Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

SIGN HERE

Signature of DFE

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

2009

This Form is Open to Public Inspection

					Inspection	
Part I	Annual Report Identif	ication Information				
For caler	ndar plan year 2009 or fiscal plar	year beginning 01/01/2009		and ending 12/31/20	009	
A This	return/report is for:	a multiemployer plan;	a multiple	e-employer plan; or		
	·	a single-employer plan;	a DFE (s	pecify)		
			L `	· //		
R Thic	return/report is:	the first return/report;	the final i	return/report;		
ו פוווס ו	eturi/report is.	an amended return/report;		lan year return/report (less that	an 12 months)	
•					—	
C If the	plan is a collectively-bargained p	olan, check here	_			
D Chec	k box if filing under:	Form 5558;	automati	c extension;	the DFVC program;	
		special extension (enter des	cription)			
Part	II Basic Plan Informa	tion—enter all requested information	ation			
1a Nam	ne of plan				1b Three-digit plan	
	MARKET INSITE, INC. 401(K)	PLAN			number (PN) ▶	001
					1c Effective date of pla	an
					10/01/2003	
	•	employer, if for a single-employer	plan)		2b Employer Identifica	ation
•	ress should include room or suite	e no.)			Number (EIN) 91-1999664	
GLUBAL	MARKET INSITE, INC.				2c Sponsor's telephon	10
					number	
1100 111	2TH AVENUE NE	4400 4407			206-315-9300	
SUITE 2	00	SUITE 200	TH AVENUE NE 0		2d Business code (see	е
BELLEV	UE, WA 98004	BELLEVU	E, WA 98004		instructions) 541519	
					541519	
Caution	: A penalty for the late or inco	mplete filing of this return/repor	t will be assessed	unless reasonable cause is	established.	
		alties set forth in the instructions,				dules.
		he electronic version of this return				
SIGN	Filed with authorized/valid electr	onic signature.	07/20/2010	ELIZABETH YALCIN		
HERE	Signature of plan administra	tor	Date	Enter name of individual signing as plan administrator		
	Orginature or plant auministra	IVI	Date	Enter name of individual Sig	Jimiy as pian aunimishalul	
SIGN	Filed with authorized/valid electr	onic signature	07/20/2010	DAVID WILLIAMSON		
HERE						
	Signature of employer/plan s	ponsor	Date	Enter name of individual sign	gning as employer or plan sp	onsor

Date

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009) v.092307.1

Enter name of individual signing as DFE

	Form 5500 (2009)	P	age 2		
	Plan administrator's name and address (if same as plan sponsor, enter "Sam OBAL MARKET INSITE, INC.	e")		3b Administrat 91-1999664	
110 SU	00 112TH AVENUE NE IITE 200 LLEVUE, WA 98004			3c Administrat number 206-315-93	•
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:	report filed fo	r this plan, enter the name, EIN	l and 4b Ell	N
а	Sponsor's name			4c PN	1
5	Total number of participants at the beginning of the plan year			5	175
6	Number of participants as of the end of the plan year (welfare plans complete	only lines 6a	, 6b , 6c , and 6d).		
а	Active participants			. 6a	108
h				. 6b	(
b	Retired or separated participants receiving benefits			. 60	
С	Other retired or separated participants entitled to future benefits			. 6c	60
d	Subtotal. Add lines 6a, 6b, and 6c			. 6d	168
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	eive benefits.		. 6e	C
f	Total. Add lines 6d and 6e			. 6f	168
g	Number of participants with account balances as of the end of the plan year (complete this item)			. 6g	143
h	Number of participants that terminated employment during the plan year with less than 100% vested			. 6h	C
7	Enter the total number of employers obligated to contribute to the plan (only	multiemployer	plans complete this item)	7	
	If the plan provides pension benefits, enter the applicable pension feature codes 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare feature codes				
9a	Plan funding arrangement (check all that apply) (1) Insurance (2) Code section 412(e)(3) insurance contracts (3) X Trust (4) General assets of the sponsor	(1) (2) (3)	Insurance Code section 412(e)(3) Trust General assets of the sp	insurance contra	cts
10	(4) General assets of the sponsor Check all applicable boxes in 10a and 10b to indicate which schedules are at	(4) tached, and, v			ee instructions)
	Pension Schedules (1)		Il Schedules H (Financial Inform I (Financial Inform A (Insurance Inform C (Service Provide	mation) nation – Small Pla rmation)	·

(5)

(6)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(3)

SCHEDULE C (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation This schedule is required to be filed under section 104 of the Employee

Service Provider Information

Retirement Income Security Act of 1974 (ERISA).

File as an attachment to Form 5500.

2009

OMB No. 1210-0110

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009	and ending 12/31/2009
A Name of plan GLOBAL MARKET INSITE, INC. 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 GLOBAL MARKET INSITE, INC.	D Employer Identification Number (EIN) 91-1999664
Part I Service Provider Information (see instructions)	
You must complete this Part, in accordance with the instructions, to report the info or more in total compensation (i.e., money or anything else of monetary value) in a plan during the plan year. If a person received only eligible indirect compensation answer line 1 but are not required to include that person when completing the rem	connection with services rendered to the plan or the person's position with the n for which the plan received the required disclosures, you are required to
 1 Information on Persons Receiving Only Eligible Indirect Com a Check "Yes" or "No" to indicate whether you are excluding a person from the remaindirect compensation for which the plan received the required disclosures (see install the plan received that the required disclosures (see install the plan received that the required disclosures (see install the plan received that the required disclosures (see install the plan received that the required disclosures (see install the plan received that the required disclosures (see install the plan received that the plan received the required disclosures (see install the plan received the required disclosures). 	ainder of this Part because they received only eligible structions for definitions and conditions)
received only eligible indirect compensation. Complete as many entries as neede	
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	
04-2647786	
(b) Enter name and EIN or address of person who provid	ed you disclosure on eligible indirect compensation
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect compensation
(b) Enter name and EIN or address of person who provide	ed you disclosures on eligible indirect compensation
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answered	"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)		
TURNBERI	RY FINANCIAL					
91-1611774	ŀ					
(b) Service Code(s)	(c) 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?
16 19 26	INVESTMENT ADVISOR	9145	Yes No X	Yes No		Yes No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) Relationship to employee, employee	(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 X No	Yes 🛛 No 🗌		Yes X No
		(a) Enter name and EIN or	address (see instructions)		
(b) Service Code(s)	(c) 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

Page 4- 1	Page	4-	1
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	(a) Enter name and EIN or address (see instructions)						
(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a	
	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or	
	a party-in-interest		sponsor)	disclosures?	compensation for which you answered "Yes" to element	estimated amount?	
					(f). If none, enter -0		
			Yes No	Yes No		Yes 📗 No 📗	
		(a) Enter name and EIN or	address (see instructions)			
(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a	
()		by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or	
	a party-in-interest	Citici o .	sponsor)	disclosures?	compensation for which you answered "Yes" to element		
					(f). If none, enter -0		
			Yes No	Yes No		Yes No	
			->-				
		(a) Enter name and EIN or	address (see instructions)			
(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid	Did service provider receive indirect	Did indirect compensation include eligible indirect	Enter total indirect compensation received by	Did the service provider give you a	
, ,	organization, or person known to be	by the plan. If none, enter -0	compensation? (sources other than plan or plan	compensation, for which the plan received the required	service provider excluding eligible indirect	formula instead of an amount or	
	a party-in-interest	0.1.01	sponsor)	disclosures?	compensation for which you answered "Yes" to element		
					(f). If none, enter -0		
			Yes No	Yes No		Yes No	

Schedule	0	Form	5500	2000
Scriedule	\mathbf{c}	(FOIIII	5500	1 2009

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

60	0
(a) Describe the indirect of	
formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
0.35%	
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
60	0
formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
0.35%	
(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
60	0
formula used to determine	compensation, including any the service provider's eligibility he indirect compensation.
0.35%	
	(b) Service Codes (see instructions) (b) Service Codes (see instructions) (c) Describe the indirect of formula used to determine for or the amount of the company of the codes (see instructions) (b) Service Codes (see instructions) (c) Describe the indirect of formula used to determine for or the amount of the company of the code instructions)

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Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation				
FIDELITY INVESTMENTS INSTITUTIONAL	60	0				
(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.				
DAVIS FINANCIAL A - BOSTON FINANCIA	0.40%					
04-2526037						
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation				
FIDELITY INVESTMENTS INSTITUTIONAL	60	0				
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.				
JANUS FORTY S - JANUS SERVICES LLC	0.50%					
43-1804048						
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation				
FIDELITY INVESTMENTS INSTITUTIONAL	60	0				
(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.				
JANUS HIGH YLD BD T - JANUS SERVICE	0.33%					
43-1804048						
	L					

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Page	5-	3	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation				
FIDELITY INVESTMENTS INSTITUTIONAL	60	0				
(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.				
KEELEY SMALL CAP VAL - US BANCORP F	0.40%					
39-0281260						
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation				
FIDELITY INVESTMENTS INSTITUTIONAL	60	0				
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.				
PIMCO LOW DUR ADM - BOSTON FINANCIA	0.25%					
04-2526037						
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation				
FIDELITY INVESTMENTS INSTITUTIONAL	60	0				
(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.				
PIMCO TOT RETURN ADM - BOSTON FINAN	0.25%					
04-2526037						
	,					

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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 earthis Schedule.	ch service provide	r 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				

Pa	Part III Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)				
а	Name:	b EIN:			
С	Position:				
d	Address:	e Telephone:			
Ex	xplanation:				
а	Name:	b EIN:			
C	Position:	4 2			
d	Address:	e Telephone:			
Ex	xplanation:				
а	Name:	b EIN:			
C	Position:	D EIII.			
d	Address:	e Telephone:			
Ex	xplanation:				
а	Name:	b EIN;			
C	Position:	D LIN,			
d	Address:	e Telephone:			
	Address.	• relephone.			
Ex	xplanation:				
а	Name:	b EIN;			
C	Position:				
d	Address:	e Telephone:			
Ex	xplanation:				

SCHEDULE H (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009		and e	ending 12/31/2009	
A Name of plan			B Three-digit	
GLOBAL MARKET INSITE, INC. 401(K) PLAN	GLOBAL MARKET INSTIE, INC. 401(K) PLAN) 001
C Plan sponsor's name as shown on line 2a of Form 5500			D Employer Identificat	tion Number (EIN)
GLOBAL MARKET INSITE, INC.			04 4000664	
			91-1999664	
Part I Asset and Liability Statement				
1 Current value of plan assets and liabilities at the beginning and end of the plan the value of the plan's interest in a commingled fund containing the assets of n lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance benefit at a future date. Round off amounts to the nearest dollar. MTIAs, C and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. Se	nore than one ce contract whi CTs, PSAs, ar	plan on a l ich guaran	ine-by-line basis unless t tees, during this plan yea	the value is reportable on ar, to pay a specific dollar
Assets		(a) Be	eginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		1752585	0
b Receivables (less allowance for doubtful accounts):				
(1) Employer contributions	1b(1)		0	14832
(2) Participant contributions	1b(2)		0	18331
(3) Other	1b(3)			
C General investments:				
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		0	333867
(2) U.S. Government securities	1c(2)			
(3) Corporate debt instruments (other than employer securities):				
(A) Preferred	1c(3)(A)			
(B) All other	1c(3)(B)			
(4) Corporate stocks (other than employer securities):				
(A) Preferred	1c(4)(A)			
(B) Common	1c(4)(B)			
(5) Partnership/joint venture interests	1c(5)			
(6) Real estate (other than employer real property)	1c(6)			
(7) Loans (other than to participants)	1c(7)			
(8) Participant loans	1c(8)		1355	14108

1c(9)

1c(10)

1c(11)

1c(12)

1c(13)

1c(14)

1c(15)

(9) Value of interest in common/collective trusts.....

(10) Value of interest in pooled separate accounts.....

(11) Value of interest in master trust investment accounts

(15) Other.....

contracts).....

 3292940

0

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1753940	3674078
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	1753940	3674078

Part II Income and Expense Statement

Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	345986	
(B) Participants	2a(1)(B)	751384	
(C) Others (including rollovers)	2a(1)(C)	482904	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1580274
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	827	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	216	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1043
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	53066	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		53066
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

			(a) Amount	(b) Total
2b (5) Unrealized appreciation	n (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other		2b(5)(B)		
	d appreciation of assets. (A) and (B)	2b(5)(C)		
(6) Net investment gain	(loss) from common/collective trusts	2b(6)		
(7) Net investment gain	(loss) from pooled separate accounts	2b(7)		
(8) Net investment gain	(loss) from master trust investment accounts	2b(8)		
(9) Net investment gain	(loss) from 103-12 investment entities	2b(9)		
	(loss) from registered investment utual funds)	2b(10)		618142
C Other income		2c		
d Total income. Add all inc	ome amounts in column (b) and enter total	2d		2252525
	Expenses			
e Benefit payment and pa	yments to provide benefits:			
(1) Directly to participar	nts or beneficiaries, including direct rollovers	2e(1)	321704	
(2) To insurance carrier	s for the provision of benefits	2e(2)		
(3) Other		2e(3)		
(4) Total benefit payme	nts. Add lines 2e(1) through (3)	2e(4)		321704
f Corrective distributions	(see instructions)	2f		1019
	tions of participant loans (see instructions)			
h Interest expense		2h		
	s: (1) Professional fees	0:(4)		
•	or fees	0:(0)		
` ,	and management fees	2:(2)		
` ,	and management reco		9664	
• •	expenses. Add lines 2i(1) through (4)	0:(5)		9664
	expense amounts in column (b) and enter total		_	332387
•	come and Reconciliation			
	ract line 2j from line 2d	2k		1920138
I Transfers of assets:	act line 2 j 110111 line 2 u			
		2l(1)	_	
, ,		2l(2)	_	
(2) From this plan		21(2)		
Part III Accountant	's Opinion			
3 Complete lines 3a throug attached.	h 3c if the opinion of an independent qualified publi	c accountant is attac	ched to this Form 5500. Compl	ete line 3d if an opinion is not
a The attached opinion of a	n independent qualified public accountant for this p	olan is (see instruction	ons):	
(1) Unqualified	(2) Qualified (3) Disclaimer (4	Adverse		
b Did the accountant perfo	m a limited scope audit pursuant to 29 CFR 2520.1	03-8 and/or 103-12	(d)?	X Yes No
c Enter the name and EIN	of the accountant (or accounting firm) below:			
(1) Name: MOSS AL	DAMS LLP		(2) EIN: 91-0189318	
d The opinion of an indepe		·	-	-

Par	t IV	Compliance Questions					
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or 5	j.	
	During	the plan year:		Yes	No	Am	ount
а	period	here a failure to transmit to the plan any participant contributions within the time described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures ally corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	close o	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ed by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is ed.)	4b		X		
С	Were	any leases to which the plan was a party in default or classified during the year as ectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	reporte	there any nonexempt transactions with any party-in-interest? (Do not include transactions ed on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is ed.)	4d		X		
^		,		Χ			500000
e f	Did the	his plan covered by a fidelity bond?e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4e 4f		X		000000
g	Did the	e plan hold any assets whose current value was neither readily determinable on an ished market nor set by an independent third party appraiser?	4g		X		
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, ee instructions for format requirements.)	411 4i	X			
j	value	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and structions for format requirements.)	4j		X		
k	Were	all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		X		
I	Has th	ne plan failed to provide any benefit when due under the plan?	41		X		
m		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m		X		
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3	4n		X		
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? enter the amount of any plan assets that reverted to the employer this year	Yes	× No	Amoun	ıt:	
5b		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s) erred. (See instructions.)	, identi	fy the pla	ın(s) to wh	ich assets or lia	bilities were
	5b(1)	Name of plan(s)			5b(2) EIN	(s)	5b(3) PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation **Retirement Plan Information**

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

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For	r calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and e	endin	g	12/31/2	009					
	Name of plan BAL MARKET INSITE, INC. 401(K) PLAN	В		e-digit n numbe I)	er ▶		001			
		_								
	Plan sponsor's name as shown on line 2a of Form 5500 BAL MARKET INSITE, INC.	D	Emp	loyer Id	entifica	ation No	umbe	r (EIN)	
			91	-199966	64					
Pa	art I Distributions									
-	references to distributions relate only to payments of benefits during the plan year.									
1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions			1						0
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries duri payors who paid the greatest dollar amounts of benefits):	ing th	e yea	r (if mor	e than	two, e	nter E	INs of	the t	wo
	EIN(s): 04-6568107									
	Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.									
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the year	•		3						
Р	Funding Information (If the plan is not subject to the minimum funding requirements of ERISA section 302, skip this Part)	of sec	tion o	f 412 of	the Int	ernal F	Rever	nue Co	de or	
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?				Yes		N	0		N/A
	If the plan is a defined benefit plan, go to line 8.									
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Mon	th		Da	ay		. Υ є	ear		
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the rer	main	der of	this so	hedul	e.				
6	a Enter the minimum required contribution for this plan year			6a						
	b Enter the amount contributed by the employer to the plan for this plan year			6b						
	C Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)			6c						
	If you completed line 6c, skip lines 8 and 9.		•							
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?				Yes		N	0		N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure provautomatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator with the change?	agree			Yes	[N	0		N/A
Pa	art III Amendments									
9	If this is a defined benefit pension plan, were any amendments adopted during this plan									
	year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box	ase		Decre	ease		Both		N	0
Pa	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(skip this Part.	e)(7)	of the	Interna	l Reve	nue Co	ode,			
10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repa	ay an	exer	npt loan	?			Yes		No
11	a Does the ESOP hold any preferred stock?							Yes		No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "I (See instructions for definition of "back-to-back" loan.)					<u></u>		Yes		No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?							Yes		No

Page 2-	1	
rage z -	1	

Pa	rt V		Additional Information for Multiemployer Defined Benefit Pension Plans						
13			llowing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in ee instructions. Complete as many entries as needed to report all applicable employers.						
	а	Name of contributing employer							
	b	EIN C Dollar amount contributed by employer							
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	е	Contribution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name	of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d	Date c	ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	е	comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	е	comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	е	comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	of contributing employer						
	b b	EIN	C Dollar amount contributed by employer						
	d	Date c	ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box einstructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year						
	е								
	а	Name	of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	е	Contrib comple (1)	oution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, ete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):						

Pac	ae	3
	,~	•

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	_
	C The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ke an	
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, chapplemental information to be included as an attachment.		
Pa	art VI Additional Information for Single-Employer and Multiemployer Defined Benefi	t Pension Plan	ıS
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see in information to be included as an attachment		
19	If the total number of participants is 1,000 or more, complete items (a) through (c)		
	a Enter the percentage of plan assets held as:		
	Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:	_% Other:	_%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-2	21 years	ears or more
	C What duration measure was used to calculate item 19(b)?	. ц ,	
	☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):		

Independent Auditor's Report and Financial Statements with Supplemental Schedule

December 31, 2009 and 2008

CONTENTS

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INDEPENDENT AUDITOR'S REPORT	1
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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee Global Market Insite, Inc. 401(k) Plan

We were engaged to audit the accompanying statement of net assets available for benefits of the Global Market Insite, Inc. 401(k) Plan (the Plan) as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedule of Schedule H, line 4(i) - Schedule of Assets Held (At End of Year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2009 financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as of and for the year ended December 31, 2009. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the statement of net assets available for benefits of the Plan as of December 31, 2008, and in our report dated July 28, 2009, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of the Plan as of December 31, 2008, in conformity with accounting principles generally accepted in the United States of America.

more adams LLP

Seattle, Washington July 15, 2010

GLOBAL MARKET INSITE, INC. 401(k) PLAN STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2009 AND 2008

A COFFITTO	2009	2008
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 3,626,807	\$ -
Participant loan	14,108	1,355
Cash		1,752,585
	3,640,915	1,753,940
Receivables:		
Participant contributions	18,331	-
Employer contributions	14,832	
	33,163	_
NET ASSETS AVAILABLE FOR BENEFITS	\$ 3,674,078	\$ 1,753,940

GLOBAL MARKET INSITE, INC. 401(k) PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2009

ADDITIONS:	
Investment income:	
Net appreciation in fair value of investments	\$ 618,142
Dividends	53,066
Interest	1,043
	672,251
Contributions:	
Participant	751,384
Employer	345,986
Rollovers	482,904
	1,580,274
Total additions	2,252,525
DEDUCTIONS:	
Benefits paid to participants	322,723
Administrative expenses	9,664
Total deductions	332,387
NET INCREASE	1,920,138
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	1,753,940
0 0 7	
End of year	\$ 3,674,078

GLOBAL MARKET INSITE, INC. 401(k) PLAN NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

Note 1 - Description of Plan

The following description of the Global Market Insite, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering substantially all employees of Global Market Insite, Inc. (the Company) and is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company is the Plan's sponsor and serves as plan administrator.

Effective January 1, 2009, the Plan changed trustees from State Street Bank and Trust Company (State Street) to Fidelity Management Trust Company (the Trustee). On December 31, 2008, the plan administrator sold all of the Plan's former investments in mutual funds and collective trusts and transferred the proceeds from these sales from State Street to the Trustee. The Trustee received these amounts on January 2, 2009 and purchased shares of the Plan's investment options, as elected by the Plan's participants. At December 31, 2008, the Plan's investments consisted of cash and the transferred balance of a participant loan.

Eligibility - Employees of the Company are eligible to participate in the Plan after completing three months of service.

Contributions - Effective January 1, 2009, participants may contribute up to 70% of eligible compensation and may make Roth contributions to the Plan on an after-tax basis. Participants may also contribute amounts representing rollovers from other qualified plans. The Company makes safe harbor matching contributions equal to 100% of the participants' contributions up to a maximum of 4% of the participants' eligible compensation. Contributions are subject to regulatory limitations under the Internal Revenue Code (IRC).

Participant Accounts - Each participant's account is credited with the participant's contribution, employer matching contributions, rollovers, and an allocation of earnings. Participants may direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are fully vested in their entire account balance.

Payment of Benefits - On termination of service due to death, disability, or retirement, participants may elect to receive either a lump-sum amount or payment in annual installments. For termination of service for other reasons, participants may only receive the value of their account balance as a lump-sum distribution.

GLOBAL MARKET INSITE, INC. 401(k) PLAN NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

Note 1 - Description of Plan (Continued)

Participant Loan - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loans are secured by the balance of the participant's account and bear fixed rates of interest, as determined by the plan administrator. The maximum loan term is five years except in the case of a loan for the purpose of acquiring a primary residence which may exceed a five-year term. Principal and interest are paid ratably through payroll deductions. As of December 31, 2009, there was one loan outstanding that bears interest at 5.25% with a maturity date in October 2012.

Plan Termination - Although it has not expressed any intention to do so, the Company has the right to terminate the Plan and discontinue its contributions at any time.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting - The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

Use of Estimates - The preparation of financial statements requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation - Investments are stated at fair value. As of December 31, 2009, investments are certified by the Trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Income Recognition - Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - Administrative expenses are paid by the Company.

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events - Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before financial statements are available to be issued.

The Plan has evaluated subsequent events through July 15, 2010, which is the date the financial statements were available to be issued.

Note 3 - Investments

Investments representing 5% or more of net assets available for benefits consist of the following as of December 31:

 2009		2008
\$ 333,867	\$	-
299,752		-
267,863		-
213,734		-
199,049		-
193,443		-
\$	\$ 333,867 299,752 267,863 213,734 199,049	\$ 333,867 \$ 299,752 267,863 213,734 199,049

As described in Note 1, the Plan sold all of its investments in mutual funds and money market funds on December 31, 2008. Therefore, no individual investments represented 5% or more of net assets available for benefits at December 31, 2008.

Note 4 - Fair Value Measurements

The Plan classifies its investments based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1	Unadjusted	quoted	prices	in	active	markets	that	are	accessible	at	the
	measuremen	t date for	dentic	al, u	ınrestric	ted assets	or liab	oilitie	s;		

Level 2 Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly;

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Shares of mutual funds are valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and is classified within level 1 of the valuation hierarchy.

Participant loans are not actively traded and significant other observable inputs are not available. Participant loans are stated at amortized cost which approximates fair value and are classified within level 3 of the valuation hierarchy. Loans are secured by each respective participant's account balance.

The money market fund is a public investment vehicle valued using \$1 for the NAV. The money market fund is classified within level 1 of the valuation hierarchy.

Note 4 - Fair Value Measurements (Continued)

The following table discloses by level, the fair value hierarchy, of the Plan's assets at fair value as of December 31, 2009 and 2008:

	Investment Assets at Fair Value as of December 31, 2009						
	Level 1 Level 2 Level 3				Total		
Mutual funds:					,		
Mid and large cap stock funds	\$ 1,323,693	\$	(=)	\$	-	\$ 1,323,693	
Target date funds	870,377		-		-	870,377	
Fixed income funds	459,175		:=:		-	459,175	
International funds	343,189		-		:	343,189	
Money market fund	333,867		p ä p		-	333,867	
Small cap stock funds	296,506		-		-	296,506	
Participant loan	-				14,108	14,108	
	\$ 3,626,807	\$	-	\$	14,108	\$ 3,640,915	
	Investmen	t Assets	at Fair V	alue as	of Decemb	oer 31, 2008	
	Level 1	Le	evel 2	L	Level 3	Total	
Cash	\$ 1,752,585	\$	-	\$	-	\$ 1,752,585	
Participant loan					1,355	1,355	
	\$ 1,752,585	\$		\$	1,355	\$ 1,753,940	

The following table discloses the summary of changes in the fair value of the Plan's level 3 investment assets:

	Participant	
	Loans	
Balance, beginning of year	\$	1,355
Issuance and settlements, net		12,753
Balance, end of year	\$	14,108

Note 5 - Tax Status

The plan document is a prototype defined contribution plan that received a favorable opinion letter from the Internal Revenue Service dated March 31, 2008, which stated that the prototype plan, as then designed, was in accordance with applicable sections of the IRC. Although the prototype plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

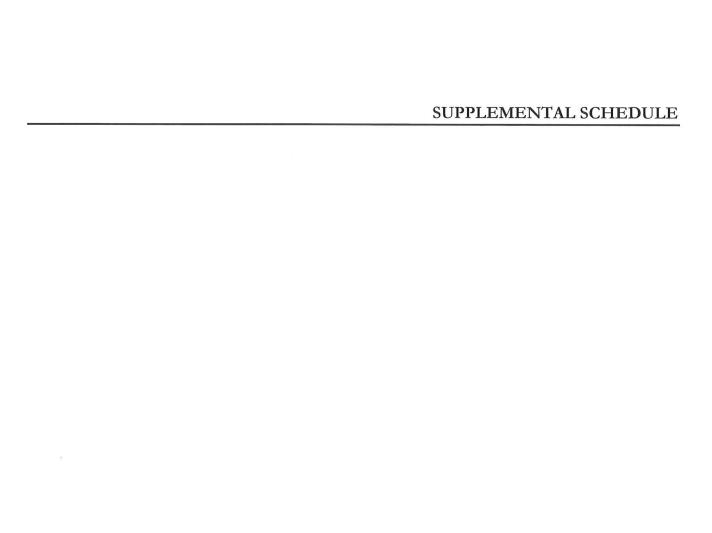
Note 7 - Information Certified by the Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2009.
- Net appreciation in fair value of investments, dividends, and interest reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2009.
- Investments reflected on the supplemental schedule of assets (held at end of year).

Note 8 - Party-In-Interest Transactions

Plan investments include shares of mutual funds managed by Fidelity Investments, an affiliate of the Trustee. Therefore, transactions with these entities qualify as exempt party-in-interest transactions.



EIN: 91-1999664 PLAN #: 001 SUPPLEMENTAL SCHEDULE DECEMBER 31, 2009

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

		(c)		
	75)	Description of investment,		(-)
	(b) Identity of issuer, borrower,	including maturity date, rate	/L)	(e)
(a)	lessor or similar party	of interest, collateral, par or maturity value	(d)	Current
<u>(a)</u>	lessor of shimar party	par or maturity value	Cost	value
*	Fidelity Retirement Government Money Market Fund	Mutual Fund	**	\$ 333,867
	Janus Forty Fund	Mutual Fund	**	299,752
*	Fidelity Leveraged Company Stock Fund	Mutual Fund	**	267,863
	Keeley Small Cap Value Fund	Mutual Fund	**	213,734
	PIMCO Total Return Fund	Mutual Fund	**	199,049
*	Fidelity Freedom 2025 Fund	Mutual Fund	**	193,443
*	Fidelity International Discovery Fund	Mutual Fund	**	175,447
*	Fidelity Freedom 2015 Fund	Mutual Fund	**	143,984
	American Century Equity Income Fund	Mutual Fund	**	143,605
*	Spartan 500 Index Fund	Mutual Fund	**	141,774
*	Fidelity US Bond Index Fund	Mutual Fund	**	126,562
*	Fidelity Freedom 2020 Fund	Mutual Fund	**	125,607
*	Fidelity Select Technology Fund	Mutual Fund	**	109,746
*	Fidelity Freedom 2050 Fund	Mutual Fund	**	95,500
*	Fidelity Freedom 2040 Fund	Mutual Fund	**	91,114
*	Fidelity Freedom 2030 Fund	Mutual Fund	**	90,715
*	Fidelity Small Cap Growth Fund	Mutual Fund	**	82,772
*	Fidelity Freedom 2045 Fund	Mutual Fund	**	67,918
*	Fidelity Global Balanced Fund	Mutual Fund	**	65,200
*	Fidelity Select Gold Portfolio	Mutual Fund	**	61,130
*	Fidelity Freedom 2035 Fund	Mutual Fund	**	58,265
*	Fidelity Disciplined Equity Fund	Mutual Fund	**	55,698
*	Spartan Total Market Index Fund	Mutual Fund	**	54,014
*	Spartan International Index Fund	Mutual Fund	**	53,130
*	Fidelity Emerging Markets Fund	Mutual Fund	**	43,088
	Janus High Yield Bond Fund	Mutual Fund	**	43,039
	American Century Vista Investor Fund	Mutual Fund	**	42,345
*	Spartan Intermediate Treasury Bond Index Fund	Mutual Fund	**	40,332

EIN: 91-1999664 PLAN #: 001 SUPPLEMENTAL SCHEDULE DECEMBER 31, 2009

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) (Continued)

		(c)		
		Description of investment,		
	(b)	including maturity date, rate		(e)
	Identity of issuer, borrower,	of interest, collateral,	(d)	Current
(a)	lessor or similar party	par or maturity value	Cost	value
*	Fidelity Select Materials Fund	Mutual Fund	**	\$ 28,995
*	Fidelity Select Energy Fund	Mutual Fund	**	24,998
*	Fidelity Four-in-One Index Fund	Mutual Fund	**	21,776
*	Spartan Long Term Treasury Bond Index Fund	Mutual Fund	**	21,288
*	Fidelity Asset Manager 20% Fund	Mutual Fund	**	20,989
*	Spartan Short Term Treasury Bond Index Fund	Mutual Fund	**	16,043
*	Fidelity Nasdaq Composite Index Fund	Mutual Fund	**	14,582
	PIMCO Low Duration Administrative Fund	Mutual Fund	**	12,862
*	Fidelity Asset Manager 50% Fund	Mutual Fund	**	9,608
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*	Fidelity Freedom 2010 Fund	Mutual Fund	**	3,831
*	Spartan Extended Market Index Fund	Mutual Fund	**	3,270
*	Fidelity Select Utilities Fund	Mutual Fund	**	3,108
*	Fidelity Large Cap Growth Enhanced Index Fund	Mutual Fund	**	2,687
*	Fidelity Asset Manager 30% Fund	Mutual Fund	**	1,865
*	Fidelity Asset Manager 85% Fund	Mutual Fund	**	1,334
*	Fidelity Select Telecommunications Fund	Mutual Fund	**	997
*	Fidelity Large Cap Value Enhanced Index Fund	Mutual Fund	**	84
*	Participant Loan	Interest rate of 5.25% maturing in		
		October 2012	-	14,108
				\$3,640,915

^{*} Indicates party-in-interest.

^{**} Information is not required as investments are participant directed.

Independent Auditor's Report and Financial Statements with Supplemental Schedule

December 31, 2009 and 2008

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INDEPENDENT AUDITOR'S REPORT

To the Administrative Committee Global Market Insite, Inc. 401(k) Plan

We were engaged to audit the accompanying statement of net assets available for benefits of the Global Market Insite, Inc. 401(k) Plan (the Plan) as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009 and the supplemental schedule of Schedule H, line 4(i) - Schedule of Assets Held (At End of Year) as of December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 7, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the 2009 financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule as of and for the year ended December 31, 2009. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have audited the statement of net assets available for benefits of the Plan as of December 31, 2008, and in our report dated July 28, 2009, we expressed our opinion that such financial statement presents fairly, in all material respects, the financial status of the Plan as of December 31, 2008, in conformity with accounting principles generally accepted in the United States of America.

more adams LLP

Seattle, Washington July 15, 2010

GLOBAL MARKET INSITE, INC. 401(k) PLAN STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2009 AND 2008

Accepting	2009	2008
ASSETS		
Investments, at fair value:		
Mutual funds	\$ 3,626,807	\$ -
Participant loan	14,108	1,355
Cash		1,752,585
	3,640,915	1,753,940
Receivables:		
Participant contributions	18,331	-
Employer contributions	14,832	
	33,163	_
NET ASSETS AVAILABLE FOR BENEFITS	\$ 3,674,078	\$ 1,753,940

GLOBAL MARKET INSITE, INC. 401(k) PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS YEAR ENDED DECEMBER 31, 2009

ADDITIONS:	
Investment income:	
Net appreciation in fair value of investments	\$ 618,142
Dividends	53,066
Interest	1,043
	672,251
Contributions:	
Participant	751,384
Employer	345,986
Rollovers	482,904
	1,580,274
Total additions	2,252,525
DEDUCTIONS:	
Benefits paid to participants	322,723
Administrative expenses	9,664
Total deductions	332,387
NET INCREASE	1,920,138
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	1,753,940
0 0 7	
End of year	\$ 3,674,078

GLOBAL MARKET INSITE, INC. 401(k) PLAN NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

Note 1 - Description of Plan

The following description of the Global Market Insite, Inc. 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering substantially all employees of Global Market Insite, Inc. (the Company) and is subject to provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company is the Plan's sponsor and serves as plan administrator.

Effective January 1, 2009, the Plan changed trustees from State Street Bank and Trust Company (State Street) to Fidelity Management Trust Company (the Trustee). On December 31, 2008, the plan administrator sold all of the Plan's former investments in mutual funds and collective trusts and transferred the proceeds from these sales from State Street to the Trustee. The Trustee received these amounts on January 2, 2009 and purchased shares of the Plan's investment options, as elected by the Plan's participants. At December 31, 2008, the Plan's investments consisted of cash and the transferred balance of a participant loan.

Eligibility - Employees of the Company are eligible to participate in the Plan after completing three months of service.

Contributions - Effective January 1, 2009, participants may contribute up to 70% of eligible compensation and may make Roth contributions to the Plan on an after-tax basis. Participants may also contribute amounts representing rollovers from other qualified plans. The Company makes safe harbor matching contributions equal to 100% of the participants' contributions up to a maximum of 4% of the participants' eligible compensation. Contributions are subject to regulatory limitations under the Internal Revenue Code (IRC).

Participant Accounts - Each participant's account is credited with the participant's contribution, employer matching contributions, rollovers, and an allocation of earnings. Participants may direct the investment of their account balances into various investment options offered by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting - Participants are fully vested in their entire account balance.

Payment of Benefits - On termination of service due to death, disability, or retirement, participants may elect to receive either a lump-sum amount or payment in annual installments. For termination of service for other reasons, participants may only receive the value of their account balance as a lump-sum distribution.

GLOBAL MARKET INSITE, INC. 401(k) PLAN NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2009 AND 2008

Note 1 - Description of Plan (Continued)

Participant Loan - Participants may borrow from their accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance. Loans are secured by the balance of the participant's account and bear fixed rates of interest, as determined by the plan administrator. The maximum loan term is five years except in the case of a loan for the purpose of acquiring a primary residence which may exceed a five-year term. Principal and interest are paid ratably through payroll deductions. As of December 31, 2009, there was one loan outstanding that bears interest at 5.25% with a maturity date in October 2012.

Plan Termination - Although it has not expressed any intention to do so, the Company has the right to terminate the Plan and discontinue its contributions at any time.

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting - The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

Use of Estimates - The preparation of financial statements requires the use of estimates and assumptions that may affect certain amounts and disclosures. Accordingly, actual results could differ from those estimates.

Investment Valuation - Investments are stated at fair value. As of December 31, 2009, investments are certified by the Trustee. Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Income Recognition - Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Payment of Benefits - Benefits are recorded when paid.

Administrative Expenses - Administrative expenses are paid by the Company.

Note 2 - Summary of Significant Accounting Policies (Continued)

Subsequent Events - Subsequent events are events or transactions that occur after the statement of net assets available for benefits date but before financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the statement of net assets available for benefits, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the statement of net assets available for benefits but arose after the statement of net assets available for benefits date and before financial statements are available to be issued.

The Plan has evaluated subsequent events through July 15, 2010, which is the date the financial statements were available to be issued.

Note 3 - Investments

Investments representing 5% or more of net assets available for benefits consist of the following as of December 31:

 2009		2008
\$ 333,867	\$	-
299,752		-
267,863		-
213,734		-
199,049		-
193,443		-
\$	\$ 333,867 299,752 267,863 213,734 199,049	\$ 333,867 \$ 299,752 267,863 213,734 199,049

As described in Note 1, the Plan sold all of its investments in mutual funds and money market funds on December 31, 2008. Therefore, no individual investments represented 5% or more of net assets available for benefits at December 31, 2008.

Note 4 - Fair Value Measurements

The Plan classifies its investments based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1	Unadjusted	quoted	prices	in	active	markets	that	are	accessible	at	the
	measuremen	t date for	dentic	al, u	ınrestric	ted assets	or liab	oilitie	s;		

Level 2 Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly;

Level 3 Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Shares of mutual funds are valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and is classified within level 1 of the valuation hierarchy.

Participant loans are not actively traded and significant other observable inputs are not available. Participant loans are stated at amortized cost which approximates fair value and are classified within level 3 of the valuation hierarchy. Loans are secured by each respective participant's account balance.

The money market fund is a public investment vehicle valued using \$1 for the NAV. The money market fund is classified within level 1 of the valuation hierarchy.

Note 4 - Fair Value Measurements (Continued)

The following table discloses by level, the fair value hierarchy, of the Plan's assets at fair value as of December 31, 2009 and 2008:

	Investment Assets at Fair Value as of December 31, 2009					
	Level 1	Level 1 Level 2 Level 3				Total
Mutual funds:					,	
Mid and large cap stock funds	\$ 1,323,693	\$	-	\$	=	\$ 1,323,693
Target date funds	870,377		-		-	870,377
Fixed income funds	459,175		=		-	459,175
International funds	343,189		-		:	343,189
Money market fund	333,867		-		-	333,867
Small cap stock funds	296,506		-		1_	296,506
Participant loan					14,108	14,108
	\$ 3,626,807	\$	-	\$	14,108	\$ 3,640,915
	Investmen	t Assets	at Fair V	alue as	of Decemb	per 31, 2008
	Level 1	Le	evel 2	L	evel 3	Total
Cash	\$ 1,752,585	\$	-	\$		\$ 1,752,585
Participant loan					1,355	1,355
	\$ 1,752,585	\$		\$	1,355	\$ 1,753,940

The following table discloses the summary of changes in the fair value of the Plan's level 3 investment assets:

	Participant	
		Loans
Balance, beginning of year	\$	1,355
Issuance and settlements, net		12,753
Balance, end of year	\$	14,108

Note 5 - Tax Status

The plan document is a prototype defined contribution plan that received a favorable opinion letter from the Internal Revenue Service dated March 31, 2008, which stated that the prototype plan, as then designed, was in accordance with applicable sections of the IRC. Although the prototype plan has been amended since receiving the opinion letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Note 6 - Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risks. It is reasonably possible, given the level of risk associated with investment securities, that changes in the near term could materially affect a participant's account balance and the amounts reported in the financial statements.

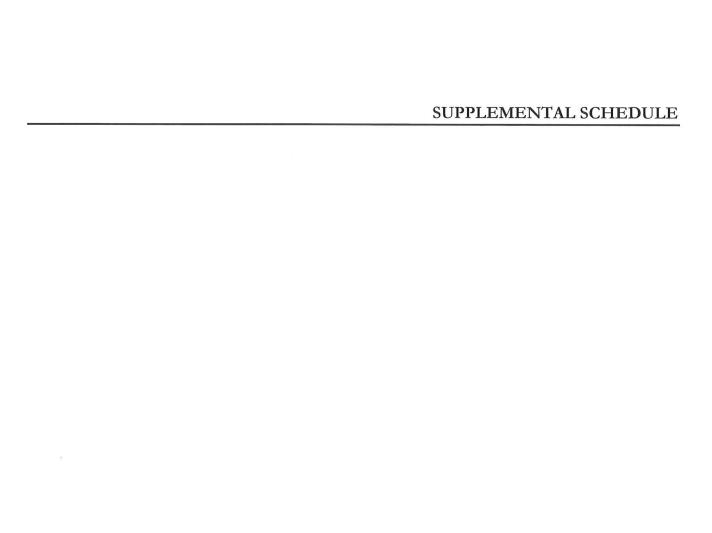
Note 7 - Information Certified by the Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee has certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for benefits as of December 31, 2009.
- Net appreciation in fair value of investments, dividends, and interest reflected on the accompanying statement of changes in net assets available for benefits for the year ended December 31, 2009.
- Investments reflected on the supplemental schedule of assets (held at end of year).

Note 8 - Party-In-Interest Transactions

Plan investments include shares of mutual funds managed by Fidelity Investments, an affiliate of the Trustee. Therefore, transactions with these entities qualify as exempt party-in-interest transactions.



EIN: 91-1999664 PLAN #: 001 SUPPLEMENTAL SCHEDULE DECEMBER 31, 2009

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

		(c)		
	75)	Description of investment,		(-)
	(b) Identity of issuer, borrower,	including maturity date, rate	/L)	(e)
(a)	lessor or similar party	of interest, collateral, par or maturity value	(d)	Current
<u>(a)</u>	lessor of shimar party	par or maturity value	Cost	value
*	Fidelity Retirement Government Money Market Fund	Mutual Fund	**	\$ 333,867
	Janus Forty Fund	Mutual Fund	**	299,752
*	Fidelity Leveraged Company Stock Fund	Mutual Fund	**	267,863
	Keeley Small Cap Value Fund	Mutual Fund	**	213,734
	PIMCO Total Return Fund	Mutual Fund	**	199,049
*	Fidelity Freedom 2025 Fund	Mutual Fund	**	193,443
*	Fidelity International Discovery Fund	Mutual Fund	**	175,447
*	Fidelity Freedom 2015 Fund	Mutual Fund	**	143,984
	American Century Equity Income Fund	Mutual Fund	**	143,605
*	Spartan 500 Index Fund	Mutual Fund	**	141,774
*	Fidelity US Bond Index Fund	Mutual Fund	**	126,562
*	Fidelity Freedom 2020 Fund	Mutual Fund	**	125,607
*	Fidelity Select Technology Fund	Mutual Fund	**	109,746
*	Fidelity Freedom 2050 Fund	Mutual Fund	**	95,500
*	Fidelity Freedom 2040 Fund	Mutual Fund	**	91,114
*	Fidelity Freedom 2030 Fund	Mutual Fund	**	90,715
*	Fidelity Small Cap Growth Fund	Mutual Fund	**	82,772
*	Fidelity Freedom 2045 Fund	Mutual Fund	**	67,918
*	Fidelity Global Balanced Fund	Mutual Fund	**	65,200
*	Fidelity Select Gold Portfolio	Mutual Fund	**	61,130
*	Fidelity Freedom 2035 Fund	Mutual Fund	**	58,265
*	Fidelity Disciplined Equity Fund	Mutual Fund	**	55,698
*	Spartan Total Market Index Fund	Mutual Fund	**	54,014
*	Spartan International Index Fund	Mutual Fund	**	53,130
*	Fidelity Emerging Markets Fund	Mutual Fund	**	43,088
	Janus High Yield Bond Fund	Mutual Fund	**	43,039
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(a)	lessor or similar party	par or maturity value	Cost	value
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