| Form 5500 | Annual Return/Report of Employee Benefit Plan | OMB Nos. 1210-0110 1210-0089 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **Complete all entries in accordance with the instructions to the Form 5500.** | **2009**<br>**This Form is Open to Public Inspection** |

## 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:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [ ] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
ORECK CORPORATION 401(K) PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 01/01/1985

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
ORECK CORPORATION

565 MARIOTT DRIVE, SUITE 300
NASHVILLE, TN 37214

**2b** Employer Identification Number (EIN) 72-1381609

**2c** Sponsor's telephone number 615-316-5822

**2d** Business code (see instructions) 335900

**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 accompanying schedules, statements and attachments, 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. | 08/10/2010 | NADA LATTO |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 08/10/2010 | NADA LATTO |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

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

| | |
|---|---|
| **3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>ORECK CORPORATION<br><br>565 MARIOTT DRIVE, SUITE 300<br>NASHVILLE, TN 37214 | **3b** Administrator's EIN<br>72-1381609<br>**3c** Administrator's telephone number<br>615-316-5822 |

| | | |
|---|---|---|
| **4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | | **4b** EIN |
| **a** Sponsor's name | | **4c** PN |

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 1296 |
| **6** Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** Active participants | **6a** | 757 |
| **b** Retired or separated participants receiving benefits | **6b** | 1 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 265 |
| **d** Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 1023 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 1023 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 856 |
| **h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 131 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3H 3D

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

| **9a** Plan funding arrangement (check all that apply) | | | **9b** Plan benefit arrangement (check all that apply) | | |
|---|---|---|---|---|---|
| **(1)** | ☐ | Insurance | **(1)** | ☐ | Insurance |
| **(2)** | ☐ | Code section 412(e)(3) insurance contracts | **(2)** | ☐ | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust | **(3)** | X | Trust |
| **(4)** | ☐ | General assets of the sponsor | **(4)** | ☐ | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

| **a Pension Schedules** | | | **b General Schedules** | | |
|---|---|---|---|---|---|
| **(1)** | X | **R** (Retirement Plan Information) | **(1)** | X | **H** (Financial Information) |
| **(2)** | ☐ | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary | **(2)** | ☐ | **I** (Financial Information – Small Plan) |
| | | | **(3)** | ☐ | ___ **A** (Insurance Information) |
| | | | **(4)** | X | **C** (Service Provider Information) |
| **(3)** | ☐ | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | **(5)** | ☐ | **D** (DFE/Participating Plan Information) |
| | | | **(6)** | ☐ | **G** (Financial Transaction Schedules) |

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). | 2009 |
| Department of Labor Employee Benefits Security Administration | ▶ **File as an attachment to Form 5500.** | **This Form is Open to Public Inspection.** |
| Pension Benefit Guaranty Corporation | | |

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ORECK CORPORATION 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ORECK CORPORATION

**D** Employer Identification Number (EIN)
72-1381609

## Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . ☐ Yes ☒ No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

JP MORGAN RETIREMENT PLAN SERVICES

71-0930784

| **(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? | **(g)** 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? |
|---|---|---|---|---|---|---|
| 15 25 37 52 59 60 63 72 | | 8463 | Yes [X] No [ ] | Yes [ ] No [X] | 30636 | Yes [ ] No [X] |

**(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? | **(g)** 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 [ ] |

**(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? | **(g)** 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 [ ] |

**(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? | **(g)** 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 ☐ |

**(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? | **(g)** 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 ☐ |

**(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? | **(g)** 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 ☐ |

## 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 |
|---|---|---|
| JP MORGAN 71-0930784 | 52 59 60 63 | 30636 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| GPC SECURITIES, INC.<br><br>58-1517899 | REVENUES FROM INVESTMENT FUNDS |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| **(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 |
|---|---|---|
| | | |

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN; |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN; |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| SCHEDULE H (Form 5500) | Financial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**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
ORECK CORPORATION 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ORECK CORPORATION

**D** Employer Identification Number (EIN)
72-1381609

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(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) | 102256 | 114114 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 7836463 | 9858089 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **1d** Employer-related investments: | | | |
| **(1)** Employer securities | 1d(1) | | |
| **(2)** Employer real property | 1d(2) | | |
| **e** Buildings and other property used in plan operation | 1e | | |
| **f** Total assets (add all amounts in lines 1a through 1e) | 1f | 7938719 | 9972203 |
| **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** | | | |
| **l** Net assets (subtract line 1k from line 1f) | 1l | 7938719 | 9972203 |

## Part II Income and Expense Statement

**2** 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) | 309091 | |
| **(B)** Participants | 2a(1)(B) | 1183617 | |
| **(C)** Others (including rollovers) | 2a(1)(C) | 3065 | |
| **(2)** Noncash contributions | 2a(2) | | |
| **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1495773 |
| **b Earnings on investments:** | | | |
| **(1)** Interest: | | | |
| **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| **(B)** U.S. Government securities | 2b(1)(B) | | |
| **(C)** Corporate debt instruments | 2b(1)(C) | | |
| **(D)** Loans (other than to participants) | 2b(1)(D) | 6194 | |
| **(E)** Participant loans | 2b(1)(E) | | |
| **(F)** Other | 2b(1)(F) | | |
| **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 6194 |
| **(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) | 88947 | |
| **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 88947 |
| **(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) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| **(B)** Other | 2b(5)(B) | | |
| **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |
| **(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) | | |
| **(10)** Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1172102 |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 2763016 |

## Expenses

| | | | |
|---|---|---|---|
| **e** Benefit payment and payments to provide benefits: | | | |
| **(1)** Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 720475 | |
| **(2)** To insurance carriers for the provision of benefits | 2e(2) | | |
| **(3)** Other | 2e(3) | | |
| **(4)** Total benefit payments. Add lines **2e(1)** through **(3)** | 2e(4) | | 720475 |
| **f** Corrective distributions (see instructions) | 2f | | 593 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: **(1)** Professional fees | 2i(1) | | |
| **(2)** Contract administrator fees | 2i(2) | 8464 | |
| **(3)** Investment advisory and management fees | 2i(3) | | |
| **(4)** Other | 2i(4) | | |
| **(5)** Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 8464 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 729532 |

## Net Income and Reconciliation

| | | | |
|---|---|---|---|
| **k** Net income (loss). Subtract line **2j** from line **2d** | 2k | | 2033484 |
| **l** Transfers of assets: | | | |
| **(1)** To this plan | 2l(1) | | |
| **(2)** From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

**(1)** ☐ Unqualified **(2)** ☐ Qualified **(3)** ☒ Disclaimer **(4)** ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

**(1)** Name: LATTIMORE, BLACK, MORGAN & CAIN **(2)** EIN: 62-1199757

**d** The opinion of an independent qualified public accountant is **not attached** because:

**(1)** ☐ This form is filed for a CCT, PSA, or MTIA. **(2)** ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (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 close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 500000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**5b** 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.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

| SCHEDULE R (Form 5500) | Retirement Plan Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | 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).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**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
ORECK CORPORATION 401(K) PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
ORECK CORPORATION

**D** Employer Identification Number (EIN)
72-1381609

## Part I 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**

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 06-0974148 _____

**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 plan year. ..... **3**

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal 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)? ..... ☐ **Yes** ☐ **No** ☐ **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:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**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** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part 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. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt 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 "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter 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.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** 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):

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** 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):

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** 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):

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** 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):

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** 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):

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** 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):

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the 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 make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **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, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental 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 ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# ORECK CORPORATION 401(K) PLAN

**Financial Statements and Supplemental Schedule - Modified Cash Basis**

**December 31, 2009 and 2008**

**(With Independent Auditors' Report Thereon)**

LATTIMORE BLACK MORGAN & CAIN, PC
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

# ORECK CORPORATION 401(K) PLAN

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LATTIMORE BLACK MORGAN & CAIN, PC
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

## Independent Auditors' Report

**The Board of Trustees**
**Oreck Corporation 401(k) Plan:**

**We were engaged to audit the accompanying statements of net assets available for benefits - modified cash basis of Oreck Corporation 401(k) Plan as of December 31, 2009 and 2008, the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the supplemental schedule as of December 31, 2009 as listed in the accompanying table of contents. These financial statements and the 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by J.P. Morgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.**

**As described in Note 2, these financial statements were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States.**

**Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and the supplemental schedule taken as a whole. The form and content of the information included in the financial statements and the supplemental schedule, other than that derived from the 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.**

Lattimore Black Morgan & Cain, PC

**Brentwood, Tennessee**
**July 28, 2010**

# ORECK CORPORATION 401(K) PLAN

## Statements of Net Assets Available for Benefits - Modified Cash Basis

## December 31, 2009 and 2008

| | 2009 | 2008 |
|---|---|---|
| **Investments, at fair value:** | | |
| Money market funds | $ 3,585,193 | $ 3,209,447 |
| Mutual funds | 6,272,896 | 4,627,016 |
| Loans to participants | 114,114 | 102,256 |
| Net assets available for benefits | $ 9,972,203 | $ 7,938,719 |

See accompanying notes to the financial statements.

# ORECK CORPORATION 401(K) PLAN

## Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis

## Years ended December 31, 2009 and 2008

| | 2009 | 2008 |
|---|---|---|
| **Additions to (reductions from) net assets attributed to:** | | |
| **Net change resulting from investment activity:** | | |
| **Net appreciation (depreciation) in fair value of investments** | $ 1,172,102 | $ (2,716,986) |
| **Interest and dividend income** | 95,141 | 260,261 |
| **Net change resulting from investment activity** | 1,267,243 | (2,456,725) |
| **Contributions:** | | |
| **Plan Sponsor** | 309,091 | 272,353 |
| **Participants** | 1,186,682 | 1,387,366 |
| **Total contributions** | 1,495,773 | 1,659,719 |
| **Total additions (reductions)** | 2,763,016 | (797,006) |
| **Deductions from net assets attributed to:** | | |
| **Benefits paid** | 720,475 | 1,915,202 |
| **Administrative expenses** | 8,464 | 4,155 |
| **Corrective distributions** | 593 | 73,897 |
| **Total deductions** | 729,532 | 1,993,254 |
| **Net increase (decrease)** | 2,033,484 | (2,790,260) |
| **Net assets available for benefits at beginning of year** | 7,938,719 | 10,728,979 |
| **Net assets available for benefits at end of year** | $ 9,972,203 | $ 7,938,719 |

**See accompanying notes to the financial statements.**

## (1) Description of plan

The following description of the Oreck Corporation 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

### (a) General

The Plan is a defined contribution plan covering substantially all employees of Oreck Corporation (the "Company" or "Plan Sponsor") who have completed at least ninety days of service and are age twenty-one or older ("participants"). Prior to January 1, 2008 employees were required to complete one year of service to fulfill eligibility requirements. The Plan defined a "year of service" as a 12 month period in which the employee worked 1,000 hours of service for the Company. Entry dates into the plan are quarterly. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### (b) Contributions

Participants may contribute up to 50% of pretax annual compensation. Participants may also contribute amounts representing distributions from other qualified defined-benefit or defined-contribution plans subject to approval by the Plan Sponsor. The Company may contribute, at its discretion, a matching contribution equal to a percentage of the elective contributions made by the participants or other qualified non-elective contribution as determined by the Company's advisory committee. For 2009 and 2008, the Company contributed a matching contribution of 25% of participant contributions.

During 2009 and 2008, certain contributions made to the Plan exceeded the annual maximum contribution levels prescribed by the Internal Revenue Code for certain plan participants. The total amount of excess contributions were approximately $74,000 and $600 in 2009 and 2008, respectively. The corrective distributions were made during the following plan year. The impact of these distributions is recognized in the Plan's financial statements in the year the corrective distribution is made in accordance with the modified cash basis of accounting.

### (c) Participant accounts

Each participant's account is credited (charged) with the participant's contributions, and allocations of Plan Sponsor contributions, plan earnings (losses), and administrative expenses. Allocations are based on a participant's compensation or account balances as defined in the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Vesting

Participants are immediately vested in their contributions plus actual earnings or losses thereon. Vesting in the Plan Sponsor's discretionary contributions plus earnings or losses thereon is based on years of continuous service. A participant vests 20% after two years of credited service and 20% each year thereafter until they are 100% vested after six years of credited service. Upon death, disability, or retirement on or after normal retirement age, all Plan Sponsor contributions plus earnings or losses thereon are fully vested.

(e) Participant notes receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the respective fund from (to) the participant loan fund. The term of a loan shall not be more than five years except in the case of a loan by a participant for the purpose of purchasing a principal residence, in which event the term of the loan shall be for no longer than fifteen years. The loans are secured by the balance in the participant's account and bear a rate of interest of two percent in excess of Wall Street Journal Prime. Interest rates range from 5.25% to 10.25%. Principal and interest is paid ratably through payroll deductions.

(f) Payment of benefits

On termination of service due to death, permanent disability, or retirement, a participant may elect to receive either a lump-sum payment or annual installments over a specified period equal to his or her entire account balance. On termination of service due to other reasons, a participant may only receive a lump-sum distribution equal to his or her vested account balance.

(g) Forfeited accounts

Forfeitures are created when participants terminate employment prior to becoming fully vested in the Plan Sponsor contribution portion of their accounts. At December 31, 2009 and 2008, unallocated forfeited nonvested accounts totaled $44,251 and $4,823 respectively. These accounts may be used to reduce Plan expenses and Plan Sponsor contributions.

(h) Hardship withdrawals

The Plan permits distributions in the event of a hardship, as defined in the plan agreement. These distributions are taxable and subject to a tax penalty equal to 10% of the hardship distribution amount if the participant is younger than age 59½. Hardship withdrawals are limited to the participant's vested account balance.

(i) Administrative expenses

Some plan administrative expenses are paid by the Plan Sponsor.

(j) Plan termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

(2) Summary of significant accounting policies

(a) Accounting codification

On June 29, 2009, the Financial Accounting Standards Board ("FASB") issued Statement of Financial Accounting Standards No. 168, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles* ("SFAS 168"). SFAS 168 is effective for periods ending after September 15, 2009 and makes the FASB *Accounting Standards Codification* ("ASC") the sole source of authoritative accounting technical literature for nongovernmental entities in the United States of America.

(b) Basis of accounting

The financial statements of the Plan are prepared under the modified cash basis method of accounting, a basis of accounting permitted by the Department of Labor. Under this method contributions are recognized when received by the trustee and expenses are recognized when paid. Accordingly, the accompanying financial statements are not intended to be presented in accordance with accounting principles generally accepted in the United States.

(c) Investment valuation and income recognition

The Plan's investments are valued at fair value. These investment values are discussed more fully in Note 4.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

(d) Payment of benefits

Benefits are recorded when paid.

(e) Use of estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(f) Events occurring after the reporting date

The Company has evaluated events and transactions that occurred between December 31, 2009 and July 28, 2010, which is the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

(3) Summary of information certified by trustee

The following information was certified as complete and accurate by J.P. Morgan Chase Bank, N.A., as of and for the years ended December 31, 2009 and 2008.

| | 2009 | 2008 |
|---|---|---|
| Investments, at fair value | $ 9,858,089 | $ 7,836,463 |
| Net change resulting from investment activity | $ 1,261,049 | $ (2,462,266) |

The participant notes receivable as of December 31, 2009 and 2008 and related investment activity for the years then ended were excluded from the certifications.

(4) Fair value measurements

The Plan values assets in accordance with the fair value standard. The standard clarifies the definition of fair value, establishes a framework for measuring fair value and expands the disclosures for fair value measurement. The framework provides a 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the principles are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

**The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.**

**The following is a description of the valuation methodologies used for asset measurement measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.**

**(i) *Money market funds*: Valued at the quoted redemption value at year end. The net asset value is not a publicly-quoted price in an active market.**

**(ii) *Mutual funds*: Valued at the last reported sales prices on the last business day of the Plan year reported by the active markets in which the individual funds are traded.**

**(iii) *Participant notes receivable*: Valued at amortized cost, which approximates fair value.**

**The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.**

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

| | Fair Value Measurements as of December 31, 2009 using the following inputs | | | |
|---|---|---|---|---|
| | Total | Level 1 | Level 2 | Level 3 |
| Money market fund | $ 3,585,193 | $ - | $ 3,585,193 | $ - |
| Mutual funds: | | | | |
| Index funds | 312,054 | 312,054 | - | - |
| Balanced funds | 607,257 | 607,257 | - | - |
| Growth funds | 4,677,056 | 4,677,056 | - | - |
| Fixed funds | 676,529 | 676,529 | - | - |
| Participant loans | 114,114 | - | - | 114,114 |
| Total | $ 9,972,203 | $ 6,272,896 | $ 3,585,193 | $ 114,114 |

| | Fair Value Measurements as of December 31, 2008 using the following inputs | | | |
|---|---|---|---|---|
| | Total | Level 1 | Level 2 | Level 3 |
| Money market | $ 3,209,447 | $ - | $ 3,209,447 | $ - |
| Mutual funds | 4,627,016 | 4,627,016 | - | - |
| Participant loans | 102,256 | - | - | 102,256 |
| Total | $ 7,938,719 | $ 4,627,016 | $ 3,209,447 | $ 102,256 |

The following table provides a summary of changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008:

| | Fair Value Measurements Using Significant Unobservable Inputs (Level 3) |
|---|---|
| | Participant Notes Receivable |
| Balance at January 1, 2008 | $ 76,422 |
| Purchases, sales, issuances and settlements, net | 25,834 |
| Balance at December 31, 2008 | 102,256 |
| Purchases, sales, issuances and settlements, net | 11,858 |
| Balance at December 31, 2009 | $ 114,114 |

(5) Investments and investment income

The fair value of investments that represent 5% or more of the Plan's net assets as of December 31, 2009 and 2008 are as follows:

| | 2009 | 2008 |
|---|---|---|
| Invesco Constellation | $ 783,388 | $ 634,172 |
| Invesco Large Cap Growth | $ 919,034 | $ 697,672 |
| Janus Advisor Balanced | $ 607,257 | $ 460,243 |
| J.P. Morgan Treasury and Agency Fund | $ 676,529 | $ 680,949 |
| J.P. Morgan Liquid Assets Money Market | $ 3,585,193 | $ 3,209,447 |
| Oppenheimer Global | $ 799,621 | $ 537,179 |
| Van Kampen Capital Growth | $ 505,220 | ** |

** Investment does not represent 5% of net assets available for benefits for the respective year.

(6) Income tax status

The Plan Sponsor adopted a prototype 401(k) plan, which received a favorable opinion letter from the Internal Revenue Service ("IRS") on August 31, 2001, which stated that the prototype plan was designed in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan itself has not received a determination letter from the IRS stating that the Plan is qualified under Section 401(a) of the IRC. However, the plan administrator believes that the adopted prototype plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and is therefore, qualified and exempt from taxation.

(7) Related party transactions

Certain plan investments are shares of mutual funds managed by J.P. Morgan Chase Bank, N.A. the trustee of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees of $8,464 in 2009 and $4,155 in 2008 were paid by the Plan to the third-party administrator.

(8) Risks and uncertainties

The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for plan benefits.

# ORECK CORPORATION 401(K) PLAN

## EIN 72-1381609, PLAN No. 001
### Schedule H, line 4i - Schedule of Assets (Held at End of Year)

## December 31, 2009

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Money market funds: | | | |
| * | J.P. Morgan | Liquid Assets Money Market | ** | $ 3,585,193 |
| | Mutual funds: | | | |
| * | J.P. Morgan | Intrepid Mid Cap | ** | 302,935 |
| * | J.P. Morgan | Treasury & Agency Fund | ** | 676,529 |
| * | J.P. Morgan | Small Cap Growth Fund | ** | 255,764 |
| * | J.P. Morgan | Mid Cap Value Fund | ** | 323,556 |
| * | J.P. Morgan | Equity Index Fund | ** | 312,054 |
| * | J.P. Morgan | Small Cap Value Fund | ** | 172,548 |
| | Invesco | Large Cap Growth | ** | 919,034 |
| | Invesco | Basic Value | ** | 192,135 |
| | Invesco | Constellation | ** | 783,388 |
| | American | Washington Mutual Investors Fund | ** | 422,855 |
| | Janus | Advisor Balanced | ** | 607,257 |
| | Oppenheimer | Global | ** | 799,621 |
| | Van Kampen | Capital Growth | ** | 505,220 |
| | | Total Mutual funds | | 6,272,896 |
| * | Participant notes receivable | Loans to participants with interest ranging from 5.25 to 10.25% | | 114,114 |
| | | Total investments | | $ 9,972,203 |

* Represents a party-in-interest.
** Not required for participant directed plans.
The above data, except for the participant notes receivable, is based upon information which has been certified as complete and accurate by J.P. Morgan ChaseBank, N.A., the trustee.

# ORECK CORPORATION 401(K) PLAN

**Financial Statements and Supplemental Schedule - Modified Cash Basis**

**December 31, 2009 and 2008**

**(With Independent Auditors' Report Thereon)**

LATTIMORE BLACK MORGAN & CAIN, PC
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

# ORECK CORPORATION 401(K) PLAN

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LATTIMORE BLACK MORGAN & CAIN, PC
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS ADVISORS

## Independent Auditors' Report

**The Board of Trustees**
**Oreck Corporation 401(k) Plan:**

**We were engaged to audit the accompanying statements of net assets available for benefits - modified cash basis of Oreck Corporation 401(k) Plan as of December 31, 2009 and 2008, the related statements of changes in net assets available for benefits - modified cash basis for the years then ended, and the supplemental schedule as of December 31, 2009 as listed in the accompanying table of contents. These financial statements and the 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by J.P. Morgan Chase Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.**

**As described in Note 2, these financial statements were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States.**

**Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and the supplemental schedule taken as a whole. The form and content of the information included in the financial statements and the supplemental schedule, other than that derived from the 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.**

Lattimore Black Morgan & Cain, PC

**Brentwood, Tennessee**
**July 28, 2010**

# ORECK CORPORATION 401(K) PLAN

## Statements of Net Assets Available for Benefits - Modified Cash Basis

## December 31, 2009 and 2008

| | 2009 | 2008 |
|---|---|---|
| **Investments, at fair value:** | | |
| Money market funds | $ 3,585,193 | $ 3,209,447 |
| Mutual funds | 6,272,896 | 4,627,016 |
| Loans to participants | 114,114 | 102,256 |
| Net assets available for benefits | $ 9,972,203 | $ 7,938,719 |

See accompanying notes to the financial statements.

# ORECK CORPORATION 401(K) PLAN

## Statements of Changes in Net Assets Available for Benefits - Modified Cash Basis

## Years ended December 31, 2009 and 2008

| | 2009 | 2008 |
|---|---|---|
| **Additions to (reductions from) net assets attributed to:** | | |
| **Net change resulting from investment activity:** | | |
| **Net appreciation (depreciation) in fair value of investments** | $ 1,172,102 | $ (2,716,986) |
| **Interest and dividend income** | 95,141 | 260,261 |
| **Net change resulting from investment activity** | 1,267,243 | (2,456,725) |
| **Contributions:** | | |
| **Plan Sponsor** | 309,091 | 272,353 |
| **Participants** | 1,186,682 | 1,387,366 |
| **Total contributions** | 1,495,773 | 1,659,719 |
| **Total additions (reductions)** | 2,763,016 | (797,006) |
| **Deductions from net assets attributed to:** | | |
| **Benefits paid** | 720,475 | 1,915,202 |
| **Administrative expenses** | 8,464 | 4,155 |
| **Corrective distributions** | 593 | 73,897 |
| **Total deductions** | 729,532 | 1,993,254 |
| **Net increase (decrease)** | 2,033,484 | (2,790,260) |
| **Net assets available for benefits at beginning of year** | 7,938,719 | 10,728,979 |
| **Net assets available for benefits at end of year** | $ 9,972,203 | $ 7,938,719 |

**See accompanying notes to the financial statements.**

## (1) Description of plan

The following description of the Oreck Corporation 401(k) Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

### (a) General

The Plan is a defined contribution plan covering substantially all employees of Oreck Corporation (the "Company" or "Plan Sponsor") who have completed at least ninety days of service and are age twenty-one or older ("participants"). Prior to January 1, 2008 employees were required to complete one year of service to fulfill eligibility requirements. The Plan defined a "year of service" as a 12 month period in which the employee worked 1,000 hours of service for the Company. Entry dates into the plan are quarterly. The plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

### (b) Contributions

Participants may contribute up to 50% of pretax annual compensation. Participants may also contribute amounts representing distributions from other qualified defined-benefit or defined-contribution plans subject to approval by the Plan Sponsor. The Company may contribute, at its discretion, a matching contribution equal to a percentage of the elective contributions made by the participants or other qualified non-elective contribution as determined by the Company's advisory committee. For 2009 and 2008, the Company contributed a matching contribution of 25% of participant contributions.

During 2009 and 2008, certain contributions made to the Plan exceeded the annual maximum contribution levels prescribed by the Internal Revenue Code for certain plan participants. The total amount of excess contributions were approximately $74,000 and $600 in 2009 and 2008, respectively. The corrective distributions were made during the following plan year. The impact of these distributions is recognized in the Plan's financial statements in the year the corrective distribution is made in accordance with the modified cash basis of accounting.

### (c) Participant accounts

Each participant's account is credited (charged) with the participant's contributions, and allocations of Plan Sponsor contributions, plan earnings (losses), and administrative expenses. Allocations are based on a participant's compensation or account balances as defined in the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(d) Vesting

Participants are immediately vested in their contributions plus actual earnings or losses thereon. Vesting in the Plan Sponsor's discretionary contributions plus earnings or losses thereon is based on years of continuous service. A participant vests 20% after two years of credited service and 20% each year thereafter until they are 100% vested after six years of credited service. Upon death, disability, or retirement on or after normal retirement age, all Plan Sponsor contributions plus earnings or losses thereon are fully vested.

(e) Participant notes receivable

Participants may borrow from their fund accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50% of their vested account balance. Loan transactions are treated as a transfer to (from) the respective fund from (to) the participant loan fund. The term of a loan shall not be more than five years except in the case of a loan by a participant for the purpose of purchasing a principal residence, in which event the term of the loan shall be for no longer than fifteen years. The loans are secured by the balance in the participant's account and bear a rate of interest of two percent in excess of Wall Street Journal Prime. Interest rates range from 5.25% to 10.25%. Principal and interest is paid ratably through payroll deductions.

(f) Payment of benefits

On termination of service due to death, permanent disability, or retirement, a participant may elect to receive either a lump-sum payment or annual installments over a specified period equal to his or her entire account balance. On termination of service due to other reasons, a participant may only receive a lump-sum distribution equal to his or her vested account balance.

(g) Forfeited accounts

Forfeitures are created when participants terminate employment prior to becoming fully vested in the Plan Sponsor contribution portion of their accounts. At December 31, 2009 and 2008, unallocated forfeited nonvested accounts totaled $44,251 and $4,823 respectively. These accounts may be used to reduce Plan expenses and Plan Sponsor contributions.

(h) Hardship withdrawals

The Plan permits distributions in the event of a hardship, as defined in the plan agreement. These distributions are taxable and subject to a tax penalty equal to 10% of the hardship distribution amount if the participant is younger than age 59½. Hardship withdrawals are limited to the participant's vested account balance.

(i) Administrative expenses

Some plan administrative expenses are paid by the Plan Sponsor.

(j) Plan termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested in their accounts.

(2) Summary of significant accounting policies

(a) Accounting codification

On June 29, 2009, the Financial Accounting Standards Board ("FASB") issued Statement of Financial Accounting Standards No. 168, *The FASB Accounting Standards Codification and the Hierarchy of Generally Accepted Accounting Principles* ("SFAS 168"). SFAS 168 is effective for periods ending after September 15, 2009 and makes the FASB *Accounting Standards Codification* ("ASC") the sole source of authoritative accounting technical literature for nongovernmental entities in the United States of America.

(b) Basis of accounting

The financial statements of the Plan are prepared under the modified cash basis method of accounting, a basis of accounting permitted by the Department of Labor. Under this method contributions are recognized when received by the trustee and expenses are recognized when paid. Accordingly, the accompanying financial statements are not intended to be presented in accordance with accounting principles generally accepted in the United States.

(c) Investment valuation and income recognition

The Plan's investments are valued at fair value. These investment values are discussed more fully in Note 4.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

(d) Payment of benefits

Benefits are recorded when paid.

(e) Use of estimates

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

(f) Events occurring after the reporting date

The Company has evaluated events and transactions that occurred between December 31, 2009 and July 28, 2010, which is the date the financial statements were available to be issued, for possible recognition or disclosure in the financial statements.

(3) Summary of information certified by trustee

The following information was certified as complete and accurate by J.P. Morgan Chase Bank, N.A., as of and for the years ended December 31, 2009 and 2008.

| | 2009 | 2008 |
|---|---|---|
| Investments, at fair value | $ 9,858,089 | $ 7,836,463 |
| Net change resulting from investment activity | $ 1,261,049 | $ (2,462,266) |

The participant notes receivable as of December 31, 2009 and 2008 and related investment activity for the years then ended were excluded from the certifications.

(4) Fair value measurements

The Plan values assets in accordance with the fair value standard. The standard clarifies the definition of fair value, establishes a framework for measuring fair value and expands the disclosures for fair value measurement. The framework provides a 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under the principles are described below:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs to the valuation methodology include:
- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

**The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.**

**The following is a description of the valuation methodologies used for asset measurement measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.**

**(i) *Money market funds*: Valued at the quoted redemption value at year end. The net asset value is not a publicly-quoted price in an active market.**

**(ii) *Mutual funds*: Valued at the last reported sales prices on the last business day of the Plan year reported by the active markets in which the individual funds are traded.**

**(iii) *Participant notes receivable*: Valued at amortized cost, which approximates fair value.**

**The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan's management believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain financial instruments could result in a different fair value measurement at the reporting date.**

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

| | Fair Value Measurements as of December 31, 2009 using the following inputs | | | |
|---|---|---|---|---|
| | Total | Level 1 | Level 2 | Level 3 |
| Money market fund | $ 3,585,193 | $ - | $ 3,585,193 | $ - |
| Mutual funds: | | | | |
| Index funds | 312,054 | 312,054 | - | - |
| Balanced funds | 607,257 | 607,257 | - | - |
| Growth funds | 4,677,056 | 4,677,056 | - | - |
| Fixed funds | 676,529 | 676,529 | - | - |
| Participant loans | 114,114 | - | - | 114,114 |
| Total | $ 9,972,203 | $ 6,272,896 | $ 3,585,193 | $ 114,114 |

| | Fair Value Measurements as of December 31, 2008 using the following inputs | | | |
|---|---|---|---|---|
| | Total | Level 1 | Level 2 | Level 3 |
| Money market | $ 3,209,447 | $ - | $ 3,209,447 | $ - |
| Mutual funds | 4,627,016 | 4,627,016 | - | - |
| Participant loans | 102,256 | - | - | 102,256 |
| Total | $ 7,938,719 | $ 4,627,016 | $ 3,209,447 | $ 102,256 |

The following table provides a summary of changes in fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008:

| | Fair Value Measurements Using Significant Unobservable Inputs (Level 3) |
|---|---|
| | Participant Notes Receivable |
| Balance at January 1, 2008 | $ 76,422 |
| Purchases, sales, issuances and settlements, net | 25,834 |
| Balance at December 31, 2008 | 102,256 |
| Purchases, sales, issuances and settlements, net | 11,858 |
| Balance at December 31, 2009 | $ 114,114 |

(5) Investments and investment income

The fair value of investments that represent 5% or more of the Plan's net assets as of December 31, 2009 and 2008 are as follows:

| | 2009 | 2008 |
|---|---|---|
| Invesco Constellation | $ 783,388 | $ 634,172 |
| Invesco Large Cap Growth | $ 919,034 | $ 697,672 |
| Janus Advisor Balanced | $ 607,257 | $ 460,243 |
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| Van Kampen Capital Growth | $ 505,220 | ** |

** Investment does not represent 5% of net assets available for benefits for the respective year.

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# ORECK CORPORATION 401(K) PLAN

## EIN 72-1381609, PLAN No. 001
### Schedule H, line 4i - Schedule of Assets (Held at End of Year)

## December 31, 2009

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Money market funds: | | | |
| * | J.P. Morgan | Liquid Assets Money Market | ** | $ 3,585,193 |
| | Mutual funds: | | | |
| * | J.P. Morgan | Intrepid Mid Cap | ** | 302,935 |
| * | J.P. Morgan | Treasury & Agency Fund | ** | 676,529 |
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| | Oppenheimer | Global | ** | 799,621 |
| | Van Kampen | Capital Growth | ** | 505,220 |
| | | Total Mutual funds | | 6,272,896 |
| * | Participant notes receivable | Loans to participants with interest ranging from 5.25 to 10.25% | | 114,114 |
| | | Total investments | | $ 9,972,203 |

* Represents a party-in-interest.
** Not required for participant directed plans.
The above data, except for the participant notes receivable, is based upon information which has been certified as complete and accurate by J.P. Morgan ChaseBank, N.A., the trustee.