Enter name and EIN or address of person who provided you of	disclos	ures on eligible indirect comp	pensation
REGENCE BLUESHIELD			
91-0282080			
<b>(b)</b> Enter name and EIN or address of person who provided you	disclos	ure on eligible indirect comp	pensation
(b) Enter name and EIN or address of person who provided you d	isolosik	ures on eligible indirect comp	pensation
(b) Enter name and EIN or address of person who provided you d	disclosi	ures on eligible indirect comp	pensation

	Schedule C (Form 5500) 2010	Page <b>2-</b>	
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
1	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	rect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	irect compensation
	(b) Enter name and EIN or address of person	n who provided you disclosures on eligible indi	irect compensation

answered	l "yes" to line 1a above	e, complete as many e	entries as needed to list ea	r Indirect Compensation ch person receiving, directly or in the plan or their position with the	indirectly, \$5,000 or more in to	otal compensation
		(	a) Enter name and EIN or	address (see instructions)		
91-0282080	BLUESHIELD 0					
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
12 50 62	CLAIM PROCESSING PROVIDER	448306	Yes 🖺 No 🗌	Yes 🖺 No 🗌	0	Yes No X
		(	a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes   No	Yes   No		Yes   No
		(	a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes No	Yes No		Yes No

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

other than plan or plan

sponsor)

Yes No

plan received the required

disclosures?

Yes No

person known to be

a party-in-interest

enter -0-.

eligible indirect

compensation for which you answered "Yes" to element

(f). If none, enter -0-.

an amount or

estimated amount?

Yes No

Part I Service Provider Information (continued)		
3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compen or provides contract administrator, consulting, custodial, investment advisory, investment may questions for (a) each source from whom the service provider received \$1,000 or more in increase provider gave you a formula used to determine the indirect compensation instead of an amomany entries as needed to report the required information for each source.	anagement, broker, or recordkeepindirect compensation and (b) each so	g services, answer the following burce for whom the service
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.

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Part II Service Providers Who Fail or Refuse to Provide Information					
4 Provide, to the extent possible, the following information for ea this Schedule.	Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete				
(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			

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)  (complete as many entries as needed)				
а	Name:	·	b EIN:	
С	Positio	n:		
d	Addres	s:	e Telephone:	
Ex	planatior			
a	Name:		<b>b</b> EIN:	
C	Positio	n:	D LIIV.	
d	Addres		e Telephone:	
_	7100100	•	• recognition.	
Fx	planatior	1		
	piariatio	•		
а	Name:		<b>b</b> EIN:	
С	Positio	n:		
d	Addres		e Telephone:	
Fv	planatior			
	piariatioi	•		
а	Name:		<b>b</b> EIN;	
C	Positio	n:	D LIIV,	
d	Addres		<b>e</b> Telephone:	
u	Addies	<b>3</b> .	С тетернопе.	
Ex	planatior	:	•	
а	Name:		b ein;	
С	Positio	n:		
d	Addres		e Telephone:	
Explanation:				