## 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).

2000

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

P	ension Benefit Guaranty Corporation	▶ Complete all entries in accor	dance witl	h the instructions to the Form 550	0-SF.	
		dentification Information				
For	calendar plan year 2009 or fisc	al plan year beginning 01/01/200	9	and ending 1	2/31/2	2009
Α -	This return/report is for:	X single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
	This return/report is for:	first return/report	final retur	n/report		
		an amended return/report	short plan	year return/report (less than 12 mor	nths)	
C	Check box if filing under:	Form 5558	automatic	extension		DFVC program
		special extension (enter description	on)			
Pa	rt II Basic Plan Infor	mation—enter all requested inform	ation			
1a	Name of plan				1b	Three-digit
FROI	NTIER BONDING SERVICE, IN	NC. 401(K) PLAN				plan number
					4.	(PN)
					1C	Effective date of plan 01/01/1996
2a	Plan sponsor's name and add	ress (employer, if for single-employer	plan)		2b	Employer Identification Number
	NTIER BONDING SERVICE, IN	,	ρ.ω,			(EIN) 91-1687014
					2c	Plan sponsor's telephone number
	NICKERSON STREET, SUITE TLE, WA 98109	311			24	206-281-8411
OL/ (	122, 777 00 100				Zu	Business code (see instructions) 524210
3a	Plan administrator's name and	address (if same as Plan sponsor, e	nter "Same	e")	3b	Administrator's EIN
FROI	NTIER BONDING SERVICE, IN	NC. 130 NICKER SEATTLE, W		EET, SUITE 311	0 -	91-1687014
		0_/	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3C	Administrator's telephone number 206-281-8411
<b>4</b> II	the name and/or EIN of the plant	an sponsor has changed since the la	st return/re	port filed for this plan, enter the	4b	EIN
1	name, EIN, and the plan number	er from the last return/report. Sponso	r's name		40	DN
52	Total number of participants of	t the heginning of the plan year			4c	
		t the beginning of the plan year			5a	5
b		t the end of the plan yearrith account balances as of the end o			5b	6
С					5с	6
6a	Were all of the plan's assets	during the plan year invested in eligib	le assets?	(See instructions.)		X Yes No
b		he annual examination and report of				V v. D v.
		(See instructions on waiver eligibility				X Yes No
Pa	rt III Financial Inform	ner 6a or 6b, the plan cannot use F	orm 5500-	SF and must instead use Form 55	υυ.	
7	Plan Assets and Liabilities	auon		(a) Denimina of Vera		(h) Fud of Voca
-	Total plan assets		70	(a) Beginning of Year 388203	1	(b) End of Year 558329
a b	. otal pian according		. 7a . 7b	300200	+	300323
C	•	7b from line 7a)		388203	2	558329
8	Income, Expenses, and Trans		. 7c	(a) Amount	<u> </u>	(b) Total
а	Contributions received or rece			(a) Alliount		(b) Total
_			. 8a(1)	29186	3	
	(2) Participants		. 8a(2)	54332	2	
	(3) Others (including rollovers	5)	. 8a(3)			
b	Other income (loss)		. 8b	97101		
С	Total income (add lines 8a(1),	8a(2), 8a(3), and 8b)	. 8c			180619
d		rollovers and insurance premiums	. 8d			
е	Certain deemed and/or correct	tive distributions (see instructions)	. 8e	4460	)	
f	Administrative service provide	rs (salaries, fees, commissions)	. 8f	6033	3	
g	Other expenses		. 8g			
h	Total expenses (add lines 8d,	8e, 8f, and 8g)				10493
i		e 8h from line 8c)				170126
j		ee instructions)				

	1 dilli 3300 di 2003					
	t IV Plan Characteristics					
_	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char 2E 2F 2G 2J 2K 2T 3D	racteris	stic Co	des in	the instruc	ctions:
	2E 2F 2G 2J 2K 2T 3D  If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	actoric	tic Co	dae in 1	the inetruc	tions:
D	in the plan provides wellare benefits, effect the applicable wellare feature codes from the List of Flan Char	acteris	iic Coi	163 III I	ile ilistiuc	tions.
Part	V Compliance Questions					
10	During the plan year:		Yes	No		Amount
а			103	140		Amount
_	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X		
С	Was the plan covered by a fidelity bond?	10c	Χ			2500
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X		
f	Has the plan failed to provide any benefit when due under the plan?	10f		X		
	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			X		
g h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10g		X		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10h				
Part		1				
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and con	nnlata	Schoo	ایام SB		
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)  If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instrugranting the waiver	ctions	, and e	enter th	ne date of t	
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г			
b	Enter the minimum required contribution for this plan year			12b		
С	Enter the amount contributed by the employer to the plan for this plan year			12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No N/
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes X N
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?	under	the co			Yes X
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify twhich assets or liabilities were transferred. (See instructions.)	he pla	n(s) to	1		
<b>13c(1)</b> Name of plan(s):				c(2) EI	N(s)	<b>13c(3)</b> PN(s
Caut	tion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonal	ole cau	ıse is	establ	ished.	
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return f, it is true, correct, and complete.					

SIGN	Filed with authorized/valid electronic signature.	07/13/2010	MARK WILSON
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
LIEDE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public Inspection

For celendar plan year 2009 of fiscal plan year beginning 01/01/2009 and ending 22/31/2009  B This return/report is for first return/report find frait return/report is for first return/report find an amendad return/report short plan year return/report (less than 12 months)  B This return/report is for find plan year return/report find find return/report an amendad return/report short plan year return/report (less than 12 months)  B This return/report is for find return/report an amendad return/report short plan year return/report (less than 12 months)  B This return/report is for find return/report an amendad return/report short plan year return/report (less than 12 months)  B This return/report is for find return/report find for filling plan year year filling plan year year filling plan year		r calendar plan year 2009 or fiscal plan year beginning 0	170175	2009 and ending		12/31/200	<u>a</u>			
B This return/report is for										
C Check box if filing under	_		-			one-participar	it plan			
C Check box if filing under: special extension   DFVC program   Part III   Basic Plan Information - enter al requested information    Part III   Basic Plan Information - enter al requested information    PRONTIER BONDING SERVICE, INC. 401(K) PLAN   Three-digit plan number   PRONTIER BONDING SERVICE, INC. 401(K) PLAN   Display   Displa	В		final retu	rn/report						
Special orders of plan   FRONTIER BOXDING SERVICE, INC. 401(K) PLAN   1b Three-digit plan number   PRONTIER BOXDING SERVICE, INC. 401(K) PLAN   1c Effective date of plan   01/01/1996   02   02   02   02   02   02   02   0		an amended return/report	short pla	n year return/report (less than 12 mon	ths)					
Pairt II   Basic Plan Information—enter all requested information   1a Name of plan   PRONTIER BONDING SERVICE, INC. 401(K) PLAN   1e   fine-fine-date of	С	Check box if filing under: Form 5558	automati	c extension		DFVC program	n			
1   Name of plan		special extension (enter description	on)							
FRONTIER BONDING SERVICE, INC. 401 (K) PLAN	Р	art II Basic Plan Information—enter all requested inform	ation							
Part	1a				1b	Three-digit				
1c   Effective date of plan   1/01/1996		FRONTIER BONDING SERVICE, INC. 401(K) PL	AN			•				
### SEATTLE ### Sponsor's name and address (grouplever, if for single-employer plan) ### SEATTLE ### SPONSOR STREET, SUITE 311 ### SEATTLE				_	4.					
2a   Piens agents of a many and address (if some as Plan sponsor, enter Same')   2b   Emptoyer identification Number (EIN) 21-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014   1-1697014					10					
Section   Sect	2a	Plan sponsor's name and address (employer, if for single-employer	plan)		2b					
130 NICKERSON STREET, SUITE 311		FRONTIER BONDING SERVICE, INC.	p.a,							
SEATTLE  3a Pign administrator's name and address (if same as Plan sponsor, enter "Same")  3b Administrator's telephone number and address (if same as Plan sponsor, enter "Same")  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for participants at the beginning of the plan year.  5a Total number of participants at the beginning of the plan year.  5a Total number of participants at the end of the plan year.  5b Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  6c Total plan assets and Liabilities and Liabilities (a) Beginning of Year  7a 388,203 558,32  6c Net plan assets and Liabilities from line 7a).  7b Total plan assets (subtract line 7b from					2c					
SPARTILE   WA 98109   S54210		130 NICKERSON STREET, SUITE 311		-						
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")   3b Administrator's telephone number   3c Administrator's telephone number   3c Administrator's telephone number   3c Administrator's telephone number   3d Administrator's tele		SEATTLE		WA 98109	Za		ee instructions)			
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name  4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number for participants at the beginning of the plan year.  5 D Total number of participants at the end of the plan year.  5 D Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5 C Total plans's assets during the plan year invested in eligible assets? (See instructions.)  5 C Ver all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  5 C Ver you claiming a waiver of the annual examination and report of an independent qualified public accountant (ICPA) under 20 CFR 2520 14-467 (See instructions on waiver eligibility and conditions.)  6 If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  7 Pain Assets and Liabilities  7 D (a) Beginning of Year  7 (a) Beginning of Year  (b) End of Year  7 Total plan assets (subtract line 7b from line 7a)  7 C 388, 203  5 58, 32  5 Total plan assets (subtract line 7b from line 7a)  7 C 388, 203  5 58, 32  6 Total plan assets (subtract line 8h from line 8c)  8 al(1) 29, 186  8 al(2) 54, 332  (3) Other s(including oflicet rollovers and insurance premiums to provide benefits)  8 C Total income (loss)  8 B 97, 101  8 C Total income (loss)  8 B 97, 101  9 C Total income (loss)  9 C Vertain deemed and/or corrective distributions (see instructions)  8 B 97, 10			nter "Sam		3b		IN			
4 if the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name  4b EIN  5a Total number of participants at the beginning of the plan year  5 Total number of participants at the end of the plan year.  5 Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c Total plans's assets during the plan year invested in eligible assets? (See instructions).  5c Total plan assets during the plan year invested in eligible assets? (See instructions).  5c Total plan asset of the plan's assets during the plan year invested in eligible assets? (See instructions).  5c Total plan asset of the plan's asset of the plan year invested in eligible assets? (See instructions).  6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IOPA) under 29 CFR 252.0144-467 (See instructions on waiver eligibility and conditions).  6c Total plan assets and Liabilities  6c Near Plan Assets and Liabilities  6c Near Plan Assets and Liabilities  7c Asset and Liabilities  7d Asset and Liabilities  7d Asset and Liabilities  7d Asset and Liabilities  7e Asset and Liabilities  7e Asset and Liabilities  7e Asset and Liabilities  7e Asset and Liabilities  8a(1) Asset and Liabilities  8a(2) Asset and Liabilities  8a(3) Asset a		SAME								
same, EIN, and the plan number from the last return/report. Sponsor's name    4c PN					3с	Administrator's te	elephone number			
same, EIN, and the plan number from the last return/report. Sponsor's name    4c PN	_	If the name and/or FIN of the plan spansor has shapped since the la	nt rational	port find for this plan anter the	41					
Sa	7			eport filed for this plan, enter the	4D	EIN				
b Total number of participants at the end of the plan year.  c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5b  C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  5c  Sa Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)				4c PN						
C Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).  Se Were all of the plan's assets during the plan year invested in eligible assets? (See instructions).  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See instructions on waiver eligibility and conditions).  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Part III  Financial Information  7 Plan Assets and Liabilities	5a	Total number of participants at the beginning of the plan year	,,,,		5a	5a				
complete this item).  So Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	b	Total number of participants at the end of the plan year			5b	ih				
Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)  Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).  If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-\$F and must instead use Form 5500.  Part III Financial Information  Plan Assets and Liabilities  (a) Beginning of Year  Total plan assets.  Total plan assets (subtract line 7b from line 7a).  No Note plan assets (subtract line 7b from line 7a).  No Note plan assets (subtract line 7b from line 7a).  No Note plan assets (subtract line 7b from line 7a).  No Note plan assets (subtract line 7b from line 7a).  No Note plan assets (subtract line 7b from line 7a).  No Note plan assets (subtract line 7b from line 7a).  No Note plan assets (subtract line 7b from line 7a).  No Note plan assets (subtract line 7b from line 7a).  No Note plan assets (subtract line 7b from line 7a).  No Note plan assets (subtract line 7b from line 7a).  No Note plan assets (subtract line 7b from line 7a).  No Note plan assets (subtract line 7b from line 7a).  No Note plan assets (subtract line 7b from line 8c).  No Note plan assets (subtract line 8h from line 8c).  No Note plan assets (subtract line 8h from line 8c).  No Note plan assets (subtract line 8h from line 8c).  No Note plan assets (subtract line 8h from line 8c).  No Note plan assets (subtract line 8h from line 8c).  No Note plan assets (subtract line 8h from line 8c).  No Note plan assets (subtract line 8h from line 8c).  No Note plan assets (subtract line 8h from line 8c).  No Note plan assets (subtract line 8h from line 8c).  No Note plan assets (subtract line 8h from line 8c).  No Note plan assets (subtract line 8h from line 8c).  No Note plan assets (subtract line 8h from line 8c).  No Note plan assets (subtract line 8h from line 8c).  No Note plan assets (subtract line 8h from line 8c).  No Note plan assets (su	C									
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-467 (See Instructions on waiver eligibility and conditions.)  If you answered "No" to either 5a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.  Part III Financial Information  7 Plan Assets and Liabilities  1 Total plan assets  2 Total plan assets  3 Total plan liabilities.  7 Note the plan assets (subtract line 7b from line 7a).  7 Not plan assets (subtract line 7b from line 7a).  8 Income, Expenses, and Transfers for this Plan Year  1 Contributions received or receivable from:  (1) Employers.  (2) Participants.  (3) Others (including rollovers).  8 Ba(2) 54,332  (3) Others (including rollovers).  8 Ba(3)  D Other income (loss).  C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).  8 C Certain deemed and/or corrective distributions (see instructions).  8 C Certain deemed and/or corrective distributions (see instructions).  8 C Certain deemed and/or corrective distributions (see instructions).  8 Ab 10,49  I Net income (loss) (subtract line 8h from line 8c).  8 Bh 10,49  I Net income (loss) (subtract line 8h from line 8c).  8 Bh 10,49  I Transfers to (from) the plan (see instructions).  8 Bh 10,49										
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).    Figure   Financial Information   Financial Information						······	X Yes No			
Flyou answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.    Pair   III	b	Are you claiming a waiver of the annual examination and report of	an indepe	ndent qualified public accountant (IQI	PA)		▼ Ves □ No			
Part III   Financial Information   (a) Beginning of Year   (b) End of Year							H 100   100			
a Total plan assets	P									
a Total plan assets       7a       388,203       558,32         b Total plan liabilities       7b       388,203       558,32         c Net plan assets (subtract line 7b from line 7a)       7c       388,203       558,32         8 Income, Expenses, and Transfers for this Plan Year       (a) Amount       (b) Total         a Contributions received or receivable from:	7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End o	of Year			
C Net plan assets (subtract line 7b from line 7a)	а	Total plan assets	7a	388,20	3					
C Net plan assets (subtract line 7b from line 7a)	b	Total plan liabilities	7b				······································			
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers 8a(1) 29,186 (2) Participants 8a(2) 54,332 (3) Others (including rollovers) 8a(3) b Other income (loss) 8b 97,101 c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 180,61: d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d e Certain deemed and/or corrective distributions (see instructions) 8c 4,460 f Administrative service providers (salaries, fees, commissions) 8f 6,033 g Other expenses 8g h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 10,499 i Net income (loss) (subtract line 8h from line 8c) 8i 170,12: j Transfers to (from) the plan (see instructions) 8g				388,20	3		558,32			
a Contributions received or receivable from:       8a(1)       29, 186         (1) Employers       8a(2)       54, 332         (2) Participants       8a(2)       54, 332         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       97, 101         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       180, 61         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       4, 460         e Certain deemed and/or corrective distributions (see instructions)       8e       4, 460         f Administrative service providers (salaries, fees, commissions)       8f       6, 033         g Other expenses       8g         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       10, 49         i Net income (loss) (subtract line 8h from line 8c)       8i       170, 12         j Transfers to (from) the plan (see instructions)       8j					1	(b) To				
(2) Participants       8a(2)       54,332         (3) Others (including rollovers)       8a(3)         b Other income (loss)       8b       97,101         c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)       8c       180,61         d Benefits paid (including direct rollovers and insurance premiums to provide benefits)       8d       4,460         e Certain deemed and/or corrective distributions (see instructions)       8e       4,460         f Administrative service providers (salaries, fees, commissions)       8f       6,033         g Other expenses       8g         h Total expenses (add lines 8d, 8e, 8f, and 8g)       8h       10,499         i Net income (loss) (subtract line 8h from line 8c)       8i       170,120         j Transfers to (from) the plan (see instructions)       8j	а				1715					
(3) Others (including rollovers)		(1) Employers	8a(1)	29,180	5					
b Other income (loss)		(2) Participants	8a(2)	54,332	2					
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8c 180, 61.  d Benefits paid (including direct rollovers and insurance premiums to provide benefits) 8d		(3) Others (including rollovers)	8a(3)							
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).  e Certain deemed and/or corrective distributions (see instructions)  f Administrative service providers (salaries, fees, commissions)  g Other expenses  h Total expenses (add lines 8d, 8e, 8f, and 8g)  i Net income (loss) (subtract line 8h from line 8c)  j Transfers to (from) the plan (see instructions)  8d  4,460  6,033  8f  6,033  10,490  8h  10,490  170,124	b	Other income (loss)	8b	97,10	1					
to provide benefits)	C		8c				180,61			
e Certain deemed and/or corrective distributions (see instructions)	d		ده							
f Administrative service providers (salaries, fees, commissions)	_	·		A 45	1	raudalen se alle bij di bij bij bij Du ji ga jagstalen kalanta bij bij	rigerios en Alexadoris (de Tolonia). A figuração como maio en acestra en a			
g     Other expenses     8g       h     Total expenses (add lines 8d, 8e, 8f, and 8g)     8h     10,49       i     Net income (loss) (subtract line 8h from line 8c)     8i     170,12       j     Transfers to (from) the plan (see instructions)     8j     10,49	_	,			-					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	-	·		6,03	4	en egundiki kilikil Tomboliki de da Abba	saidezderenia (BAL) Budan budan budararea			
i Net income (loss) (subtract line 8h from line 8c)	·	•								
j Transfers to (from) the plan (see instructions)	n			la nacion de Jacques de propietos de la filosofia de la filosofia de la filosofia de la filosofia de la filoso La filosofia de la filosofia d						
	!				ia Jaki		170,12			

	Form 5500-SF 2009 Page <b>2-</b>							
Par	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Char $X$ $2E$ $2F$ $2G$ $2J$ $2K$ $2T$ $3D$	acteris	stic Co	des in	the instruc	tions	:	
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Chara-	acteris	tic Cod	des in	the instruct	ions:		
Part	Compliance Questions				•			
10	During the plan year:		Yes	No		Amo	ount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		restrict.		21 × 220 (11 × 1
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?	10c	Х				25	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х				
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х				
f	Has the plan failed to provide any benefit when due under the plan?	10f		X				
a	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)			Const.				
g h		10g		X				
***	2520.101-3.)	10h		Х				
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3							
Part	VI Pension Funding Compliance				Particle of the second second second			
11	ls this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					П	Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)							
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru granting the waiver.	th						
35	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		_					-
b	Enter the minimum required contribution for this plan year			12b 12c				
	Enter the amount contributed by the employer to the plan for this plan year							
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d	<u></u>		g	
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	10	N/A
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?						Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he plai	n(s) to					
13c(1) Name of plan(s):			13c(2) EIN(s) 13c(3					PN(s)
		-				+		
	ion: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonab							
SB o	er penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this ret r Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return, f, it is true, correct, and complete.							

SIGN Mulc M W. Signature of plan administrator

SIGN Mulc M W. 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