Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service	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).	2009			
Department of Labor Employee Benefits Security Administration	Complete all entries in accordance with the instructions to the Form 5500.	2009			
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection			
Part I Annual Report Iden	tification Information				
For calendar plan year 2009 or fiscal		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;				
	an amended return/report; a short plan year return/report (less t	han 12 months).			
C If the plan is a collectively-bargaine	ed plan, check here	▶□			
D Check box if filing under:	Form 5558; automatic extension;	the DFVC program;			
	special extension (enter description)				
Part II Basic Plan Inform	nation—enter all requested information				
1a Name of plan STRESS-TEK, INC. 401(K) RETIREM		1b Three-digit plan number (PN) ▶ 001			
		1c Effective date of plan 07/01/1992			
2a Plan sponsor's name and address (Address should include room or s STRESS-TEK, INC.	s (employer, if for a single-employer plan) suite no.)	2b Employer Identification Number (EIN) 91-1258777			
		2c Sponsor's telephone number 800-237-0022			
5920 SOUTH 194TH ST KENT, WA 98032	5920 SOUTH 194TH ST KENT, WA 98032	2d Business code (see instructions) 339900			

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.	08/23/2010	KEITH REICHOW					
1	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN HERE	Filed with authorized/valid electronic signature.	08/24/2010	TIMOTHY DARST					
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					
SIGN HERE								
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.

Form 5500 (2009) v.092307.1

	Plan administrator's name and address (if same as plan sponsor, enter "Same") RESS-TEK, INC.		3b Administrator's EIN 91-1258777				
59	20 SOUTH 194TH ST NT, WA 98032	3c Ad nu	Iministrator's telephone Imber 0-237-0022				
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 the plan number from the last return/report:	and	4b EIN				
а	Sponsor's name		4c PN				
5	Total number of participants at the beginning of the plan year	5	51				
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).						
а	Active participants	6a	36				
b	Retired or separated participants receiving benefits	6b	0				
С	Other retired or separated participants entitled to future benefits	6c	8				
d	Subtotal. Add lines 6a, 6b, and 6c	6d	44				
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	0				
f	Total. Add lines 6d and 6e	6f	44				
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	43				
	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	2				
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 2T 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 fu	nding	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 a	all ap	plicable boxes in 10a and 10b to indicate which schedules are a	ttache	ed, and, wh	nere	e indicated, enter the number attached. (See instructions)			
a Pension Schedules										
а	Pensio	n Sc	hedules	b	General	Sch	nedules			
а	Pensio (1)	n Sci	hedules R (Retirement Plan Information)	b	General (1)	Sch	nedules H (Financial Information)			
а		n Sci		b		Sch X				
а	(1)	n Sc X	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1)	Sch X	H (Financial Information)			
а	(1)	n Sci	R (Retirement Plan Information)MB (Multiemployer Defined Benefit Plan and Certain Money	b	(1) (2)	Sch X	H (Financial Information)I (Financial Information – Small Plan)			
а	(1)	n Sci	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1) (2) (3)	Sch ×	 H (Financial Information) I (Financial Information – Small Plan) A (Insurance Information) 			

Page 2

	SCHEDULE I	Financial In	form	ation Sr	nall	Dlan			OMB No. 1210-0110	
			IOIIII	alion—Si	IIali					
	(Form 5500)	This schedule is required t	o be file	d under section	104 of 1	the Emplo	vee		2009	
	Department of the Treasury Internal Revenue Service	Retirement Income Security		974 (ERISA), and e Code (the Cod		on 6058(a)	of the			
	Department of Labor Employee Benefits Security Administration			hment to Form				This	Form is Open to P	ublic
	Pension Benefit Guaranty Corporation								Inspection	
-	calendar plan year 2009 or fiscal p	blan year beginning 01/01/20	09		_	and ending		31/2009		
	Name of plan RESS-TEK, INC. 401(K) RETIREM	ENT SAVINGS PLAN				Three-digit			001	
					۲ ۱			•		
					_					
	Plan sponsor's name as shown on RESS-TEK, INC.	line 2a of Form 5500			D EI	mployer Id	entificatio	on Numbe	r (EIN)	
011					91-	1258777				
	mplete Schedule I if the plan covere							lete Scheo	lule I if you are filing	as a
	all plan under the 80-120 participant		Schedul	e H if reporting as	s a large	e pian or D	FE.			
-	art I Small Plan Financia		oc tran	fore and change		t accoto di	uring the		Combine the value	of plan
ass	ets held in more than one trust. Do	not enter the value of the portion	of an ir	surance contrac	t that g	uarantees	during th	is plan ye	ar to pay a specific of	dollar
	nefit at a future date. Include all inclure urance carriers. Round off amoun		luding a	iny trust(s) or sep	parately	/ maintaine	ed fund(s) and any	payments/receipts t	o/from
1	Plan Assets and Liabilities:			(a) Be	ginning	g of Year			(b) End of Year	
а	Total plan assets		. 1a			25	593394			3226741
b	Total plan liabilities		. 1b							
С	Net plan assets (subtract line 1b	from line 1a)	1c			25	593394			3226741
2	Income, Expenses, and Transfe	ers for this Plan Year:		(a) Amo	ount			(b) Total	
а	Contributions received or receiva	ble:								
	(1) Employers		. 2a(1)		12194					
	(2) Participants		. 2a(2)				135517			
	(3) Others (including rollovers).		. 2a(3)							
b	Noncash contributions		. 2b							
С	Other income		. 2c			5	584066			
d	Total income (add lines 2a(1), 2a	(2), 2a(3), 2b, and 2c)	. 2d							731777
е	Benefits paid (including direct rol	overs)	. 2e				96871			
f		uctions)	. 2f							
g	Certain deemed distributions of p	articipant loans	. 2g				1234			
h	, ,						325			
i										
j	Total expenses (add lines 2e, 2f,	2g, 2h, and 2i)	-							98430
k		j from line 2d)	-							633347
I	Transfers to (from) the plan (see	instructions)	21							
3		assets at anytime during the plan yea								
		of the plan year. Allocate the value o one of the specific exceptions descr			ommingl	ed trust co	ntaining tr	ne assets c	f more than one plan	on a line-
			-	•••••		Yes	No		Amount	
a Partnership/joint venture interests					3a		X			
b	Employer real property			3b		X				
С	Real estate (other than employer	real property)			3c		X			
d	Employer securities				3d					
e Participant loans					3e	Х				71091
For	Paperwork Reduction Act Notic	e and OMB Control Numbers, s	ee the i	nstructions for	Form	5500			Schedule I (Form	5500) 2009

			Yes	No	Amount
3f	Loans (other than to participants)	3f		Х	
g	Tangible personal property	3g		Х	

Pa	art II Compliance Questions				
4	During the plan year:		Yes	No	Amount
а	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		×	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance			x	
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible?	4c		x	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)	4d		X	
е	Was the plan covered by a fidelity bond?	4e	X		3600000
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 establishe market nor set by an independent third party appraiser?			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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parce of real estate, or partnership/joint venture interest?	4i		X	
j	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan or brought under the control of the PBGC?	, 4j		x	
k	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	4k	X		
I	Has the plan failed to provide any benefit when due under the plan?	41		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		x	
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	🗌 Ye	es 🗙 N	lo Am	ount:

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)

CFORM 5500 Distributions Double Description This schedule is required to be filed under section 104 and 4066 of the monotes filed to the mean Revenue Code (CFRISA) and section Sole) of the interma Revenue Code (CCC) This Form is Open to Public inspection. Proceeded plan year 2000 or fiscal pain year beginning 0.101/2009 and ending 12/31/2000 Proceeded plan year 2000 or fiscal pain year beginning 0.101/2009 and ending 12/31/2000 Charter of the file of the plan year beginning 0.101/2009 and ending 12/31/2000 Charter of the file of the plan year beginning 0.101/2009 and ending 0.01 Charter of the file of the plan year 0.11 0.01 0.01 Charter of the file of the plan year 0.01 0.01 0.01 Charter of the file of the plan year 0.01 0.01 0.01 Chart he EN(t) of paynor(t) who paid benefits or behalf of the plan to paynorty specified in the instructiona. 0.01 0.01 Chart he EN(t) of paynor(t) who paid benefits or behalf of the plan to paynorty specified in the instructiona and in the plan to paynorty specified in the instructiona and in the plan to paynorty specified in the instructiona and the plan to paynorty specified in the instructinstructinsthe plan year. 0.01		SCH	EDULE R	F	Retirement	Plan Information	tion			ON	//B No. 1	210-0110)	<u> </u>	
Dependence (130) 0058(a) of the Internal Revenue Code (the Code), This Form is Open to Public Inspection. Provide Neurit Guarry Corporator. > File as an attachment to Form 5500. This Form is Open to Public Inspection. To calander play war 2000 of Recal plan year beginging 01001/2000 and ending 1231/2000 To calander plan system of plan (the plan year beginging 01001/2000) C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) (the Instructions relate only to payments of benefits during the plan year. 0 1.1258/T7 Part I Distributions All references to distributions relate only to payments of benefits during the plan year. 0 1 0 2 Enter the EIN(s) of payor(s) who plad benefits on behalf of the plan to participants or beneficianes during the year (if more than two, enter EINs of the two payors who payor benefits to behalf site. 3 Part II EVIG(s) Export(s) who pay benefits to behalf of the plan to participants or beneficianes during the year (if more than two, enter EINs of the two payors who pay change and endows of the desceed of whose benefits were distributed in a single sum, during the plan 3 3 3 Number of participants (fiving or desceesed) whose benefits were distributed in a single sum, during the plan (the plan to participants (throm the desceesed) whose benefits were distributed in a single sum, during the plan were insthore and an electron under Code secton 412(d(d) or ERISA sectio		Department of the Treasury This schedule is required to be filed under section 104 and 4065 of the							2009						
Entropy terristic sourcy Congradies File as an attachment to Form 5500. Inter Form is operation: impection. For calendar plan year 2009 of fixed plan year beginning 01012009 and ending 12.212003 A Name of plan B Three digit plan number (PN) 001 STRESS-TEK, INC. 401(K) RETIREMENT SAVINOS PLAN B Three digit plan number (PN) 001 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) 01-1258777 Part I Distributions Table and the plan year. 1 0 1 Total value of distributions paid in property other man in cash or the forms of property specified in the instructions. 1 0 2 Enter the EIN() of payor(1) who guid benefits on behall of the plan to participants or benefits): 1 0 1 Total value of distributions gaid in property other man in cash or the forms of property specified in the instructions. 1 0 2 Enter the EIN() of payor(1) who guid benefits on behall of the plan to subject to the minimum funding requirements of section of 412 of the internal Revenue Code or ERSA section 302 (d)(2)? Yes NO N/A 4 Is the plan as diministaria maling andication to a plan year is being anono								ction							
For catendar plan year 2009 of fiscal plan, year beginning 01012009 and ending 1232009 STRESS-TEK, INC. 401(K) RETIREMENT SAVINGS PLAN B Three-digit plan number (PN) 001 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) 91-1259777 Part I Distributions All references to distributions relate only to payments of benefits during the plan year. 1 0 2 Enter the EIN(s) of payor(s) who paid benefits on bahal of the plan to participants or beneficiaries during the year (If more than two, enter EINs of the two payors who paid benefits): 0 2 Enter the EIN(s) of payor(s) who paid benefits on bahal of the plan to participants or beneficiaries during the year (If more than two, enter EINs of the two payors who paid benefits): 0 3 Number of participants (IVing or decessed) whose benefits were distributed in a single sum, during the plan year. 3 4 It the plan te dimendiated of the plan to subject to the minimum funding requirements of section 0.412 of the Internal Revenue Code or EINS section 302, skp the Part) Year 4 It the plan as defined benefit plan, yoo to line 8. 5 If a waiser of the minimum funding standards for a plan year. EiNS section 302, skp the Part) 9 Inter the Minimum funding standards for a plan year. EiNS section 302, skp the Part)	E	mployee Benef	its Security Administration		File as an a	ttachment to Form 550	00.			This Fo			Public	5	
STRESS-TEK. INC. 401(K) RETIREMENT SAVINGS PLAN plan number (PN) 001 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) 91-1258777 Part I Distributions 1 1 0 All references to distributions relate only to payments of bonefits during the plan year. 1 1 0 1 Total value of distributions relate only to payments of bonefits during the plan year. 1 0 2 Enter the EIN(s) of payor(s) who paid benefits on behaft of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatedus data amounts of benefits). EIN(s): 04-6508107 Profit=sharing plans, ESOPs, and stock bonus plans, skip line 3. 3 3 1 Funding Information (if the plan is not subject to the minimum funding requirements of section 0.412 of the Internal Revenue Code or EINSA section 302, skip this Parti 11 Funding an election under Code section 412(d)(2) or EINSA section 302(d)(2)? Year Year 4 Is the plan administration making an election under Code section 412(d)(2) or EINSA section 302(d)(2)? Year Wear 4 Is the plan administration making an election under to code section 412(d)(2) or EINSA section 302(d)(2)? Year Mon N/A 5	For			lan year beginning	g 01/01/2009		and endir	ng 12	2/31/20	009					
STRESS-TEK, INC. 91-1258777 Part I Distributions All references to distributions relate only to payments of benefits during the plan year. 1 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions. 0 2 Enter the EIN(s) of payor(s) who paid bonefits 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 greated cloar amounts of benefits): 0 2 Enter the EIN(s) of payor(s) who paid bonefits 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 greated cloar amounts of benefits): 0 2 Enter the EIN(s) of payor(s) who paid bonefits on behalf so the 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 EIRS action 3023, slip, this Part) Yea 4 Is the plan administrator making an election under Code section 412(q)? or ERISA section 302(q)?? Yes No N/A 6 a Enter the minimum funding standard for a pior year is being amortized in this plan year, see instructions and enter the date of the uling letter granting the waker. Date: Month Day Year Year 1 Yeawaier of the				NT SAVINGS PLA	AN		B	plan	0	er •	00	1			
All references to distributions relate only to payments of benefits during the plan year. 1 1 1 1 1 1 1 1 1 1 0 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): 0 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): 0 EIN(s): 0.4.668107 3 Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 0412 of the Internal Revenue Code or ERISA section 302(d)(2)? 1 Yes No N/A 4 Is the plan administrator maing an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A 5 If a waiver of the minimum funding standard for a prory year is being amotized in this plan year. 6a 6b 6c 6 B Enter the amount ontributed by the employer to the plan year. 6a 6b 6c 6c <th></th> <th></th> <th></th> <th>ine 2a of Form 550</th> <th>00</th> <th></th> <th>D</th> <th></th> <th>-</th> <th></th> <th>on Num</th> <th>ber (EIN</th> <th>1)</th> <th></th>				ine 2a of Form 550	00		D		-		on Num	ber (EIN	1)		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	Pa	rt I Dis	stributions												
instructions 1 0 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 dolar amounts of benefits): 0 EIN(s): 04-6568107 04-6568107 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. 3 Number of participants (iving or deceased) whose benefits were distributed in a single sum, during the plan year. 3 Part II Functing Information (if the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or EINSA section 302(d)(2)? Yes No NA # 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 amorized in this plan year, see instructions and enter the date of the ruling letter graning the waiver. Date: Month Day Year Year If a waiver of the minimum funding standard for a prior year is being amorized in this plan year, see instructions and enter the date of the ruling letter graning the waiver. Date: Month Day Year If a waiver of the minimum funding standard for a prior year is being amorized in this plan year. 6a 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). 6b C Subrea plan administ	All	references	to distributions relate	only to payment	ts of benefits dur	ing the plan year.		_							
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 dolar amounts of benefits): EIN(s):	1													0	
payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107 Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3. 3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the 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)?	•							L	<u> </u>						
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) Yes No N/A 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	2					participants or benefici	aries during t	he year ((if mor	e than tw	vo, ente	r EINs c	of the t	two	
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). Yes No N/A 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A 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: Mont Day Year		EIN(s):	04-6568107						_						
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) Yes No N/A If the plan is a defined benefit plan, go to line 8. Yes No N/A If the plan is a defined benefit plan, go to line 8. 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 Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. 6a 6b 6b 6c C Subtract the amount ontributed by the employer to the plan for this plan year. 6a 6b 6c		Profit-sha	aring plans, ESOPs, ar	nd stock bonus p	olans, skip line 3.			-							
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. if the plan is a defined benefit plan, go to line 8. 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. Ga 6 a Enter the minimum required contribution for this plan year	3								3						
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. 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 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. Yes No 10 Were unallocated	P				not subject to the	minimum funding requir	ements of se	ection of 4	412 of	the Inter	nal Rev	venue C	ode o	r	
5 If a valver 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 6 a Enter the minimum required contribution for this plan year	4	Is the plan	administrator making an	election under Coc	de section 412(d)(2) or ERISA section 302(d))(2)?			Yes		No		N/A	
plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year		If the plar	n is a defined benefit p	olan, go to line 8.											
6 a a Enter the minimum required contribution for this plan year b Enter the amount contributed by the employer to the plan for this plan year 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). f 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? a 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? 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. 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 b If the ESOP hold any preferred stock? b If the ESOP hold any stock that is not readily tradable on an established securities market? No Yes No No	5						e: Month _		_ Da	ıy		Year			
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)		lf you cor	npleted line 5, comple	ete lines 3, 9, and	10 of Schedule M	IB and do not complet	e the remain	nder of t	his sc	hedule.					
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)	6	a Enter t	the minimum required c	ontribution for this	s plan year				6a						
(enter a minus sign to the left of a negative amount)		b Enter	the amount contributed	by the employer to	o the plan for this	plan year			6b						
 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. 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 b If the ESOP hold any preferred stock? C See instructions for definition of "back-to-back" loan.) Yes No Yes No 									6c						
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 Yes No N/A Part III Amendments 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. No 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? Yes No 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No		lf you cor	npleted line 6c, skip li	nes 8 and 9.											
automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree Yes No N/A Part III Amendments 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. Yes No 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 hold any stock that is not readily tradable on an established securities market? Yes No 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No	7	Will the m	inimum funding amount	reported on line 6	Sc be met by the fu	Inding deadline?				Yes		No		N/A	
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? Yes No 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No	8	automatic	approval for the change	e or a class ruling	letter, does the pla	an sponsor or plan admi	nistrator agre	e	П	Yes	Π	No	Π	N/A	
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? Yes No 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No	Pa	art III	Amendments												
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? Yes No 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No	_				mondmonte adopt	od during this plan									
skip this Part. Yes No 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? Yes No 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No	3	year that i	ncreased or decreased	the value of bene	fits? If yes, check	the appropriate	Increase		Decre	ase	Во	th	م []	10	
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? Yes No 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No	Ра		ESOPs (see instru				or 4975(e)(7) of the l	nterna	l Revenu	ie Code) ,			
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "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	10	Were una		rities or proceeds	from the sale of ur	nallocated securities use	d to repay ar	ny exemp	ot loan	?		Yes		No	
(See instructions for definition of "back-to-back" loan.)	11	a Does	the ESOP hold any pre	eferred stock?								Yes		No	
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?				U 1							[Yes		No	
	12	•									[Yes	Π	No	
v.092308.1	For	Paperworl	k Reduction Act Notice	e and OMB Contr	rol Numbers, see	the instructions for Fo	orm 5500.			Sch	edule F	R (Form			

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Pa	rt V	1	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. <i>Complete as many entries as needed to report all applicable employers.</i>									
	a	Name of contributing employer									
	b	EIN C Dollar amount contributed by employer									
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	-		ee instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year								
	е	Contribution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):									
		. ,									
	а		e of contributing employer								
	<u>b</u>	EIN	C Dollar amount contributed by employer								
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	e		ibution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, <i>olete items 13e(1) and 13e(2).)</i> Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name	e of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	e		ibution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, olete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name	e of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	e		ribution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, blete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name	e of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	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:									
	а	Name	e of contributing employer								
	b	EIN	C Dollar amount contributed by employer								
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box								
	e										

14	Enter the number of participants on whose behalf no contributions wer	re made by an employer as an employer of the
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	participant for:	r						
	a The current year	14a						
	b The plan year immediately preceding the current plan year	14b						
	C The second preceding plan year	14c						
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to ma employer contribution during the current plan year to:	ake an						
	a The corresponding number for the plan year immediately preceding the current plan year	15a						
	b The corresponding number for the second preceding plan year	15b						
16	Information with respect to any employers who withdrew from the plan during the preceding plan year.							
	a Enter the number of employers who withdrew during the preceding plan year	16a						
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b						
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, o supplemental information to be included as an attachment.		ŭ ŭ					
P	art VI Additional Information for Single-Employer and Multiemployer Defined Benef	it Pensi	on Plans					
18	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- C What duration measure was used to calculate item 19(b)? Effective duration Macaulay duration Modified duration Other (specify):	∠ı years	21 years or more					