	Form 5500-SF			Report of Small Emplo	OMB Nos. 1210-0110 1210-0089							
	Department of the Treasury Internal Revenue Service		Benefit		2009							
Department of Labor Retirement Income Security Administration Employee Benefits Security Administration Internal Revenue Code (the Code).						This Form is Open to Public						
	ension Benefit Guaranty Corporation	0-SF.	Inspection									
Pa	art I Annual Report Id	entification Information		n the instructions to the Form 550								
For	calendar plan year 2009 or fisca	Il plan year beginning 01/01/2009	9	and ending 1	2/31/2	2009						
Α -	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan						
B -	This return/report is for:											
	[an amended return/report	short plan	year return/report (less than 12 mo	nths)							
C	Check box if filing under:	extension		DFVC program								
	special extension (enter description)											
Pa	rt II Basic Plan Inform	nation—enter all requested information	ation									
	Name of plan				1b	Three-digit						
PHO	ENIX SALES, INC. EMPLOYEE	RETIREMENT PLAN				plan number (PN) ▶ 001						
					1c	Effective date of plan						
						01/01/1995						
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 59-3026050						
3100	PENNINGTON DRIVE				2c	Plan sponsor's telephone number 407-294-4922						
	ANDO, FL 32804				2d	Business code (see instructions) 423990						
		address (if same as Plan sponsor, e			3b	Administrator's EIN						
FHU	ENIX SALES, INC.	3100 PENNII ORLANDO, F		XIVE	3c	59-3026050 Administrator's telephone number						
1 1	the name and/or FINI of the pla	n anonger has shanged since the lag	ot roturo/ro	port filed for this plan, onter the	46	407-294-4922						
		n sponsor has changed since the las r from the last return/report. Sponso		port med for this plan, enter the	40	EIN						
					4c	PN						
5a		the beginning of the plan year			5a	27						
b		the end of the plan year			5b	25						
С		th account balances as of the end of		· ·	5c	16						
6a	Were all of the plan's assets d	uring the plan year invested in eligib	le assets?	(See instructions.)		Yes No						
b		e annual examination and report of a										
	•	See instructions on waiver eligibility a er 6a or 6b, the plan cannot use Fo		,		X Yes No						
Pa	rt III Financial Informa		5111 5500-									
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year						
а	Total plan assets		. 7a	377253	3	505612						
b	Total plan liabilities		7b									
С	Net plan assets (subtract line 7	b from line 7a)	7c	377253	3	505612						
8	Income, Expenses, and Transf	ers for this Plan Year	(a) Amount		(b) Total							
а	Contributions received or received		90(1)	1634	1							
				42120	-							
	(3) Others (including rollovers)))								
b	., ,			106382								
c		(1), 8a(2), 8a(3), and 8b)										
d	Benefits paid (including direct r				150142							
	to provide benefits)		8d	2176								
e		ve distributions (see instructions))							
f	•	s (salaries, fees, commissions))							
g	·		Ŭ	18	3							
h		Be, 8f, and 8g)			_	21783						
1		8h from line 8c)			_	128359						
J	i ransfers to (from) the plan (se	e instructions)	8j	()							

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

Page **2-**1

Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K 2T 3D
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No		Αmoι	unt		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	x					2289	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		x					
С	Was the plan covered by a fidelity bond?	10c	X					50000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Х						
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	X		2358					
f	Has the plan failed to provide any benefit when due under the plan?	10f		X					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		Х					
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI Pension Funding Compliance							<u> </u>	
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))						Yes	× No	
	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver	ctions, ith	and e	enter th	e date of t			-	
b	Enter the minimum required contribution for this plan year			12b					
С	Enter the amount contributed by the employer to the plan for this plan year			12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left negative amount)			12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	С	N/A	
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year			13a					
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?								
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify t which assets or liabilities were transferred. (See instructions.)	he pla	n(s) to						
1	3c(1) Name of plan(s):	13	c (2) El	N(s)	1:	3c(3)	PN(s)		

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

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

SIGN	Filed with authorized/valid electronic signature.	09/27/2010	F. SCOTT HALL					
HERE	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					

Form 5500-SF		Return/Report of Small Employee Benefit Plan			OMB Nos. 1210-0110 1210-0089			
Department of the Treasury Internal Revenue Service			ctions 104 and 4065 of the Employed	e	2009			
Department of Labor Employee Benefits Security Administration	Retirement Income Security	Act of 1974	(ERISA), and section 6058(a) of th ode (the Code).	This Form is Open to Public				
Pension Benefit Guaranty Corporation	10-SE		pection					
Part I Annual Report	dentification Information		h the instructions to the Form 55	10-3F.				
or calendar plan year 2009 or fis	cal plan year beginning (01/01/2	009 and ending		12/31/200)9		
This return/report is for:	X single-employer plan] multiple-e	employer plan (not multiemployer)		one-participa	nt plan		
This return/report is for:	first return/report	final retur	n/report					
	an amended return/report	short plar	n year return/report (less than 12 mo	onths)				
Check box if filing under:	X Form 5558	automatio	c extension		DFVC progra	ım		
	special extension (enter description	on)				-		
	rmation—enter all requested inform	ation						
a Name of plan	c. Employee Retirement	Dlan		1b	Three-digit			
Phoenix Sales, inc	. Employee Recifement	Pian			plan number (PN) ▶	001		
				1c	Effective date of			
					01/01/1999	5		
Plan sponsor's name and add Phoenix Sales, Inc	Iress (employer, if for single-employer	r plan)		2b	Employer Identif	fication Number		
······································				20	(EIN) 59-302 Plan sponsor's t	elephone number		
3100 Pennington Dr	tive				(407)294-4	1922		
-				2d	Business code (423990	see instructions)		
Orlando Plan administrator's name an	d address (if same as Plan sponsor, e	- Inter "Same	FL 32804	3h	Administrator's			
Same			s)	55				
				3c		elephone number		
					(407)294-4	1922		
It the name and/or FIN of the n	lan sponsor has changed since the la	st return/re	port filed for this plan enter the	Ah	EINI			
	lan sponsor has changed since the la er from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN			
name, EIN, and the plan numb	er from the last return/report. Sponso	or's name		4c	EIN PN			
name, EIN, and the plan numb	er from the last return/report. Sponso at the beginning of the plan year	or's name				27		
name, EIN, and the plan numb Total number of participants a Total number of participants a	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year	or's name		4c		27 25		
a Total number of participants a Total number of participants a Total number of participants a Total number of participants	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o	or's name	rear (defined benefit plans do not	4c 5a 5b		25		
 name, EIN, and the plan numb Total number of participants a Total number of participants a Cotal number of participants a complete this item) 	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o	or's name	rear (defined benefit plans do not	4c 5a 5b 5c	PN	25		
 name, EIN, and the plan numb Total number of participants a Total number of participants a Total number of participants a Complete this item)	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o	or's name f the plan y ple assets?	rear (defined benefit plans do not (See instructions.)	4c 5a 5b 5c	PN	25		
 name, EIN, and the plan number a Total number of participants a b Total number of participants a c Total number of parti	at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility	f the plan y f the plan y le assets? an indeper and conditi	rear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IG ions.)	4c 5a 5b 5c 2PA)	PN	25		
name, EIN, and the plan numb Total number of participants a Total number of participants a Total number of participants a complete this item)	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F	f the plan y f the plan y le assets? an indeper and conditi	rear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IG ions.)	4c 5a 5b 5c 2PA)	PN	25 16 X Yes No		
 name, EIN, and the plan number of participants a Total number of participants a Total number of participants a Total number of participants a Complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit art III Financial Inform 	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F	f the plan y f the plan y le assets? an indeper and conditi	ear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IG ons.)	4c 5a 5b 5c 2PA)	PN	25 16 X Yes No X Yes No		
name, EIN, and the plan number Total number of participants a Total number of participants a Total number of participants a complete this item)	at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation	f the plan y f the plan y ble assets? an indeper and conditi orm 5500-	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IG ions.) SF and must instead use Form 5t (a) Beginning of Year	4c 5a 5b 5c 2PA)	PN	25 16 X Yes No X Yes No of Year		
 name, EIN, and the plan number of participants a Total number of participants a Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eita art III Financial Inform Plan Assets and Liabilities Total plan assets 	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation	f the plan y ole assets? an indeper and conditi orm 5500	ear (defined benefit plans do not (See instructions.) ndent qualified public accountant (IG ons.)	4c 5a 5b 5c 2PA)	PN	25 16 X Yes No X Yes No		
name, EIN, and the plan numb Total number of participants a Total number of participants a Total number of participants a complete this item)	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation	f the plan y le assets? an indeper and conditi orm 5500-1	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (Id ions.) SF and must instead use Form 55 (a) Beginning of Year 377, 25	4c 5a 5b 5c 2PA) 500.	PN	25 16 X Yes No Yes No of Year 505, 612		
name, EIN, and the plan numb Total number of participants a Total number of participants a Total number of participants a Total number of participants a complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eite art III Financial Inform Plan Assets and Liabilities Total plan assets Net plan assets (subtract line	the from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation	f the plan y le assets? an indeper and conditi orm 5500-1 7a 7b	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 377, 25	4c 5a 5b 5c 2PA) 500.	PN	25 16 X Yes No X Yes No of Year 505, 612 505, 612		
name, EIN, and the plan number Total number of participants a Total number of participants a Total number of participants a complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit art III Financial Inform Plan Assets and Liabilities Total plan assets Net plan assets (subtract line Income, Expenses, and Trans	the from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation 7b from line 7a) sfers for this Plan Year	f the plan y le assets? an indeper and conditi orm 5500-1	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (Id ions.) SF and must instead use Form 55 (a) Beginning of Year 377, 25	4c 5a 5b 5c 2PA) 500.	PN	25 16 X Yes No X Yes No of Year 505, 612 505, 612		
name, EIN, and the plan number Total number of participants a Total number of participants a Total number of participants a Total number of participants a complete this item) Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit art III Financial Inform Plan Assets and Liabilities Total plan assets Total plan assets (subtract line Income, Expenses, and Trans Contributions received or reco	the from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation 7b from line 7a) sfers for this Plan Year	f the plan y ole assets? an indeper and conditi orm 5500- 7a 7b 7c	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ons.) SF and must instead use Form 55 (a) Beginning of Year 377, 25	4c 5a 5b 5c 2PA) 500.	PN	25 16 X Yes No X Yes No of Year 505, 612 505, 612		
 name, EIN, and the plan number of participants a Total number of participants a Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit art III Financial Inform Plan Assets and Liabilities Total plan assets Net plan assets (subtract line Income, Expenses, and Transition Contributions received or rectors) 	the from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation 7b from line 7a) sfers for this Plan Year eivable from:	f the plan y f the plan y le assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1)	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IG ons.)	4c 5a 5b 5c 2PA) 500.	PN	25 16 X Yes No X Yes No of Year 505, 612 505, 612		
 name, EIN, and the plan number of participants a Total number of participants a Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit art III Financial Inform Plan Assets and Liabilities Total plan liabilities Net plan assets (subtract line Income, Expenses, and Transi Contributions received or reco (1) Employers (2) Participants 	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation 7b from line 7a) sfers for this Plan Year eivable from:	f the plan y le assets? an indeper and conditi orm 5500-1	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ons.) SF and must instead use Form 54 (a) Beginning of Year 377, 21 (a) Amount 1, 61	4c 5a 5b 5c 2PA) 500.	PN	25 16 X Yes No X Yes No of Year 505, 612 505, 612		
name, EIN, and the plan number Total number of participants a Total number of participants a Total number of participants a complete this item)	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation 7b from line 7a) sfers for this Plan Year eivable from: s)	or's name f the plan y ble assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ons.) SF and must instead use Form 54 (a) Beginning of Year 377, 21 (a) Amount 1, 61	4c 5a 5b 5c 00.	PN	25 16 X Yes No X Yes No of Year 505, 612 505, 612 Total		
 name, EIN, and the plan number of participants a Total number of participants a Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit art III Financial Inform Plan Assets and Liabilities Total plan assets Net plan assets (subtract line Income, Expenses, and Trans Contributions received or re	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation 7b from line 7a) sfers for this Plan Year eivable from: s) , 8a(2), 8a(3), and 8b)	or's name f the plan y ble assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ons.). SF and must instead use Form 55 (a) Beginning of Year 377, 25 (a) Amount 1, 65 42, 12	4c 5a 5b 5c 00.	PN	25 16 X Yes No X Yes No of Year 505, 612 505, 612		
name, EIN, and the plan number Total number of participants a Total number of participants a Total number of participants a complete this item)	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation 7b from line 7a) sfers for this Plan Year eivable from: s) s(a(2), 8a(3), and 8b) rollovers and insurance premiums	or's name f the plan y ble assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 54 (a) Beginning of Year 377, 21 (a) Amount 1, 61 42, 12 106, 34	4c 5a 5b 5c 2PA) 500.	PN	25 16 X Yes No X Yes No of Year 505, 612 505, 612 Total		
 name, EIN, and the plan number of participants a Total number of participants a Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit art III Financial Inform Plan Assets and Liabilities Total plan liabilities Total plan assets (subtract line Income, Expenses, and Trans Contributions received or rect (1) Employers (2) Participants (3) Others (including rollover Other income (loss) Total income (add lines 8a(1)) Benefits paid (including direct to provide benefits) 	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation 7b from line 7a) sfers for this Plan Year eivable from: s) , 8a(2), 8a(3), and 8b)	or's name f the plan y ble assets? an indeper and conditi orm 5500-1 7a 7b 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ons.). SF and must instead use Form 55 (a) Beginning of Year 377, 25 (a) Amount 1, 65 42, 12	4c 5a 5b 5c 2PA) 500.	PN	25 16 X Yes No X Yes No of Year 505, 612 505, 612 Total		
 name, EIN, and the plan number of participants a Total number of participants a Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit art III Financial Inform Plan Assets and Liabilities Total plan liabilities Total plan assets (subtract line Income, Expenses, and Trans Contributions received or reconstructions (2) Participants (3) Others (including rollover) Other income (loss) Total income (add tines 8a(1)) Benefits paid (including direct to provide benefits) Certain deemed and/or correct 	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation 7b from line 7a) sfers for this Plan Year eivable from: s) , 8a(2), 8a(3), and 8b) rollovers and insurance premiums	or's name f the plan y le assets? an indeper and conditi orm 5500-1 7a 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ions.) SF and must instead use Form 54 (a) Beginning of Year 377, 21 (a) Amount 1, 61 42, 12 106, 34	4c 5a 5b 5c 2PA) 500.	PN	25 16 X Yes No X Yes No of Year 505, 612 505, 612 Total		
 name, EIN, and the plan number of participants a Total number of participants a Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit art III Financial Inform Plan Assets and Liabilities Total plan liabilities Total plan assets (subtract line Income, Expenses, and Trans Contributions received or rec	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation 7b from line 7a) sfers for this Plan Year eivable from: s) s(a(2), 8a(3), and 8b) rollovers and insurance premiums ctive distributions (see instructions)	or's name f the plan y ble assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ons.). SF and must instead use Form 55 (a) Beginning of Year 377, 25 (a) Amount 1, 65 42, 12 106, 38 21, 70	4c 5a 5b 5c 2PA) 500.	PN	25 16 X Yes No X Yes No of Year 505, 612 505, 612 Total		
 name, EIN, and the plan number of participants a Total number of participants a Were all of the plan's assets Are you claiming a waiver of under 29 CFR 2520.104-46? If you answered "No" to eit art III Financial Inform Plan Assets and Liabilities Total plan assets Net plan assets (subtract line Income, Expenses, and Trans Contributions received or recc (1) Employers (2) Participants (3) Others (including rollover Other income (loss) Total income (add lines 8a(1)) Benefits paid (including direct to provide benefits) Certain deemed and/or correct Administrative service provide Other expenses 	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation 7b from line 7a) sfers for this Plan Year eivable from: s) s(a)(2), 8a(3), and 8b) rollovers and insurance premiums ctive distributions (see instructions) ers (salaries, fees, commissions)	f the plan y of the plan y ole assets? an indeper and conditi orm 5500- 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8c 8d 8c	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ons.). SF and must instead use Form 55 (a) Beginning of Year 377, 25 (a) Amount 1, 65 42, 12 106, 38 21, 70	4c 5a 5b 5c 00. 53 53 53 53 53 53 53 53 53 53 53 53 53	PN	25 16 X Yes No X Yes No of Year 505, 612 505, 612 Total		
 name, EIN, and the plan number of participants and the plan number of participants and the plan number of participants are complete this item). Total number of participants are complete this item). Were all of the plan's assets and valuer of under 29 CFR 2520.104-46? If you answered "No" to eit art III Financial Inform Plan Assets and Liabilities Total plan assets. Total plan assets (subtract line Income, Expenses, and Transit Contributions received or reconstructions (1) Employers. Other income (loss). Total income (add lines 8a(1) Benefits paid (including direct to provide benefits). Certain deemed and/or correct Administrative service provide Other expenses. (add lines 8d, 1) 	er from the last return/report. Sponso at the beginning of the plan year at the end of the plan year with account balances as of the end o during the plan year invested in eligib the annual examination and report of (See instructions on waiver eligibility ther 6a or 6b, the plan cannot use F nation 7b from line 7a) sfers for this Plan Year eivable from: s) s(a(2), 8a(3), and 8b) rollovers and insurance premiums ctive distributions (see instructions) ers (salaries, fees, commissions)	or's name f the plan y ble assets? an indeper and conditi orm 5500-1 7a 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8c 8d 8c 8d 8e 8f 8g 8h	rear (defined benefit plans do not (See instructions.) Indent qualified public accountant (IC ons.). SF and must instead use Form 55 (a) Beginning of Year 377, 25 (a) Amount 1, 65 42, 12 106, 38 21, 70	4c 5a 5b 5c 00. 53 53 53 53 53 53 53 53 53 53 53 53 53	PN	25 16 X Yes No Yes No of Year 505, 612 505, 612 Total 150, 142		

Form 5500-SF 2009

Hage 2-

Part IV **Plan Characteristics** 9

a	If the plan provid	les pensi	on benefi	ts ente	er the appl	icable	pension feature codes from the List of Plan Characteristic Codes in the instructions
					2 t		

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

Part V Compliance Questions

ï

10	During the plan year	annen en se al a anna anna a sa anna a sa anna a sa anna		Yes	No		mount	
	Was there a failure to transmit to the plan any participant contributions 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary	y Correction Programi	10a	Х				
b	Were there any nonexempt transactions with any party-in-interest? (De on line 10a.)	10b						
с	Vas the plan covered by a fidelity bond?	10c		-	• • • • • • • • •		· .	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidel or dishonesty?	10d			· · · · · ·			
e	Were any fees or commissions paid to any brokers, agents, or other perinsurance service or other organization that provides some or all of the instructions.)			1				
f	Has the plan failed to provide any benefit when due under the plan?	10e 10f			•••		·	
g	Did the plan have any participant loans? (IFYes - enter amount as of y	rear end	10g	-	X			
h	2520 101-3)		10h		×			
i 	If 10h was answered 'Yes' check the box if you either provided the re- exceptions to providing the notice applied under 29 CER 2520-101-3	quired notice or one of the	10i					
Subdivision of Sunday	VI Pension Funding Compliance							
11	is this a defined benefit plan subject to minimum funding requirements 5500))	? If "Yes I see instructions and com	piete :	sched	ule SB	ff onn	T Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requ		or se	tion 3	02 of 1	ERISA?	Yes	X No
а	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable If a waiver of the minimum function chandred for a processory in bound and							_
	If a waiver of the minimum funding standard for a prior year is being an granting the waiver	Mont		and e			ietter ru 'ear	.
	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), and skip to line 13,						******
	Enter the minimum required contribution for this plan year			_	12b			
	Enter the amount contributed by the employer to the plan for this plan y		12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the chegalive amounts	esult (enter a minus sign to the left o	əta		12d			
e	Will the minimum funding amount reported on line 12d be met by the fu	nding deadline?		•	[۲۰۰۰	11	
Part	VII Plan Terminations and Transfers of Assets			·····				
13a	Has a resolution to terminate the plan been adopted during the plan yea	ar or any prior year?						E No
	If 'Yes' enter the amount of any plan assets that reverted to the emplo	yer this year		Γ	13a			
b	Were all the plan assets distributed to participants or beneficianes, yan of the PBGC?	sterred to another plan, or brought o	inder I	he co	itral 1	. n		••• •• •
c	If during this plan year, any assets or habilities were transferred from th which assets or habilities were transferred. (See instructions.)	is plan to another planns) identify th	e plan	(s) ta			Yes	X No
1	3c(1) Name of plan(s)	(1) A second se second second sec		130	(2) Fit	una i ne i	17-121	
				100	(2)		13c(3)	******
						···· 1		
-								
Cauti	on A penalty for the late or incomplete filing of this return/report w	ill be assessed unless reasonable	e caus	ie is e	stabli	shed.		
	penalties of perjury and other penalties set forth in the instructions. Lide Schedule MB pompleted and signed by an enrolled actuary, as well as t it is true, contect and complete	clare that I have examined this return the electronic version of this return/w	n/repo oport	nt ind and le	lading the b	if applicable stationary kno	n a Sche owiedige	idul o anu
SIGN	F. Juthan	21 2010 1 1 1 11	÷ 1					
HERE	Signature of alle administrations	atc Entername of me						
SIGN				o actio	14.45	endry deff., (d.)?	41.3104	
HERE	Champerson of the state of the	ate Enter some of so		d Sigto	ng as		plan spo	nsor