

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2008 calendar year, or tax year beginning OCT 1, 2008 and ending SEP 30, 2009

B Check if applicable:  Address change,  Name change,  Initial return,  Termination,  Amended return,  Application pending.

C Name of organization: ALLISON ENGINEERING INC EMPLOYEES WELFARE BENEFIT PLAN & TRUST

D Employer identification number: 85-0314392

E Telephone number: (505) 266-5621

F Group Exemption Number:

G Accounting method:  Cash,  Accrual. Other (specify):

H Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: N/A

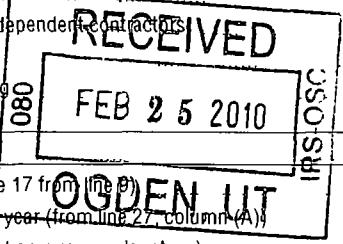
J Organization type (check only one):  501(c) ( 9 ) (insert no )  4947(a)(1) or  527

K Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 0.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received		1
2	Program service revenue including government fees and contracts		2
3	Membership dues and assessments		3
4	Investment income		4
5a	Gross amount from sale of assets other than inventory	5a	5c
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		6c
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
7a	Gross sales of inventory, less returns and allowances	7a	7c
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe )		8
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9
10	Grants and similar amounts paid (attach schedule)		10
11	Benefits paid to or for members		11
12	Salaries, other compensation, and employee benefits		12
13	Professional fees and other payments to independent contractors		13
14	Occupancy, rent, utilities, and maintenance		14
15	Printing, publications, postage, and shipping		15
16	Other expenses (describe )		16
17	Total expenses Add lines 10 through 16		17
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19
20	Other changes in net assets or fund balances (attach explanation)		20
21	Net assets or fund balances at end of year Combine lines 18 through 20		21



Part II Balance Sheets. If total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		22
23 Land and buildings		23
24 Other assets (describe )		24
25 Total assets		25
26 Total liabilities (describe )		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27

SCANNED MAR 19 2010 Expenses Net Assets

3



**ALLISON ENGINEERING INC EMPLOYEES  
WELFARE BENEFIT PLAN & TRUST**

Form 990-EZ (2008)

85-0314392

Page 3

**Part V Other Information** (Note the statement requirements in the instructions for Part VI)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <span style="float:right">▶ 37a</span> <span style="float:right">0.</span>		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved <span style="float:right">38b</span> <span style="float:right">N/A</span>		
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9 <span style="float:right">39a</span> <span style="float:right">N/A</span>		
39b	Gross receipts, included on line 9, for public use of club facilities <span style="float:right">39b</span> <span style="float:right">N/A</span>		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 <span style="float:right">▶</span> <span style="float:right">N/A</span> , section 4912 <span style="float:right">▶</span> <span style="float:right">N/A</span> , section 4955 <span style="float:right">▶</span> <span style="float:right">N/A</span>		
40b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I <span style="float:right">40b</span> <span style="float:right">N/A</span>		
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶</span> <span style="float:right">0.</span>		
40d	Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶</span> <span style="float:right">0.</span>		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T <span style="float:right">40e</span> <span style="float:right">X</span>		
41	List the states with which a copy of this return is filed <span style="float:right">▶</span> <span style="float:right">NM</span>		
42a	The books are in care of <span style="float:right">▶</span> <span style="float:right">FRANK STUBBS</span> Telephone no <span style="float:right">▶</span> <span style="float:right">(505) 266-5621</span> Located at <span style="float:right">▶</span> <span style="float:right">2502 GARFIELD SE, ALBUQUERQUE, NM</span> ZIP + 4 <span style="float:right">▶</span> <span style="float:right">87106</span>		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <span style="float:right">▶</span> _____		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <span style="float:right">▶</span> <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">▶</span> <span style="float:right">43</span> <span style="float:right">N/A</span>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <span style="float:right">44</span> <span style="float:right">X</span>		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ <span style="float:right">45</span> <span style="float:right">X</span>		

Form 990-EZ (2008)

**ALLISON ENGINEERING INC EMPLOYEES  
WELFARE BENEFIT PLAN & TRUST**

Form 990-EZ (2008)

85-0314392 Page 4

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

- |   |            |            |           |
|---|------------|------------|-----------|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | <b>46</b>  | <b>Yes</b> | <b>No</b> |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | <b>47</b>  |            |           |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | <b>48</b>  |            |           |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?   | <b>49a</b> |            |           |
| b If "Yes," was the related organization(s) a section 527 organization?   | <b>49b</b> |            |           |
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000 <span style="float:right">▶</span>				

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over \$100,000 <span style="float:right">▶</span>		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here** ▶ Frank R. Stubbs Date 12/16/10  
Signature of officer

▶ FRANK R. STUBBS, TRUSTEE  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature <u>John M. Coffman</u>	Date <u>12/16/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's Identifying Number (See instr)
Firm's name (or yours if self-employed), address and ZIP + 4	EIN ▶	Phone no	
<u>JOHN M. COFFMAN, CPA, P.C. 4811A HARDWARE DRIVE NE, SUITE 1 ALBUQUERQUE, NM 87109-</u>		<u>(505) 821-4545</u>	

May the IRS discuss this return with the preparer shown above? See instructions ▶  Yes  No

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 1

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO