

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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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	
	☒ 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 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 PACIFIC COAST TECHNOLOGIES 401(K) PLAN 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) PACIFIC COAST TECHNOLOGIES 434 OLDS STATION ROAD WENATCHEE, WA 98801	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	01/01/1991	
	2b Employer Identification Number (EIN)	93-1044404	
	2c Sponsor's telephone number	509-667-5203	
	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.	08/24/2010	CHARLES MIRACLE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

PACIFIC COAST TECHNOLOGIES

434 OLDS STATION ROAD
WENATCHEE, WA 98801**3b** Administrator's EIN

93-1044404

3c Administrator's telephone number

509-667-5203

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:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

271

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**

175

b Retired or separated participants receiving benefits.....**6b**

0

c Other retired or separated participants entitled to future benefits.....**6c**

69

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

244

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

0

f Total. Add lines **6d** and **6e**.....**6f**

244

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

156

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

1

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 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)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

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

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A Name of plan PACIFIC COAST TECHNOLOGIES 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 PACIFIC COAST TECHNOLOGIES	D Employer Identification Number (EIN) 93-1044404

Part I	Service Provider Information (see instructions)
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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	
AMERICAN CENTURY INVESTMENT SERVICE	
44-0640487	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO	1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
ALLIANCEBERNSTEIN L.P.	
13-4064930	

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
DWS SCUDDER	222 SOUTH RIVERSIDE PLAZA CHICAGO, IL 60606

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

FRED ALGER & COMPANY, INCORPORATED

13-2510833

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

FIDELITY DISTRIBUTORS CORP.

500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD, RI 02917

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN

100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

JANUS DISTRIBUTORS, LLC

151 DETROIT STREET
DENVER, CO 80206

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

NEUBERGER BERMAN

605 THIRD AVENUE
3RD FLOOR
NEW YORK, NY 10158

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

PUTNAM RETAIL MANAGEMENT

ONE POST OFFICE SQUARE
BOSTON, MA 02109

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

RIVERSOURCE DISTRIBUTORS, INC.

1 MAIN STREET
CAMBRIDGE, MA 02142

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

GUARDIAN INVESTOR SERVICES, LLC

388 MARKET STREET
SAN FRANCISCO, CA 94111

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

T. ROWE PRICE

100 EAST PRATT STREET
BALTIMORE, MD 21202

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

(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)

ADP BROKER-DEALER

22-3319984

(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?
60 63 99	RECORD KEEPER	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

ADP

22-1467904

(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 37 64 50	RECORD KEEPER	1200	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET CORPORATION

04-1867445

(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?
25 64 52	DIRECTED TRUSTEE/CUSTODIA	0	Yes ☒ No ☐	Yes ☒ No ☐	12858	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
ADP BROKER-DEALER	60 63	0
(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.	
AMERICAN CENTURY INVESTMENT SERVICE 44-0640487	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 99	0
(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.	
FRED ALGER & COMPANY, INCORPORATED 13-2510833	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0
(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.	
FRANKLIN TEMPLETON DISTRIBUTORS, IN 100 FOUNTAIN PARKWAY ST. PETERSBURG, FL 33716	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS.	

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
ADP BROKER-DEALER	63 60	0
(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.
PUTNAM RETAIL MANAGEMENT	ONE POST OFFICE SQUARE BOSTON, MA 02109	ANNUAL RATE 0.0075 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.001 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.001 OF AVERAGE DAILY ASSETS.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0
(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.
FIDELITY DISTRIBUTORS CORP.	500 SALEM STREET MAIL ZONE 03N SMITHFIELD, RI 02917	ANNUAL RATE 0.0005 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60 63	0
(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.
JANUS DISTRIBUTORS, LLC	151 DETROIT STREET DENVER, CO 80206	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

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
ADP BROKER-DEALER	60	0
(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.	
ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	ANNUAL RATE 0.002 OF AVERAGE DAILY ASSETS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63	0
(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.	
PIONEER INVESTMENT MANAGEMENT, INC 13-1961193	ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60	0
(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.	
GUARDIAN INVESTOR SERVICES, LLC 388 MARKET STREET SAN FRANCISCO, CA 94111	ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.	

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
ADP BROKER-DEALER	63	0
(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.
THORNBURG SECURITIES CORPORATION 2300 NORTH RIDGETOP RD. SANTA FE, NM 87506		ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	60	0
(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.
WELLS FARGO FUNDS DISTRIBUTOR, LLC 525 MARKET STREET 12TH FLOOR SAN FRANCISCO, CA 94105		ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	63	0
(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.
SELIGMAN 100 PARK AVENUE 7TH FLOOR NEW YORK, NY 10017		ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.

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
ADP BROKER-DEALER	60 63	0
(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.	
T. ROWE PRICE 100 EAST PRATT STREET BALTIMORE, MD 21202	ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADP BROKER-DEALER	99	0
(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.	
STATE STREET CORPORATION 04-1867445	ANNUAL RATE 0.0062 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0067 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0068 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0075 OF AVERAGE DAILY ASSETS. ANNUAL RATE 0.0076 OF AVERAGE DAILY ASSETS.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
STATE STREET CORPORATION	64 52	12858
(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.	
ADP 22-1467904	PERFORM A YEAR-END ALLOCATION BASED ON TOTAL \$ / TOTAL # OF PLANS AS OF 12/31 WITH EACH SSGA INVESTMENT AND APPLY .5 TO AMOUNT	

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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan PACIFIC COAST TECHNOLOGIES 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PACIFIC COAST TECHNOLOGIES	D Employer Identification Number (EIN) 93-1044404	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 INDEX FUND		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO		
c EIN-PN 04-0025081-065	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 566356
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA ACTIVE US LARGE CAP BLEND		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO		
c EIN-PN 04-0025081-082	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 276530
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO		
c EIN-PN 04-0025081-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40234
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MIDCAP INDEX		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO		
c EIN-PN 04-0025081-089	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 248109
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA INTERNATIONAL INDEX		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO		
c EIN-PN 04-0025081-462	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 128348
a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA STABLE VALUE FUND		
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO		
c EIN-PN 04-2675543-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 306919
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan PACIFIC COAST TECHNOLOGIES 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PACIFIC COAST TECHNOLOGIES	D Employer Identification Number (EIN) 93-1044404	

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)	144172	105448
(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)	106809	84526
(9) Value of interest in common/collective trusts.....	1c(9)	1224585	1566496
(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)	840657	1332869
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	2316223	3089339

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2316223	3089339
---	-----------	---------	---------

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)	26737	
(B) Participants	2a(1)(B)	268787	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		295524
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)		
(E) Participant loans	2b(1)(E)	10656	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10656
(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)	10709	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		10709
(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)		260548
(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)		338095
c Other income.....	2c		1266
d Total income. Add all income amounts in column (b) and enter total.....	2d		916798

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	127755	
(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)		127755
f Corrective distributions (see instructions)	2f		6771
g Certain deemed distributions of participant loans (see instructions).....	2g		7956
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1200	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1200
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		143682

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		773116
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: CORDELL NEHER & CO PLLC

(2) EIN: 91-0950793

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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	X		232000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.).....	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.).....		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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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.			

- 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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan PACIFIC COAST TECHNOLOGIES 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 PACIFIC COAST TECHNOLOGIES	D Employer Identification Number (EIN) 93-1044404

Part I	Distributions
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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	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): EIN(s): 57-1198022		
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 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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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
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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): _____

**PACIFIC COAST TECHNOLOGIES
401(k) Plan**

Financial Statements

December 31, 2009

I N D E X

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CORDELL, NEHER & COMPANY PLLC
CERTIFIED PUBLIC ACCOUNTANTS

PRINCIPALS

Philip R. Blakney, Jr. CPA

Judy S. Conner, CPA

Kristine S. Loomis, CPA CVA

Jeffery R. Neher, CPA

Of Counsel

Irwin G. Conner, CPA

Alfred W. Cordell

INDEPENDENT AUDITOR'S REPORT

**Board of Trustees
Pacific Coast Technologies 401(K) Plan
Wenatchee, Washington**

We were engaged to audit the financial statements of Pacific Coast Technologies 401(K) Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009, as listed in the accompanying index. 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, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 11, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

Cordell, Neher & Company, PLLC

**Wenatchee, Washington
July 15, 2010**

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Pacific Coast Technologies

401(k) Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ASSETS		
Investments [Notes 3 and 4]		
Cash, cash equivalents and mutual funds	\$ 3,004,814	\$ 2,209,414
Participant loans	112,016	126,344
Contributions receivable		
Employee	12,699	13,989
Employer	<u>1,270</u>	<u>1,399</u>
Total assets	<u>3,130,799</u>	<u>2,351,146</u>
 NET ASSETS AVAILABLE FOR BENEFITS [Note 7]	 <u>\$ 3,130,799</u>	 <u>\$ 2,351,146</u>

Pacific Coast Technologies

401(k) Plan

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the Year Ended December 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income

Net appreciation in fair value of investments

\$ 609,352

Interest

10,656

Total investment income

620,008

Contributions

Participants

267,497

Employer

26,608

Total contributions [Note 7]

294,105

Other income

1,266

Total additions

915,379

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants

127,755

Corrective distributions

6,771

Fees

1,200

Total deductions

135,726

NET INCREASE

779,653

NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR

2,351,146

NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR

\$ 3,130,799

NOTE 1 - GENERAL INFORMATION

A. General

The Plan is a defined contribution plan in accordance with Section 401(k) of the Internal Revenue Code. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). This description provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

B. Eligibility

All employees of Pacific Aerospace & Electronics, Inc. (Company) who are at least twenty-one years of age are eligible to participate after three months of service.

C. Contributions

Participants may contribute up to 15 percent of pretax annual compensation up to a maximum of \$16,500 for 2009. Participants may also contribute amounts representing distributions from other qualified plans. The Company will match the employee contribution up to 10 percent of the employee's contribution up to a maximum of 15 percent of the employee's compensation. The Company is also permitted to make additional non-elective contributions to the Plan, but is not required to do so.

D. Participant accounts

The Plan document provides that investments in each participant's account be allocated at the direction of each participant among the available funds. Individual accounts are maintained for each Plan participant to reflect the participant's contributions and related employer matching contributions. Assets of the Plan are valued each business day by the Plan trustee. The Plan trustee then values and increases or decreases each participant's account to reflect his or her proportionate interest in each of the funds as adjusted for fund activity since the preceding valuation date. Administrative expenses are typically paid by the Company; however, any Plan expenses not paid by the Company are allocated to the participant accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

E. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts, plus actual earnings thereon, is based on years of service. A participant is one hundred percent vested after six years of credited service.

NOTE 1 - GENERAL INFORMATION - continued

F. Investment options

A participant can direct employee contributions in increments of one percent to any of twenty-one investment options offered through various investment companies. Participants may change their future investment options and their current investment options daily with certain restrictions. Contribution amounts may also be changed daily.

G. Participant loans

The Plan allows participants to borrow from their fund accounts a minimum of \$500 up to 50% of their vested account balance, to a maximum of \$50,000. Participant loans, secured by account balances, bear interest based on the prime rate at the time of the loan, plus 2%. The term of the loan cannot exceed five years, unless the loan proceeds are used to purchase a primary residence for the participant, in which case the repayment term cannot exceed thirty years. Principal and interest are paid ratably through regular payroll deductions. In the event of termination of employment, loan balances and accrued interest shall be deducted from the amount of the account distribution.

H. Payment of benefits

On termination of service due to death, disability, retirement or other reasons a participant receives a lump sum amount equal to the value of the participant's vested interest in their account. An annuity option is available with restrictions.

I. Forfeited accounts

Upon a participant's total distribution from the plan, the non-vested portion of the employer contribution is forfeited and used to reduce employer contributions or to pay Plan expenses. The amount of forfeitures for the year ended December 31, 2009, was \$193.

J. Amendments

Effective January 2009, one fund was added. Effective in January 2010, 20% tax withholding will be mandatory on non-spouse distributions not rolled directly into an IRA.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of accounting

The financial statements of the Plan are prepared utilizing the accrual basis of accounting.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

B. Investment valuation and income recognition

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participant loans are stated at amortized cost, which approximate fair value.

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

The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of dividends, realized gain or losses and the unrealized appreciation (depreciation) on Plan investments.

C. Payment of benefits

Benefit payments are recorded when paid.

D. Operating expenses

All expenses of maintaining the Plan are paid by the Company.

E. Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

F. Risks and uncertainties

The Plan provides for various investment options of mutual funds. The underlying investment securities in the mutual funds are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and investment contracts and the level of uncertainty related to changes in the value of the investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits. At December 31, 2009 and 2008, approximately 54% and 59%, respectively, of the Plan's investments are concentrated in State Street mutual funds.

Pacific Coast Technologies
401(k) Plan
NOTES TO FINANCIAL STATEMENTS
December 31, 2009 and 2008

NOTE 3 - INVESTMENTS

The fair values of individual investments held by the Plan that are greater than 5% of net assets available for benefits as of December 31, 2009 and 2008, are as follows:

	<u>2009</u>	<u>2008</u>
<u>Mutual Funds</u>		
State Street		
Government Money Market, 15,610 and 21,342 units, respectively	\$ 105,448	\$ 144,172
International Index, 9,820 and 12,483 units, respectively	128,348	124,475
S & P 500 Index, 42,959 and 41,026 units, respectively	566,356	429,634
Active U.S. Large Cap Blend, 22,617 and 21,822 units, respectively	276,530	235,617
Stable Value, 20,017 and 15,696 units, respectively	306,919	236,473
S & P Midcap Index, 23,714 and 20,719 units, respectively	248,110	158,870
Janus Adviser		
Forty, 12,623 and 11,596 units, respectively	397,893	254,640
Putnam		
George Putnam of Boston, 15,779 and 17,371 units, respectively	170,417	155,300
RS Value, 8,942 and 8,058 units, respectively	184,649	120,794
Neuberger Berman Partners, 13,120 and 11,996 units, respectively	208,217	123,196
<u>Participant Loans</u> , interest rates ranging from 5.25% to 10.75%	112,016	126,344

NOTE 4 - FAIR VALUE MEASUREMENTS

Generally accepted accounting principles (GAAP) provide 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under GAAP are described as follows:

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 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.

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

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end.

Participant loans are valued at amortized cost, which approximates fair value.

NOTE 4 - FAIR VALUE MEASUREMENTS - continued

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

Fair values of assets measured on a recurring basis at December 31, 2009 and 2008 were as follows:

<u>Fair Value Measurements at December 31, 2009</u>				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	\$ 105,448	\$ -	\$ -	\$ 105,448
Mutual funds	2,899,366	-	-	2,899,366
Participant loans	-	-	112,016	112,016
Total financial assets	\$ 3,004,814	\$ -	\$ 112,016	\$ 3,116,830

<u>Fair Value Measurements at December 31, 2008</u>				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	\$ 144,172	\$ -	\$ -	\$ 144,172
Mutual funds	2,065,242	-	-	2,065,242
Participant loans	-	-	126,344	126,344
Total financial assets	\$ 2,209,414	\$ -	\$ 126,344	\$ 2,335,758

NOTE 4 - FAIR VALUE MEASUREMENTS - continued

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

	<u>Participant loans</u>
Balance, beginning of year	\$ 126,344
Appreciation (depreciation) in fair value of investments	-
Purchases, sales, issuances, and settlements (net)	<u>(14,328)</u>
Balance, end of year	<u>\$ 112,016</u>

NOTE 5 - COMPANY MERGER & ACQUISITION AS RELATED TO THE PLAN

Early in 2007, the remaining two employees of Pacific Aerospace & Electronics, Inc. (PAE) were transferred to PCT. On January 1, 2007, the Plan sponsor was changed to PCT with a corresponding change in Employer Identification Number. The Plan name was also changed to PCT 401(k) Plan. On March 14, 2007, Souriau of France purchased PCT, which was left to operate independently with its 401(k) Plan intact. Subsequently, the PCT company name, but not the Plan name, was changed back to PAE. The company is not material to the operations of Souriau as a whole.

NOTE 6 - WITHDRAWING PARTICIPANT'S BENEFITS

At December 31, 2009, no participants had elected to withdraw from the Plan without having their account balances disbursed as of December 31, 2009.

NOTE 7 - RECONCILIATION TO FORM 5500

The following is a reconciliation of reported amounts in the Form 5500 to the financial statements:

	<u>2009</u>	<u>2008</u>
Form 5500 net assets available for benefits	\$ 3,089,339	\$ 2,316,223
Employee contributions receivable	12,699	13,989
Employer contributions receivable	1,270	1,399
Deemed distributions of participant loans	<u>27,491</u>	<u>19,535</u>
Net assets available for benefits	<u>\$ 3,130,799</u>	<u>\$ 2,351,146</u>

The following is a reconciliation of contributions received per Form 5500 to the financial statement for 2009:

Contributions received per Form 5500	\$ 295,524
Less: prior year receivables	
Participants	13,989
Employer	<u>1,399</u>
	15,388
Plus: current year receivables	
Participants	12,699
Employer	<u>1,270</u>
	<u>13,969</u>
Contributions per financial statements	<u>\$ 294,105</u>

The 2009 Form 5500, which is filed with the Department of Labor, has several items of income that differ from the amounts shown on the accompanying statement of changes in net assets available for benefits. These differences relate to classification only and have no effect upon net assets available for benefits.

NOTE 8 - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by State Street Bank and Trust Company. State Street Bank and Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 9 - PLAN TERMINATION

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

NOTE 10 - TAX STATUS

The Company is relying on an Internal Revenue Service prototype opinion letter dated March 31, 2008, stating the Plan is designed in accordance with applicable Sections of the Internal Revenue Code (the IRC). Accordingly, no provision for income taxes has been included in the Plan's financial statements.

NOTE 11 - INFORMATION CERTIFIED BY THE TRUSTEE

Information contained in the accompanying financial statements that was certified by the trustee, State Street Bank and Trust Company, is as follows:

- Details (cost and fair value) of investment assets held at December 31, 2009 and 2008.
- Summaries of investment transactions for the year ended December 31, 2009.
- Investment income for the year ended December 31, 2009.
- Net appreciation in fair value of investments for the year ended December 31, 2009.

NOTE 12 - SUBSEQUENT EVENTS

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

Pacific Coast Technologies
401(k) Plan

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

EIN 91-1744587

Plan Number - 001

December 31, 2009

(a)	(b) Identity of issuer, 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
*	State Street Global Advisors			
*	Gov't Money Market	Money Market Fund, 15,610 units		\$ 105,448
*	Stable Value	Mutual Fund, 20,017 units		306,919
*	S & P 500 Index	Mutual Fund, 42,959 units		566,356
*	Active U.S. Large Cap Blend	Mutual Fund, 22,617 units		276,530
*	Russell Small Cap Index	Mutual Fund, 2,399 units		40,234
*	International Index	Mutual Fund, 9,820 units		128,348
*	S & P Midcap Index	Mutual Fund, 23,714 units		248,110
	Fidelity Advisor			
	Equity Income	Mutual Fund, 1,184 units		24,577
	Janus Forty	Mutual Fund, 12,623 units		397,893
	Neuberger Berman Partners	Mutual Fund, 13,120 units		208,217
	Franklin Mutual Global Discovery	Mutual Fund, 1,513 units		40,103
	George Putnam of Boston	Mutual Fund, 15,779 units		170,417
	RS Value	Mutual Fund, 8,942 units		184,649
	Alger Small Cap Growth	Mutual Fund, 383 units		8,490
	DWS			
	Core Fixed Income	Mutual Fund, 202 units		1,813
	Mid Cap Growth	Mutual Fund, 71 units		799
	Alliance Global Thematic Growth	Mutual Fund, 442 units		28,844
	American Century Income & Growth	Mutual Fund, 2,288 units		48,775
	Allianz NFJ Small Cap Value	Mutual Fund, 3,336 units		77,370
	Templeton Growth	Mutual Fund, 581 units		9,678
	T Rowe Price Mid Cap Value	Mutual Fund, 6,415 units		131,244
	Participant loans	Interest rates ranging from 5.25% to 10.75%	-0-	112,016
			Total	\$ 3,116,830

* Party-in-interest as defined by ERISA

** Cost information not required

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF: 12/31/2009

PAGE 1

Plan Name: PACIFIC COAST TECHNOLOGIES 401(K) PLAN
Plan Number: 001

Employer EIN: 93-1044404
Run Date: 05/21/2010

(a) (b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	(d) Cost	(e) Current Value
SSGA GOVERNMENT MONEY MARKET	Interest-Bearing Cash	15,609.6995	n/a
SSGA INTERNATIONAL INDEX	Common / Collective Trust	9,819.5599	n/a
SSGA ACTIVE US LARGE CAP BLEND	Common / Collective Trust	22,617.4680	n/a
SSGA S&P 500 INDEX FUND	Common / Collective Trust	42,958.6757	n/a
SSGA RUSSELL SMALL CAP INDEX	Common / Collective Trust	2,398.8159	n/a
SSGA STABLE VALUE FUND	Common / Collective Trust	20,017.0074	n/a
SSGA S&P MIDCAP INDEX	Common / Collective Trust	23,713.5726	n/a
ALGER SMALL CAP GROWTH INSTL-I	Registered Investment Company	383.1219	n/a
DWS CORE FIXED INCOME FUND-A	Registered Investment Company	202.3201	n/a
DWS MID CAP GROWTH FUND-A	Registered Investment Company	71.2318	n/a
AMERICAN CENTURY INC & GR -A	Registered Investment Company	2,287.7577	n/a
FIDELITY ADV EQUITY INCOME - T	Registered Investment Company	1,184.4087	n/a
GEORGE PUTNAM FUND OF BOSTON-M	Registered Investment Company	15,779.3604	n/a
FRANKLIN MUT GLB DISC - R	Registered Investment Company	1,513.3341	n/a
T. ROWE PRICE MID-CAP VALUE -R	Registered Investment Company	6,414.6625	n/a
ALLIANCEBER GLO THEM GR FD -A	Registered Investment Company	442.2580	n/a
ALLIANZ NFJ SMALL-CAP VALUE -A	Registered Investment Company	3,336.3463	n/a
RS VALUE FUND - A	Registered Investment Company	8,941.8598	n/a
NEUBERGER BERMAN PARTNERS -ADV	Registered Investment Company	13,120.1838	n/a
TEMPLETON GROWTH - R	Registered Investment Company	580.5806	n/a
JANUS FORTY FUND - S	Registered Investment Company	12,623.4925	n/a
Participant Loans	Interest Rates (5.25% to 10.75%)		n/a
	TOTAL		3,116,829.91

NOTE: The following is specifically for Form 5500 reporting.
The difference between Participant Loans on this Schedule and Participant Loans reported on Form 5500 Schedule H or I is the amount of DDLs. Loan amounts shown here include DDLs, while loan amounts reported on 5500 forms do not include DDLs.

Trust_004817.txt

RUN DATE: 05/21/2010

PAGE 1

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)
Period: 01/01/2009 through 12/31/2009

Plan Name: PACIFIC COAST TECHNOLOGIES 401(K) PLAN
Plan Number: 001

Employer EIN: 93-1044404

Run Date: 05/21/2010

(a) Identity of Issue, Borrower, or Similar Party	(b) Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value)	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
--	--	-----------------------------	---------------------------------

NOTE: IN ACCORDANCE WITH SPECIFIC INSTRUCTIONS, ACQUISITIONS
AND DISPOSITIONS OF CERTAIN TYPES OF ASSETS NEED NOT
BE REPORTED. THESE INCLUDE FUNDS OF COMMON/COLLECTIVE
TRUSTS AND REGISTERED INVESTMENT COMPANIES.

**PACIFIC COAST TECHNOLOGIES
401(k) Plan**

Financial Statements

December 31, 2009

I N D E X

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Notes to Financial Statements.....	4-12
Additional Information	
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CORDELL, NEHER & COMPANY PLLC
CERTIFIED PUBLIC ACCOUNTANTS

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Of Counsel

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INDEPENDENT AUDITOR'S REPORT

**Board of Trustees
Pacific Coast Technologies 401(K) Plan
Wenatchee, Washington**

We were engaged to audit the financial statements of Pacific Coast Technologies 401(K) Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedule as of December 31, 2009, as listed in the accompanying index. 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, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 11, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

Cordell, Neher & Company, PLLC

**Wenatchee, Washington
July 15, 2010**

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Pacific Coast Technologies

401(k) Plan

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December 31, 2009 and 2008

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Total assets	<u>3,130,799</u>	<u>2,351,146</u>
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Pacific Coast Technologies

401(k) Plan

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For the Year Ended December 31, 2009

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income

Net appreciation in fair value of investments

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Total investment income

620,008

Contributions

Participants

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Employer

26,608

Total contributions [Note 7]

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Other income

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Total additions

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DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants

127,755

Corrective distributions

6,771

Fees

1,200

Total deductions

135,726

NET INCREASE

779,653

NET ASSETS AVAILABLE FOR BENEFITS - BEGINNING OF YEAR

2,351,146

NET ASSETS AVAILABLE FOR BENEFITS - END OF YEAR

\$ 3,130,799

NOTE 1 - GENERAL INFORMATION

A. General

The Plan is a defined contribution plan in accordance with Section 401(k) of the Internal Revenue Code. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). This description provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

B. Eligibility

All employees of Pacific Aerospace & Electronics, Inc. (Company) who are at least twenty-one years of age are eligible to participate after three months of service.

C. Contributions

Participants may contribute up to 15 percent of pretax annual compensation up to a maximum of \$16,500 for 2009. Participants may also contribute amounts representing distributions from other qualified plans. The Company will match the employee contribution up to 10 percent of the employee's contribution up to a maximum of 15 percent of the employee's compensation. The Company is also permitted to make additional non-elective contributions to the Plan, but is not required to do so.

D. Participant accounts

The Plan document provides that investments in each participant's account be allocated at the direction of each participant among the available funds. Individual accounts are maintained for each Plan participant to reflect the participant's contributions and related employer matching contributions. Assets of the Plan are valued each business day by the Plan trustee. The Plan trustee then values and increases or decreases each participant's account to reflect his or her proportionate interest in each of the funds as adjusted for fund activity since the preceding valuation date. Administrative expenses are typically paid by the Company; however, any Plan expenses not paid by the Company are allocated to the participant accounts. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

E. Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts, plus actual earnings thereon, is based on years of service. A participant is one hundred percent vested after six years of credited service.

NOTE 1 - GENERAL INFORMATION - continued

F. Investment options

A participant can direct employee contributions in increments of one percent to any of twenty-one investment options offered through various investment companies. Participants may change their future investment options and their current investment options daily with certain restrictions. Contribution amounts may also be changed daily.

G. Participant loans

The Plan allows participants to borrow from their fund accounts a minimum of \$500 up to 50% of their vested account balance, to a maximum of \$50,000. Participant loans, secured by account balances, bear interest based on the prime rate at the time of the loan, plus 2%. The term of the loan cannot exceed five years, unless the loan proceeds are used to purchase a primary residence for the participant, in which case the repayment term cannot exceed thirty years. Principal and interest are paid ratably through regular payroll deductions. In the event of termination of employment, loan balances and accrued interest shall be deducted from the amount of the account distribution.

H. Payment of benefits

On termination of service due to death, disability, retirement or other reasons a participant receives a lump sum amount equal to the value of the participant's vested interest in their account. An annuity option is available with restrictions.

I. Forfeited accounts

Upon a participant's total distribution from the plan, the non-vested portion of the employer contribution is forfeited and used to reduce employer contributions or to pay Plan expenses. The amount of forfeitures for the year ended December 31, 2009, was \$193.

J. Amendments

Effective January 2009, one fund was added. Effective in January 2010, 20% tax withholding will be mandatory on non-spouse distributions not rolled directly into an IRA.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

A. Basis of accounting

The financial statements of the Plan are prepared utilizing the accrual basis of accounting.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

B. Investment valuation and income recognition

The Plan's investments are stated at fair value. Shares of registered investment companies are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. Participant loans are stated at amortized cost, which approximate fair value.

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

The Plan presents, in the statement of changes in net assets available for benefits, the net appreciation (depreciation) in the fair value of its investments, which consists of dividends, realized gain or losses and the unrealized appreciation (depreciation) on Plan investments.

C. Payment of benefits

Benefit payments are recorded when paid.

D. Operating expenses

All expenses of maintaining the Plan are paid by the Company.

E. Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions to and deductions from net assets available for benefits during the reporting period. Actual results could differ from those estimates.

F. Risks and uncertainties

The Plan provides for various investment options of mutual funds. The underlying investment securities in the mutual funds are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities and investment contracts and the level of uncertainty related to changes in the value of the investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits and the statement of changes in net assets available for benefits. At December 31, 2009 and 2008, approximately 54% and 59%, respectively, of the Plan's investments are concentrated in State Street mutual funds.

NOTE 3 - INVESTMENTS

The fair values of individual investments held by the Plan that are greater than 5% of net assets available for benefits as of December 31, 2009 and 2008, are as follows:

	<u>2009</u>	<u>2008</u>
<u>Mutual Funds</u>		
State Street		
Government Money Market, 15,610 and 21,342 units, respectively	\$ 105,448	\$ 144,172
International Index, 9,820 and 12,483 units, respectively	128,348	124,475
S & P 500 Index, 42,959 and 41,026 units, respectively	566,356	429,634
Active U.S. Large Cap Blend, 22,617 and 21,822 units, respectively	276,530	235,617
Stable Value, 20,017 and 15,696 units, respectively	306,919	236,473
S & P Midcap Index, 23,714 and 20,719 units, respectively	248,110	158,870
Janus Adviser		
Forty, 12,623 and 11,596 units, respectively	397,893	254,640
Putnam		
George Putnam of Boston, 15,779 and 17,371 units, respectively	170,417	155,300
RS Value, 8,942 and 8,058 units, respectively	184,649	120,794
Neuberger Berman Partners, 13,120 and 11,996 units, respectively	208,217	123,196
<u>Participant Loans</u> , interest rates ranging from 5.25% to 10.75%	112,016	126,344

NOTE 4 - FAIR VALUE MEASUREMENTS

Generally accepted accounting principles (GAAP) provide 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under GAAP are described as follows:

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 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.

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

Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year end.

Participant loans are valued at amortized cost, which approximates fair value.

NOTE 4 - FAIR VALUE MEASUREMENTS - continued

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

Fair values of assets measured on a recurring basis at December 31, 2009 and 2008 were as follows:

<u>Fair Value Measurements at December 31, 2009</u>				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	\$ 105,448	\$ -	\$ -	\$ 105,448
Mutual funds	2,899,366	-	-	2,899,366
Participant loans	-	-	112,016	112,016
Total financial assets	\$ 3,004,814	\$ -	\$ 112,016	\$ 3,116,830

<u>Fair Value Measurements at December 31, 2008</u>				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
Cash and cash equivalents	\$ 144,172	\$ -	\$ -	\$ 144,172
Mutual funds	2,065,242	-	-	2,065,242
Participant loans	-	-	126,344	126,344
Total financial assets	\$ 2,209,414	\$ -	\$ 126,344	\$ 2,335,758

NOTE 4 - FAIR VALUE MEASUREMENTS - continued

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2009:

	<u>Participant loans</u>
Balance, beginning of year	\$ 126,344
Appreciation (depreciation) in fair value of investments	-
Purchases, sales, issuances, and settlements (net)	<u>(14,328)</u>
Balance, end of year	<u>\$ 112,016</u>

NOTE 5 - COMPANY MERGER & ACQUISITION AS RELATED TO THE PLAN

Early in 2007, the remaining two employees of Pacific Aerospace & Electronics, Inc. (PAE) were transferred to PCT. On January 1, 2007, the Plan sponsor was changed to PCT with a corresponding change in Employer Identification Number. The Plan name was also changed to PCT 401(k) Plan. On March 14, 2007, Souriau of France purchased PCT, which was left to operate independently with its 401(k) Plan intact. Subsequently, the PCT company name, but not the Plan name, was changed back to PAE. The company is not material to the operations of Souriau as a whole.

NOTE 6 - WITHDRAWING PARTICIPANT'S BENEFITS

At December 31, 2009, no participants had elected to withdraw from the Plan without having their account balances disbursed as of December 31, 2009.

NOTE 7 - RECONCILIATION TO FORM 5500

The following is a reconciliation of reported amounts in the Form 5500 to the financial statements:

	<u>2009</u>	<u>2008</u>
Form 5500 net assets available for benefits	\$ 3,089,339	\$ 2,316,223
Employee contributions receivable	12,699	13,989
Employer contributions receivable	1,270	1,399
Deemed distributions of participant loans	<u>27,491</u>	<u>19,535</u>
Net assets available for benefits	<u>\$ 3,130,799</u>	<u>\$ 2,351,146</u>

The following is a reconciliation of contributions received per Form 5500 to the financial statement for 2009:

Contributions received per Form 5500	\$ 295,524
Less: prior year receivables	
Participants	13,989
Employer	<u>1,399</u>
	15,388
Plus: current year receivables	
Participants	12,699
Employer	<u>1,270</u>
	<u>13,969</u>
Contributions per financial statements	<u>\$ 294,105</u>

The 2009 Form 5500, which is filed with the Department of Labor, has several items of income that differ from the amounts shown on the accompanying statement of changes in net assets available for benefits. These differences relate to classification only and have no effect upon net assets available for benefits.

NOTE 8 - RELATED PARTY TRANSACTIONS

Certain Plan investments are shares of mutual funds managed by State Street Bank and Trust Company. State Street Bank and Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

NOTE 9 - PLAN TERMINATION

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

NOTE 10 - TAX STATUS

The Company is relying on an Internal Revenue Service prototype opinion letter dated March 31, 2008, stating the Plan is designed in accordance with applicable Sections of the Internal Revenue Code (the IRC). Accordingly, no provision for income taxes has been included in the Plan's financial statements.

NOTE 11 - INFORMATION CERTIFIED BY THE TRUSTEE

Information contained in the accompanying financial statements that was certified by the trustee, State Street Bank and Trust Company, is as follows:

- Details (cost and fair value) of investment assets held at December 31, 2009 and 2008.
- Summaries of investment transactions for the year ended December 31, 2009.
- Investment income for the year ended December 31, 2009.
- Net appreciation in fair value of investments for the year ended December 31, 2009.

NOTE 12 - SUBSEQUENT EVENTS

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

Pacific Coast Technologies
401(k) Plan

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

EIN 91-1744587

Plan Number - 001

December 31, 2009

(a)	(b) Identity of issuer, 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
*	State Street Global Advisors			
*	Gov't Money Market	Money Market Fund, 15,610 units		\$ 105,448
*	Stable Value	Mutual Fund, 20,017 units		306,919
*	S & P 500 Index	Mutual Fund, 42,959 units		566,356
*	Active U.S. Large Cap Blend	Mutual Fund, 22,617 units		276,530
*	Russell Small Cap Index	Mutual Fund, 2,399 units		40,234
*	International Index	Mutual Fund, 9,820 units		128,348
*	S & P Midcap Index	Mutual Fund, 23,714 units		248,110
	Fidelity Advisor			
	Equity Income	Mutual Fund, 1,184 units		24,577
	Janus Forty	Mutual Fund, 12,623 units		397,893
	Neuberger Berman Partners	Mutual Fund, 13,120 units		208,217
	Franklin Mutual Global Discovery	Mutual Fund, 1,513 units		40,103
	George Putnam of Boston	Mutual Fund, 15,779 units		170,417
	RS Value	Mutual Fund, 8,942 units		184,649
	Alger Small Cap Growth	Mutual Fund, 383 units		8,490
	DWS			
	Core Fixed Income	Mutual Fund, 202 units		1,813
	Mid Cap Growth	Mutual Fund, 71 units		799
	Alliance Global Thematic Growth	Mutual Fund, 442 units		28,844
	American Century Income & Growth	Mutual Fund, 2,288 units		48,775
	Allianz NFJ Small Cap Value	Mutual Fund, 3,336 units		77,370
	Templeton Growth	Mutual Fund, 581 units		9,678
	T Rowe Price Mid Cap Value	Mutual Fund, 6,415 units		131,244
	Participant loans	Interest rates ranging from 5.25% to 10.75%	-0-	112,016
			Total	\$ 3,116,830

* Party-in-interest as defined by ERISA

** Cost information not required