Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110 1210-0089

2009

This Form is Open to Public

					Inspection				
Part I	Annual Report Ident	tification Information							
For caler	For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 09/30/2008								
A This	eturn/report is for:	a multiemployer plan;	a multiple	e-employer plan; or					
		a single-employer plan;	a DFE (s	pecify)					
		_	_						
B This r	eturn/report is:	the first return/report;	X the final r	eturn/report;					
	•	X an amended return/report;	X a short pl	lan year return/report (less th	an 12 months).				
C If the	plan is a collectively-bargaine	d plan, check here							
D Chec	k box if filing under:	Form 5558;	_	c extension;	the DFVC program;				
	Ü	special extension (enter desc	cription)						
Part	Basic Plan Inform	nation—enter all requested informa	ation						
_	ne of plan				1b Three-digit plan	001			
STAR LA	AKE PRODUCTIONS INC PRO	OFIT SHARING PLAN			number (PN) ▶				
					1c Effective date of pl 09/01/1987	an			
2a Plan	sponsor's name and address	(employer, if for a single-employer p	olan)		2b Employer Identifica	ation			
•	ress should include room or su	uite no.)		Number (EIN)					
STAR LA	AKE PRODUCTIONS INC				13-3239475 2c Sponsor's telephone				
					number				
P O BOX	′ 224	D O BOY	004	323-650-0651					
	DUND, WA 98245	P O BOX 2 EAST SOU	UND, WA 98245	2d Business code (see					
					instructions) 512100				
Caution	: A penalty for the late or inc	complete filing of this return/repor	t will be assessed	unless reasonable cause is	established.				
		enalties set forth in the instructions, I				edules,			
statemer	nts and attachments, as well a	s the electronic version of this return	/report, and to the b	est of my knowledge and beli	ef, it is true, correct, and con	nplete.			
SIGN HERE									
HEKE	Signature of plan administ	nature of plan administrator		Enter name of individual signing as plan administrator					
SIGN									
HERE	Signature of employer/plar	n sponsor	Date	Enter name of individual sign	gning as employer or plan sp	onsor			
SIGN									
HERE	Signature of DEE		Data	Enter name of individual size	aning as DEE				

	Form 5500 (2009)	Page	2		
	Plan administrator's name and address (if same as plan sponsor, enter "Sam	e")			Iministrator's EIN 3239475
	9 BOX 234 ST SOUND, WA 98245			nu	ministrator's telephone imber 3-650-0651
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 for this	s plan, enter the name, EIN	l and	4b EIN
а	Sponsor's name				4c PN
5	Total number of participants at the beginning of the plan year			5	3
6	Number of participants as of the end of the plan year (welfare plans complete	e only lines 6a, 6b	, 6c , and 6d).		1
а	Active participants			. 6a	3
b	Retired or separated participants receiving benefits			. 6b	C
С	Other retired or separated participants entitled to future benefits			. 6с	C
d	Subtotal. Add lines 6a , 6b , and 6c			. 6d	3
е	Deceased participants whose beneficiaries are receiving or are entitled to rec	ceive benefits		. 6e	(
f	Total. Add lines 6d and 6e			. 6f	3
g	Number of participants with account balances as of the end of the plan year (complete this item)			. 6g	3
	Number of participants that terminated employment during the plan year with less than 100% vested			. 6h	(
7	Enter the total number of employers obligated to contribute to the plan (only	. , , ,		. 7	
	If the plan provides pension benefits, enter the applicable pension feature code 2E The plan provides welfare benefits, enter the applicable welfare feature codes				
9a 10	Plan funding arrangement (check all that apply) (1)	(1) (2) (3) (4)	t arrangement (check all that Insurance Code section 412(e)(3) Trust General assets of the spre indicated, enter the numbers.	insurand ponsor	ce contracts
-	Pansion Schodules	h Ganaral Sa			,

(1)

(2)

(3)

(4)

(5)

(6)

R (Retirement Plan Information)

MB (Multiemployer Defined Benefit Plan and Certain Money

Purchase Plan Actuarial Information) - signed by the plan

SB (Single-Employer Defined Benefit Plan Actuarial

Information) - signed by the plan actuary

(1) (2)

(3)

H (Financial Information)

A (Insurance Information)C (Service Provider Information)

I (Financial Information – Small Plan)

D (DFE/Participating Plan Information)

G (Financial Transaction Schedules)

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation Financial Information—Small Plan

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

	mopositon
For calendar plan year 2009 or fiscal plan year beginning 01/01/2008	and ending 09/30/2008
A Name of plan STAR LAKE PRODUCTIONS INC PROFIT SHARING PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
STAR LAKE PRODUCTIONS INC	13-3239475
Complete Schodule Lifthe plan sovered fewer than 100 participants as of the basis	oning of the plan year. Vou may also complete Schodule Lift you are filing as a

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
а	Total plan assets	. 1a	782857	0
b	Total plan liabilities	. 1b		
С	Net plan assets (subtract line 1b from line 1a)	1c	782857	0
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
а	Contributions received or receivable:			
	(1) Employers	. 2a(1)		
	(2) Participants	. 2a(2)		
	(3) Others (including rollovers)	. 2a(3)	-26627	
b	Noncash contributions	. 2b	0	
С	Other income	. 2c	0	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	. 2d		-26627
е	Benefits paid (including direct rollovers)	. 2e	751855	
f	Corrective distributions (see instructions)	. 2f	0	
g	Certain deemed distributions of participant loans (see instructions)	. 2g		
h	Administrative service providers (salaries, fees, and commissions)	. 2h	4375	
i	Other expenses	. 2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	. 2j		756230
k	Net income (loss) (subtract line 2j from line 2d)	. 2k		-782857
	Transfers to (from) the plan (see instructions)	. 2I		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

	_		Yes	No	Amount
а	Partnership/joint venture interests	3a		X	
b	Employer real property	3b		X	
С	Real estate (other than employer real property)	3с			
d	Employer securities	3d		X	
е	Participant loans	3e		X	

Page 2- 1	
raye Z-	

				Yes	No	Amoun	nt
3f	Loans (other t	han to participants)	3f		X		
g	Tangible perso	onal property	3g		X		
		•					
Pa	art II Com	pliance Questions					
4	During the p	lan year:		Yes	No	Amou	nt
а		ailure to transmit to the plan any participant contributions within the time period 9 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully					
	,	ee instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X		
b	year or classif	is by the plan or fixed income obligations due the plan in default as of the close of plan ied during the year as uncollectible? Disregard participant loans secured by the ccount balance	4b		X		
С	Were any leas uncollectible?	es to which the plan was a party in default or classified during the year as	4c		X		
d		y nonexempt transactions with any party-in-interest? (Do not include transactions e 4a.)	4d		X		
е	Was the plan	covered by a fidelity bond?	4e		X		
f		ave a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by nesty?	4f		X		
g		old any assets whose current value was neither readily determinable on an established by an independent third party appraiser?	4g		X		
h	•	eceive any noncash contributions whose value was neither readily determinable on an arket nor set by an independent third party appraiser?	4h		X		
i	•	t any time hold 20% or more of its assets in any single security, debt, mortgage, parcel or partnership/joint venture interest?	4i		X		
j		lan assets either distributed to participants or beneficiaries, transferred to another plan, der the control of the PBGC?	4j	X			
k	accountant (IQ	ng a waiver of the annual examination and report of an independent qualified public PA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 e instructions on waiver eligibility and conditions.)	4k		X		
ı	Has the plan f	ailed to provide any benefit when due under the plan?	41				
m		lividual account plan, was there a blackout period? (See instructions and 29 CFR	4m				
n		wered "Yes," check the "Yes" box if you either provided the required notice or one of s to providing the notice applied under 29 CFR 2520.101-3	4n				
5a 5b	If "Yes," ente	tion to terminate the plan been adopted during the plan year or any prior plan year? r the amount of any plan assets that reverted to the employer this year plan year, any assets or liabilities were transferred from this plan to another plan(s), ide				Amount: /hich assets or liabilit	ies were
	`	See instructions.)			EL/O	Λ ΓΙΝΙ(α)	Fh/3\ DN/a\
	5b(1) Name	or plants)			3D(Z)	EIN(s)	5b(3) PN(s)
							I

Schedule I (Form 5500) 2009

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Department of Labor

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).

Retirement Plan Information

File as an attachment to Form 5500.

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

	Pension Be	enefit Guaranty Corporation	, 25 2 attachment to 1 61111 66661				inspection		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2008 and ending 09/30/2008									
	lame of p	olan PRODUCTIONS INC PRO	FIT SHARING PLAN	В	Three-digit plan numl (PN)		001		
		sor's name as shown on li	ne 2a of Form 5500	D	Employer I	dentifica	ation Number	(EIN)	
STA	R LAKE F	PRODUCTIONS INC			13-3239	475			
					.0 0200				
Pa	rt I	Distributions							
All	reference	es to distributions relate	only to payments of benefits during the plan year.						
1			property other than in cash or the forms of property specified in the		1				0
2		ne EIN(s) of payor(s) who p who paid the greatest dolla	paid benefits on behalf of the plan to participants or beneficiaries du ar amounts of benefits):	iring th	e year (if mo	ore than	two, enter El	Ns of th	ne two
	EIN(s)	:							
	. ,		d stock bonus plans, skip line 3.						
2									
3			eceased) whose benefits were distributed in a single sum, during th						
P	art II		on (If the plan is not subject to the minimum funding requirements		Ū	of the Int	ternal Peveni	ıa Code	or or
	a. c	ERISA section 302, skip		01 300	11011 01 412 0		icinai revene	ic oout	5 01
4	Is the pla	an administrator making an	election under Code section 412(d)(2) or ERISA section 302(d)(2)?			Yes	No		N/A
		lan is a defined benefit p				_	_	•	<u> </u>
5		•	g standard for a prior year is being amortized in this ter the date of the ruling letter granting the waiver. Date: Mor	nth	[Day	Yea	ır	
	If you c	ompleted line 5, comple	te lines 3, 9, and 10 of Schedule MB and do not complete the re	emaino	der of this s	chedul	e.		
6	a Ente	er the minimum required c	ontribution for this plan year		6a				
	b Ente	er the amount contributed	by the employer to the plan for this plan year		6b				
			from the amount in line 6a. Enter the result of a negative amount)		6c				
	If you c	ompleted line 6c, skip li	nes 8 and 9.		<u> </u>	· ·			
7	-		reported on line 6c be met by the funding deadline?		[Yes	☐ No		N/A
8	automa		od was made for this plan year pursuant to a revenue procedure pro e or a class ruling letter, does the plan sponsor or plan administrator			Yes	∏ No	ſ	□ N/A
						<u> </u>		L	
Pa	art III	Amendments							
9	year tha	at increased or decreased	plan, were any amendments adopted during this plan the value of benefits? If yes, check the appropriate	ease	Dec	rease	Both		No
Pa	rt IV		uctions). If this is not a plan described under Section 409(a) or 4975				Ш	L	<u> </u>
10	Were		ities or proceeds from the sale of unallocated securities used to rep	av anv	/ exempt los	ın?	П	'es	No
11		. ,	eferred stock?					'es	No
• •	_	• •	ing exempt loan with the employer as lender, is such loan part of a			 n?			
			n of "back-to-back" loan.)				<u> </u>	'es	No
			at is not readily tradable on an established securities market?					'es	No

Pa	art V Additional Information for Multiemployer Defined Benefit Pension Plans										
13		Inter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See 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 e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	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 o	of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d	Date co	ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	е	comple (1) C	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) ontribution rate (in dollars and cents) ase unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name o	of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		ollective bargaining agreement expires (<i>If employer contributes under more than one collective bargaining agreement, check box</i> e instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	е	comple (1) C	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) ontribution rate (in dollars and cents) ase unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name o	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) C	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) ontribution rate (in dollars and cents) ase 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 co	ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	е										
	а	Name o	of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d	Date co	ollective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	е	Contrib comple (1) C	ution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, te items 13e(1) and 13e(2).) ontribution rate (in dollars and cents) ase unit measure: Hourly Weekly Unit of production Other (specify):								

Pag	e	3
ı ay		•

14	inter the number of participants on whose behalf no contributions were made by an employer as an employer of the articipant 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, c supplemental information to be included as an attachment.						
Р	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pens	ion Plans				
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	struction	is regarding supplemental				
19	If the total number of participants is 1,000 or more, complete items (a) through (c)						
	Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:	_% Oth	ner:%				
	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	21 years or more				
	What duration measure was used to calculate item 19(b)?						
	☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):						

AMENDED RETURN SECURED BY ILS AGENT

Form **5500**

Department of the Treasury internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

Complete all entriés in accordance with the instructions to the Form 5500. Official Use Only OMB Nos. 1210 - 0110 1210 - 0089

2008

This Form is Open to Public Inspection.

Parson Defress Consumy Corpor		4*				
	eport Identification Information					
	2008 or fiscal plan year beginning	01.01.2008	and end		0,20	<i>∞8</i>
A This return/report is for:	(1) a multiemployer plan;		`'H '	le-employer plan; o	Ī	
	(2) 🚺 a single-employer plan (otl	her than a	(4) a DFE (s	specify)		
	multiple-employer plan);					
	_		-			
B This return/report is:	(1) the first return/report filed for	or the plan;	·	return/report filed fo		
	(2) 🔀 an amended return/report;		(4) 🔀 a short p	olan year return/repo	rt (less thar	i 12 months)
	y-bargained plan, check here					
	on of time or the DFVC program, che		d information. (s	ee instructions)	<u> </u>	. ▶
	n Information enter all reque	ested information.				
1a Name of plan				1b Three-digit		~~!
Slav Laxe	Productions, Inc. 9	rutil Sharing	i Man-	plan number (F		<u>00(</u>
JAM - OFF	, , , , ,	Ć)	C Effective date of		day, yr.)
				09 - 0		V Protestantes
	d address (employer, if for a single-	employer plan)	}*	2b Employer Ident	fication Nur	nber (EIN)
(Address should include	<u> </u>		-	12.5	457	412
6 Jun 8	troductions, Inc.		[4	2c Sponsor's telep		
Stor Lake 1	incommunity ince.	•	-	32'3.69		
12 × 2211			{ ~	2d Business code	see instruct	ions)
BOX 234			Eag.			
Sasisund	, WA 98245	-				
201 34 2001 101	,		19.5 19.5			
•					李明春春	
			(4) 35		ranga (garanga) Marangan	
Caution: A genalty for the late	or incomplete filing of this return/re	nort will be accessed unle	es reseanable c	ausa je astahlished	乃成10年,公寓2、出 3年.	**************************************
	her penalties set forth in the instructions, I	·			hedules, state	ements and
attachments, as well as the electron	ic version of this return/repart if it is being	filed electronically, and to the	best of my knowled	ge and belief, it is true, o	orrect and co	mplete.
SIGN A	λ / #		` _		1	
HERE RANGE	12 1000	4/24/10 T	wise.	A. 600	D8N	
Signature of p	olan administrator	Date Type	or print name of	individual signing as	plan admir	nistrator
ŚIĠN ~	$\mathcal{L}_{\mathcal{O}}$.		À ()	- A C	1	
HERE \	AIR	0/24/10	DENLSE	F A OU	PAN	
Signature of emplo	oyer/plan sqonsor/DFE_	Date Type or	print name of indivi	dual signing as employe	r, plan sponso	r or DFE
or Paperwork Reduction Ac	t Notice and OMB Control Number	rs, see the instructions f	or Form 5500.	v11.3	Form 5	500 (2008)

Form 5500 (2008) Page 2		
		Official Use Only
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Adn	ninistrator's	EIN
Same		
3c Adn	ninistrator's	telephone number
	करियोग संख्या	
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,	b EIN
EIN and the plan number from the last return/report below:		\
a Sponsor's name		C PN
		<u> </u>
5 Preparer information (optional) a Name (including firm name, if applicable) and address		b EIN
		<u> </u>
		C Telephone number
6 Total number of participants at the beginning of the plan year	6	1 2
 Total number of participants at the beginning of the plan year Number of participants as of the end of the plan year (welfare plans complete only lines 7a, 7b, 7c, and 7d) 		
a Active participants	7a	1
b Retired or separated participants receiving benefits	· · ·	
C Other retired or separated participants entitled to future benefits)	0
d Subtotal. Add lines 7a, 7b, and 7c	} <u>-</u>	3
Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	· · · · ————	——————————————————————————————————————
f Total. Add lines 7d and 7e	7f	3
g Number of participants with account balances as of the end of the plan year (only defined contribution plans	· · ·	
complete this item)	7g	3
h Number of participants that terminated employment during the plan year with accrued benefits that were less the		
100% vested	1	\wedge
i If any participant(s) separated from service with a deferred vested benefit, enter the number of separated		
participants required to be reported on a Schedule SSA (Form 5500)	7i	0
8 Benefits provided under the plan (complete 8a and 8b, as applicable)		
a N Pension benefits (check this box if the plan provides pension benefits and enter the applicable pension feature	e codes fro	m the List of Plan
Characteristics Codes printed in the instructions):		
b Welfare benefits (check this box if the plan provides welfare benefits and enter the applicable welfare feature of	odes from	the List of Plan
Characteristics Codes printed in the instructions):		
Plan funding arrangement (check all that apply) 9b Plan benefit arrangement (check	all that app	oly)
(1) Insurance (1) Insurance		
(2) Code section 412(e)(3) insurance contracts (2) Code section 412(e)(3) in	surance co	ontracts
(3) Trust		
(4) General assets of the sponsor (4) General assets of the spo	nsor	· · · · · · · · · · · · · · · · · · ·

	Form 5	500 (200	98)				Р	age 3	
			<u> </u>						Official Use Only
0	Schedules a	ittached ((Check all applicable boxes and, where indicate	d, enter the	ะกบ	mber	attached.	See instructions.)
a	Pension Be	nefit Sch	nedules	b Fi	nan	cial S	Schedules	:	
	(1) 📉	R	(Retirement Plan Information)	(1) []	H	(Financial Inforr	mation)
	(2)	В	(Actuarial Information)	(2) §		1	(Financial Inform	nation Small Plan)
	(3)	E	(ESOP Annual Information)	(3) []	A	(Insurance Infor	rmation)
	(4)	SSA	A (Separated Vested Participant Information)	(4) [C	(Service Provide	er Information)
				(5)) []	D	(DFE/Participati	ng Plan Information)
				(6)	ı]	G	(Financial Trans	action Schedules)

SCHEDULE I (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Financial Information -- Small Plan

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.

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to Public Inspection

	Pension Benefit Guaranty Corporation						mspection,
Fo	r calendar year 2008 or fiscal plan year beginning	<i>></i> l	. 2.00 Yand endin	g	09	· 30	200
Α	Name of plan	_		В	Three-digit	t	
9	tar Lake Productions, Inc Profit Sharing	. PI	un		plan numb	er 🕨 💆	201
C	Plan sponsor's name as shown on line 2a of Form 5500	,		D	Employer	Identification	Number
9	tar lake froductions, Inc.				13.3	2394	75
Co	mplete Schedule I if the plan covered fewer than 100 participants as of the	beginnii	ng of the plan year.	You	may also co	omplete Sche	dule Lif-you
	filing as a small plan under the 80-120 participant rule (see instructions). (
P	art I Small Plan Financial Information					- - -	
Rei	port below the current value of assets and liabilities, income, expenses, trans	nefere ar	id changes in net as	ssets	during the	nlan vear Coi	mbine the
val	ue of plan assets held in more than one trust. Do not enter the value of the	portion	of an insurance con	tract	that guarar	stees during th	nis plan year to
pay	a specific dollar benefit at a future date. Include all income and expenses	of the pl	an including any tru				
any	payments/receipts to/from insurance carriers. Round off amounts to the	nearest	dollar.				_
1	Plan Assets and Liabilities:		(a) Beginning	of `	rear .	(b) End	of Year
а	Total plan assets	1a	7825	8:	57		0
b	Total plan liabilities	1b		0		·	0
C	Net plan assets (subtract line 1b from line 1a)	1c	792	, 8	57		0
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amol	•		(b) 1	Fotal
а	Contributions received or receivable						
	(1) Employers	2a(1)			0		
	(2) Participants	2a(2)			0		
	(3) Others (including rollovers)	2a(3)	-20	ر و	627	4377	
b	Noncash contributions	2b			0		
C	Other income	2c			0		
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c)	2d	THE SHOP HERE		1000	-26	,627
e	Benefits paid (including direct rollovers)	2e	751,	8	SS		
f	Corrective distributions (see instructions)	2f	1-17		0		
g	Certain deemed distributions of participant loans (see instructions)	2g			(4)	基。 我们的意识。	
h	Other expenses	2h	4	3	75		
i	Total expenses (add lines 2e, 2f, 2g, and 2h)	2i				Y- 17	4375
j	Net income (loss) (subtract line 2i from line 2d)	2j	CAMATANASA		\$100	- 2	11.002
k	Transfers to (from) the plan (see instructions).	2k					0
3	Specific Assets: If the plan held assets at anytime during the plan year in	any of t	he following categor	ries,	check "Yes"	and enter the	e current
	value of any assets remaining in the plan as of the end of the plan year. All the assets of more than one plan on a line-by-line basis unless the trust n	llocate tr neets on	ië value of the plant e of the specific exc	s int enti	erest in a co ons describ	ommingled tru ed in the instri	st containing Intions
	and desired and the plan on a plan of a mile basis unless the test in		o or the openine exe	Ye		Amo	
а	Partnership/joint venture interests		3a		×		
b	Employer real property				×		
or F	aperwork Reduction Act Notice and OMB Control Numbers, see the in	structio	ns for Form 5500.		v11.3 S	chedule I (Fo	orm 5500) 2008

	Schedule I (Form 5500) 2008	Pag	ge 2		
					Official Use Only
			Yes	No	Amount
Зс	Real estate (other than employer real property)	. Зс			
d	Employer securities	. 3d		×	
е	Participant loans	. Зе		メ	
f	Loans (other than to participants)	. 3f		メ	
g	Tangible personal property	. 3g		メ	
Pa	rt II Transactions During Plan Year				
4	During the plan year:		Yes	No	Amount
а	Did the employer fail to transmit to the plan any participant contributions within the time		107.	(3) S	
	period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary				
	Correction Program.)	. 4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the	TANK.		Title C	电影中国的大学等级的
	close of the plan year or classified during the year as uncollectible? Disregard participant	2.0		# 7 m	
	loans secured by the participant's account balance	4b		~	DOMESTIC SERVICES SERVICES OF THE CONTROL OF THE SERVICES OF THE CONTROL OF THE C
С	Were any leases to which the plan was a party in default or classified during the year as	1827 1824	1327	14800	
_	uncollectible?	4c	65.534.4	×	<u> partition (1985) in the Continuous y the Partition (1985) and the Continuous Continuous (1985) and the Continuous Conti</u>
ď	Were there any nonexempt transactions with any party-in-interest? (Do not include	villa:			
	transactions reported on line 4a.)	4d	1007	×	
e	Was the plan covered by a fidelity bond?			\	
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was	3.5			
•	caused by fraud or dishonesty?	4f	. 1 700	x	ekito el timo (no pigelino) a alfabria t <u>imo de 18. 19. 1</u> 9.
q	Did the plan hold any assets whose current value was neither readily determinable on an	72.3	e 15 v. e		
3	established market nor set by an independent third party appraiser?	4g	*********	~	1
h	Did the plan receive any noncash contributions whose value was neither readily	W. 6	75	(44.3/m)	
	determinable on an established market nor set by an independent third party appraiser?	4h	64,13.e }	メ	- 11 - 12 - 12 - 13 - 14 - 14 - 15 - 15 - 15 - 15 - 15 - 15
í	Did the plan at any time hold 20% or more of its assets in any single security, debt.		3 12		
•	mortgage, parcel of real estate, or partnership/joint venture interest?	4i	1.50	メ	rigger a contrata la come for the contrata politic and contrata contrata del del
i	Were all the plan assets either distributed to participants or beneficiaries, transferred to	44.0	S/412/8		
,	another plan, or brought under the control of the PBGC?	4 j	~	(d)	
k	Are you claiming a waiver of the annual examination and report of an independent qualified	253626		19-12-2	
	public accountant (IQPA) under 29 CFR 2520.104-46? If no, attach an IQPA's report or				
	2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	メ		
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year			the a	mount of any plan accets that
		No	Amo		mount of any plan assets that
	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s	_		-) to which accets or liabilities
	were transferred. (See instructions.)	s), idenii	iy tile i	piants) to which assets of habilities
	5b(1) Name of plan(s) 5b(2) EM	1/0\			5 b(3) PN(s)
	OD(1) Harrie of prairies)	4(2)			Ju(J) CN(S)
					·
-					

SCHEDULE R (Form 5500)

Department of the Treasury Internal Revenue Service Oepartment of Labor Employee Benefits Security Administration

Retirement Plan Information

This schedule 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).

Official Use Only

OMB No. 1210-0110

2008

This Form is Open to

Pension Benefit Guaranty Corporation File as an Attachment to Form 5500. Public Inspection.						ion.
Fo	r calendar year 2008 or fiscal plan year beginning C1. 0.2008 and ending	30	20	08		
Ā	Stor Lake Productions, Inc. Profit Sharing Plan		-digit umber	>	0	01
C	Plan sponsor's name as spown on line 2a of Form 5500		yer Ide			
	Stay Lake Violuctions Inc.	\mathcal{L}	<u>3・3</u>	<u>23</u>	947	<u>25</u> .
P	art Distributions					
	All 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	_{\$} ප			
2	Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during					
	the plan year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of					
	benefits).					en Total
	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					的基础
	the plan year	3	<u> </u>			
Ρ	art II Funding Information (If the plan is not subject to the minimum funding requirements of section	1 412	of the l	nternal !	Revenue	•
	Code or ERISA section 302, skip this Part)					.
4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?		∐ ٢	es _	No	N/A
	If the plan is a defined benefit plan, go to line 7.					
5	If a waiver of the minimum funding standard for a prior plan year is being amortized in this					
	plan year, see instructions, and enter the date of the ruling letter granting the waiver	onth		Day	Yea	
	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of	f thi	s sched	ule.		
6a	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	5b	\$			
C	Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left	Ì				
	of a negative amount)	oc	\$	···		
	If you completed line 6c, skip lines 7 and 8 and complete line 9.		<u>.</u>			
7	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing aut	toma	tic	_		
	approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the chan	ge?.	. Y	es]	No	N/A
Pa	irt III Amendments					
8	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		_			_
		icrea	se	Decre	ease	No
Pa	rt IV Coverage (See instructions.)			····		
9	Check the box for the test this plan used to satisfy the coverage requirements ratio percentage test			average	benefit	test
or	Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. v11.3		Schedu	le R (Fo	orm 550	0) 2008