

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>		<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>	
Part I Annual Report Identification Information					
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A This return/report is for:		☒ single-employer plan		☐ multiple-employer plan (not multiemployer)	
B This return/report is for:		☐ first return/report		☐ one-participant plan	
		☐ an amended return/report		☐ final return/report	
C Check box if filing under:		☐ Form 5558		☐ short plan year return/report (less than 12 months)	
		☐ special extension (enter description)		☐ automatic extension	
				☐ DFVC program	
Part II Basic Plan Information—enter all requested information					
1a Name of plan			1b Three-digit plan number (PN) ▶		002
Q. V. DISTRIBUTORS, INC. RETIREMENT INCOME PLAN			1c Effective date of plan		01/01/1976
2a Plan sponsor's name and address (employer, if for single-employer plan)			2b Employer Identification Number (EIN)		86-0142873
Q.V. DISTRIBUTORS, INC.			2c Plan sponsor's telephone number		209-341-4859
4035 W. ADAMS			2d Business code (see instructions)		424800
PHOENIX, AZ 85009-4642			3b Administrator's EIN		94-2350601
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")			3c Administrator's telephone number		209-341-4859
Q. V. DISTRIBUTORS, INC. RETIREMENT INCOME PLAN COMMITTEE			4b EIN		
4035 W. ADAMS			4c PN		
PHOENIX, AZ 85009-4642			5a Total number of participants at the beginning of the plan year		107
b Total number of participants at the end of the plan year			5b		109
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)			5c		
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)			☒ Yes		☐ No
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)			☒ Yes		☐ No
If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.					
Part III Financial Information					
7 Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year	
a Total plan assets		7a	1489838	2270531	
b Total plan liabilities		7b			
c Net plan assets (subtract line 7b from line 7a)		7c	1489838	2270531	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total	
a Contributions received or receivable from:					
(1) Employers		8a(1)	588591		
(2) Participants		8a(2)			
(3) Others (including rollovers)		8a(3)			
b Other income (loss)		8b	222849		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		8c		811440	
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		8d	27109		
e Certain deemed and/or corrective distributions (see instructions)		8e			
f Administrative service providers (salaries, fees, commissions)		8f			
g Other expenses		8g	3638		
h Total expenses (add lines 8d, 8e, 8f, and 8g)		8h		30747	
i Net income (loss) (subtract line 8h from line 8c)		8i		780693	
j Transfers to (from) the plan (see instructions)		8j			

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c Was the plan covered by a fidelity bond?	X		10000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f Has the plan failed to provide any benefit when due under the plan?		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	07/30/2010	WILLIAM BARRETT
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>Q.V. DISTRIBUTORS, INC. RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>Q.V. DISTRIBUTORS, INC.</u>	D Employer Identification Number (EIN) <u>86-0142873</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>1963908</u>
b Actuarial value	2b <u>2160299</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>4</u> <u>217612</u>
b For terminated vested participants	3b <u>10</u> <u>134840</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>1408412</u>
(3) Total active	3c(3) <u>94</u> <u>1408412</u>
d Total	3d <u>108</u> <u>1760864</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>7.89</u> %
6 Target normal cost	6 <u>3638</u>

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE	<u>07/13/2010</u>
Signature of actuary	Date
<u>MARC R. CONDON</u>	<u>08-05598</u>
Type or print name of actuary	Most recent enrollment number
<u>MASSMUTUAL LIFE INSURANCE COMPANY</u>	<u>413-744-2992</u>
Firm name	Telephone number (including area code)
<u>1295 STATE STREET</u> <u>SPRINGFIELD, MA 01111-0001</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	794808	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	96687	0
9	Amount remaining (Item 7 minus item 8).....	698121	0
10	Interest on item 9 using prior year's actual return of <u>-33.32</u> %	-232614	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		349675
b	Interest on (a) using prior year's effective rate of <u>6.19</u> %		21645
c	Total available at beginning of current plan year to add to prefunding balance		371320
d	Portion of (c) to be added to prefunding balance.....		371320
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	465507	371320

Part III Funding percentages			
14	Funding target attainment percentage.....	14	75.16 %
15	Adjusted funding target attainment percentage.....	15	122.68 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	110.98 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/14/2009	48344				
10/14/2009	24172				
12/21/2009	24172				
			Totals ►	18(b)	96688
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	91654
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	3638
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34	3638
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		Total balance
		0
36 Additional cash requirement (item 34 minus item 35).....	36	3638
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	91654
38 Interest-adjusted excess contributions for current year (see instructions).....	38	88016
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB, line 19 - Discounted Employer Contributions

Plan anniversary 01/01/2009

Plan effective rate: 7.89%

Contributions made for the current Plan year:	<u>Amount paid in</u>		<u>Year applied to</u>	<u>Value as of 1/1/2009</u>
	<u>Date</u>	<u>cash</u>		
	07/14/09	\$ 48,344.00	2009	\$ 46,422.77 *
	10/14/09	\$ 24,172.00	2009	\$ 22,775.60
	12/21/09	\$ 24,172.00	2009	\$ 22,455.64
Total		<u>\$ 96,688.00</u>		<u>\$ 91,654.00</u>

* Includes, $7.89\% + 5.00\% = 12.89\%$ - Interest rate applied from 4/15/09 to 7/14/09 for quarterly contribution requirement of \$819.

Q.V. Distributors, Inc. Retirement Income Plan

Attachment to Schedule SB, Line 22 - EIN/PN: 86-0142873 / 002

Description of Weighted Average Retirement Age

This age is derived by applying, for an employee with the characteristics of an average new entrant to the plan, the following formula, modified so that the "1/2" is not used for $t = \text{FRA} - \text{ERA}$.

FRA-ERA

$$\sum_{t=0} ({}_t p_{\text{ERA}}) * (q_{\text{ERA}+t}^r) * (\text{ERA} + t + 1/2)$$

FRA-ERA

$$\sum_{t=0} ({}_t p_{\text{ERA}}) * (q_{\text{ERA}+t}^r)$$

where

FRA = age by which everyone is assumed to retire

ERA = age before which nobody is assumed to retire

${}_t p_{\text{ERA}}$ = probability of surviving at work to age $\text{ERA} + t$

$q_{\text{ERA}+t}^r$ = probability of retiring at age $\text{ERA} + t$

The assumed annual rates at retirement are as follows:

<u>Age</u>	<u>Percent Retiring</u>	<u>Age</u>	<u>Percent Retiring</u>
55	3%	60	10%
56	3%	61	10%
57	3%	62	25%
58	5%	63	10%
59	5%	64	10%
		65 or older	100%

Q.V. Distributors, Inc. Retirement Income Plan

Attachment to Schedule SB, Part V - EIN/PN: 86-0142873 / 002

Statement of Actuarial Assumptions/Methods

Many of the factors affecting the funding cost and liability cost of the Plan are variables which cannot be predicted with certainty. The following actuarial assumptions have either been mandated by statute and regulation or selected to reasonably anticipate future experience with respect to these variables.

Funding Target and Liability for Maximum Tax Deductible Contribution

Interest:	IRS October Full Yield Curve
Preretirement Mortality:	Sec 430 2009 Static Non-Annuitant Tables
Postretirement Mortality:	Sec 430 2009 Static Annuitant Tables
Postretirement Mortality for Cash:	IRS 2009 Applicable Table under 417(e)(3)
Assumed Retirement:	Tabular (see rates on next page)
Termination:	Termination Table T-9 from the Actuary's Handbook
Marriage:	It is assumed that 80% of males and 80% of females are married and that a male is 3 years older than his female spouse.
Plan Expenses:	Interest rate is assumed to be net of plan expenses.

FAS'35 Liabilities and Present Value of Future Benefits

Interest:	7.50%
Preretirement Mortality:	RP-2000 Mortality Tables for Annuitants and Non-Annuitants, Fully Generational With Scale AA
Postretirement Mortality:	RP-2000 Mortality Tables for Annuitants and Non-Annuitants, Fully Generational With Scale AA

All other assumptions are the same as Funding Target

Q.V. Distributors, Inc. Retirement Income Plan

Attachment to Schedule SB, Part V - EIN/PN: 86-0142873 / 002

Statement of Actuarial Assumptions/Methods

Asset Valuation Method

The Actuarial Value of Assets is determined using a 3-year averaging method described in IRS Notice 2009-22.

Summary of Changes to Funding Methods

The method to determine the value of assets used in the development of the 2009 IRS minimum funding requirement was changed from market value to the IRS 3-year asset averaging method as described in IRS Notice 2009-22.

Development of Actuarial Value of Assets

1. January 1, 2007 Adjusted Market Value of Assets as of January 1, 2009

a. Market Value of Assets as of 1/1/2007 including prior year accrued contributions:	\$ 1,875,849
b. Contributions made through 1/1/2009 not included in assets above:	984,937
c. Benefit payments and expenses paid through 1/1/2009 not included in assets above	266,460
d. Expected return:	<u>261,838</u>
e. 1/1/2007 Adjusted Market Value of Assets as of 1/1/2009:	
(a) + (b) - (c) + (d)	\$ 2,856,164

2. January 1, 2008 Adjusted Market Value of Assets as of January 1, 2009

a. Market Value of Assets as of 1/1/2008 including prior year accrued contributions:	\$ 2,445,509
b. Contributions made through 1/1/2009 not included in assets above:	474,070
c. Benefit payments and expenses paid through 1/1/2009 not included in assets above	235,608
d. Expected return:	<u>149,671</u>
e. 1/1/2008 Adjusted Market Value of Assets as of 1/1/2009:	
(a) + (b) - (c) + (d)	\$ 2,833,642

3. January 1, 2009 Average Adjusted Market Value of Assets

a. 1/1/2007 Adjusted Market Value of Assets as of 1/1/2009:	\$ 2,856,164
b. 1/1/2008 Adjusted Market Value of Assets as of 1/1/2009:	\$ 2,833,642
c. January 1, 2009 Market Value of Assets (including discounted receivables):	<u>\$ 1,963,908</u>
d. Average Adjusted Market Value of Assets: [(a)+(b)+(c)] / 3	\$ 2,551,238

4. 90% of 1/1/2009 Market Value of Assets \$ 1,767,517

5. 110% of 1/1/2009 Market Value of Assets \$ 2,160,299

6. 1/1/2009 Actuarial Value of Assets: (4) < (3)(d) < (5) \$ 2,160,299

Q.V. Distributors, Inc. Retirement Income Plan
EIN/PN: 86-0142873 / 002

Schedule SB, Line 25 - Change in Method

Summary of Changes to Funding Methods

The method to determine the Target Normal Cost was changed for Plan Years beginning after 2008. The Target Normal Cost will now include estimated plan expenses expected to be made from plan assets.

The interest rate assumption for valuing the Funding Target was changed from the IRS January Segmented Yield Curve without Transition in 2008, as elected from the IRS yield curve options by the Plan Sponsor to the IRS October 2008 Full Yield Curve in 2009.

The method to determine the value of assets used in the development of the 2009 IRS minimum funding requirement was changed from market value to the IRS 3-year asset averaging method as described in IRS Notice 2009-22.

Attachment to Schedule SB, Line 26 - EIN/PN: 86-0142873/002

[illegible]

Q.V. Distributors, Inc. Retirement Income Plan

Attachment to Schedule SB, Part V - EIN/PN: 86-0142873 / 02

Summary of Plan Provisions

The provisions shown here are only summaries. In the interest of space and simplicity, many of them have been abbreviated, simplified, or paraphrased. In matters of Plan interpretation or application, the actual Plan Document should be consulted.

Plan: Q.V. Distributors, Inc. Retirement Income Plan

Employer Identification Number/Plan Number: 86-0142873 / 002

Effective Date: January 1, 1976

Plan Year: January 1 – December 31

Employer: Q.V. Distributors, Inc.

Employee: Any employee of Q.V. Distributors, Inc. except members of a bargaining unit that has not bargained for coverage and employees accruing benefits under another qualified defined benefit plan maintained by the Company.

Participation: An Employee will be eligible for participation on the first day of the month coinciding with or next following the date on which he shall have completed 1,000 or more Hours of Service in the 12-month consecutive period commencing on his date of employment. Active employees who have not yet become plan participants on December 31, 2008 cannot become participants.

Service: The period of an Employee's employment with the Employer, as determined by the Employer from its records.

Vesting Service: One year for each Plan Year during which a Participant has at least 1,000 hours of service. Special rules apply for authorized leaves of absence. All active participants on December 31, 2008 will be 100% vested.

Benefit Service: For each Plan Year the ratio of (a) the lesser of hours of service with the Employer and 2,000, to (b) 2,000; for purposes of this definition, hours of service as an employee of the Company, prior to participation but while a member of the Western Conference of Teamsters Pension Plan, shall count as if they were hours of service as a participant if there is no vested benefit under the Western Conference Plan; if benefits are payable from a prior plan for the service prior to membership in the plan, such service is excluded. Years of Benefit Service is frozen as of December 31, 2008. No Participant shall accrue any additional Benefit Service after December 31, 2008.

Normal Retirement Date: The first day of the calendar month coincident with or next following age 65.

Early Retirement Date: The first day of any calendar month coincident with or next following the date as of which a Participant has attained age 55 and completed 5 years of Vesting Service.

Late Retirement Date: The first day of any calendar month coincident with or next following Normal Retirement Date.

Q.V. Distributors, Inc. Retirement Income Plan

Attachment to Schedule SB, Part V - EIN/PN: 86-0142873 / 02

Summary of Plan Provisions

Normal Retirement Benefit: For service prior to 1991, the greater of (a) and (b):

(a) \$25 times Benefit Service as of December 31, 1990

(b) 1% of Average Monthly Salary times Benefit Service as of December 31, 1990

For service after 1990 but before 1994, the monthly amount is equal to \$40 times Benefit Service after 1990 but before 1994. For service after 1993, the monthly amount is equal to \$50 times Benefit Service after 1993. There will be no further benefit accruals after December 31, 2008.

Average Monthly Salary: The total base pay during the period of Benefit Service before December 31, 1990 divided by the number of months in such period.

Termination Benefit: A Participant who has at least five years of Vesting Service has a nonforfeitable right to 100% of his Accrued Normal Retirement Benefit. All active participants on December 31, 2008 will be 100% vested.

Early Retirement Benefit: Actuarial equivalent of the Normal Retirement Benefit.

Actuarial Equivalence: Per 1951 Group Annuity Mortality table for males and 6.25% interest.

Normal Forms

Unmarried Members: Annuity payable for life.

Married Members: 100% Joint and Survivor Annuity.

Optional Form: Lump Sum Distribution.

Death Benefits

Pre-retirement: If the Participant is not vested, no death benefits are payable. If the participant is vested, then the death benefit is 50% of the amount that would have been payable to the Participant under the 50% Joint and Survivor option (100% joint and survivor form if participant had qualified for Early Retirement prior to death) with the spouse as the contingent annuitant and with payments to begin at date (determined by the spouse) as of which payments to the employee could have begun.

Post-Retirement: None except as provided by the annuity form elected.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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 ending 12/31/2009

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.**A** Name of plan

Q. V. Distributors, Inc. Retirement Income Plan

B Three-digit
plan number (PN) ▶

002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Q.V. Distributors, Inc.

D Employer Identification Number (EIN)

86-0142873

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2009**2** Assets:**a** Market value..... **2a** 1,963,908**b** Actuarial value..... **2b** 2,160,299**3** Funding target/participant count breakdown

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment **3a** 4 217,612**b** For terminated vested participants **3b** 10 134,840**c** For active participants:(1) Non-vested benefits..... **3c(1)** 0(2) Vested benefits..... **3c(2)** 1,408,412(3) Total active **3c(3)** 94 1,408,412**d** Total..... **3d** 108 1,760,864**4** If the plan is at-risk, check the box and complete items (a) and (b) ☐**a** Funding target disregarding prescribed at-risk assumptions **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor **4b****5** Effective interest rate **5** 7.89 %**6** Target normal cost **6** 3,638**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

**SIGN
HERE**

Signature of actuary

7/13/2010

Date

MARC R. CONDON

08-05598

Type or print name of actuary

Most recent enrollment number

MASSMUTUAL LIFE INSURANCE COMPANY

(413) 744-2992

Firm name

Telephone number (including area code)

1295 STATE STREET

SPRINGFIELD

MA 01111-0001

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	794,808	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	96,687	0
9 Amount remaining (Item 7 minus item 8).....	698,121	0
10 Interest on item 9 using prior year's actual return of (33.32)%	(232,614)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		349,675
b Interest on (a) using prior year's effective rate of 6.19 %		21,645
c Total available at beginning of current plan year to add to prefunding balance		371,320
d Portion of (c) to be added to prefunding balance.....		371,320
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	465,507	371,320

Part III Funding percentages

14 Funding target attainment percentage.....	14	75.16 %
15 Adjusted funding target attainment percentage	15	122.68 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	110.98 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/14/2009	48,344				
10/14/2009	24,172				
12/21/2009	24,172				
Totals ►			18(b)	96,688	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	91,654

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	3,638
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	3,638
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35)	36	3,638
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	91,654
38 Interest-adjusted excess contributions for current year (see instructions)	38	88,016
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0