

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 single-employer plan; ☐ a multiple-employer plan; or ☐ 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 CFM 401(K) PLAN	1b Three-digit plan number (PN) ▶ 001
	1c Effective date of plan 01/01/2006
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) CFM RELIGION PUBLISHING GROUP, LLC 8805 GOVERNORS HILL DRIVE, STE. 400 CINCINNATI, OH 45249	2b Employer Identification Number (EIN) 27-0144775
	2c Sponsor's telephone number 513-728-6710
	2d Business code (see instructions) 511130

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.	10/06/2010	MARK ROSENBAUM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/06/2010	MARK ROSENBAUM
	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") CFM RELIGION PUBLISHING GROUP, LLC 8805 GOVERNORS HILL DRIVE, STE. 400 CINCINNATI, OH 45249	3b Administrator's EIN 27-0144775 3c Administrator's telephone number 513-728-6710
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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	212
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	206
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	13
d Subtotal. Add lines 6a , 6b , and 6c	6d	219
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	219
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	173
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
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)	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	(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 CFM 401(K) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CFM RELIGION PUBLISHING GROUP, LLC	D Employer Identification Number (EIN) 27-0144775

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	
CHARLES SCHWAB INVESTMENT MGMT CO.	211 MAIN STREET SAN FRANCISCO, CA 94105
94-3106735	

(b) Enter name and EIN or address of person who provided you disclosure 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)

CHERNOFF DIAMOND & CO., LLC

990 STEWART AVE
SUITE 520
GARDEN CITY, NY 11530

11-2836994

(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?
11 15 17 37 50 64	NONE	2275	Yes ☒ No ☐	Yes ☐ No ☒	8374	Yes ☐ No ☒

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

CHARLES SCHWAB & CO., INC.

211 MAIN STREET
SAN FRANCISCO, CA 94105

94-1737782

(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?
19	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CHERNOFF DIAMOND & CO., LLC	11 15 17 37 50 64	8374
(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.	
SCHARLES SCHWAB & CO., INC. 211 MAIN STREET SAN FRANCISCO, CA 94105 94-1737782	REVENUE SHARING	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
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(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.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan CFM 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 CFM RELIGION PUBLISHING GROUP, LLC		D Employer Identification Number (EIN) 27-0144775
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)	
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB RETIREMENT TRUST FUND 2010		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY		
c EIN-PN 81-0625169-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177032
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB RETIREMENT TRUST FUND 2020		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY		
c EIN-PN 81-0625169-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 216813
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB RETIREMENT TRUST FUND 2030		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY		
c EIN-PN 81-0625169-003	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 167141
a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB RETIREMENT TRUST FUND 2040		
b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST COMPANY		
c EIN-PN 81-0625169-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 69465
a Name of MTIA, CCT, PSA, or 103-12 IE: MORLEY STABLE VALUE FUND		
b Name of sponsor of entity listed in (a): GARTMORE MORLEY TRUST		
c EIN-PN 93-6274329-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 336627
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
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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
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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
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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 CFM 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 CFM RELIGION PUBLISHING GROUP, LLC	D Employer Identification Number (EIN) 27-0144775	

Part I	Asset and Liability Statement
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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)	188734	172945
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1586	10204
(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)	8984	8891
(9) Value of interest in common/collective trusts.....	1c(9)	718479	967077
(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)	1074557	1982791
(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	1992340	3141908

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	1992340	3141908
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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)	172945	
(B) Participants	2a(1)(B)	637569	
(C) Others (including rollovers)	2a(1)(C)	4299	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		814813
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)	547	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		547
(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)	25685	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		25685
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	541068	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	510257	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		30811

		(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)		129617
(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)		316096
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1317569

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	165726	
(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)		165726
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	2275	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		2275
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		168001

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1149568
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: **PLATTENBURG & ASSOCIATES, INC.**

(2) EIN: **31-1395136**

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		1000000
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)

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.

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

A Name of plan <u>CFM 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CFM RELIGION PUBLISHING GROUP, LLC</u>	D Employer Identification Number (EIN) <u>27-0144775</u>

Part I	Distributions
---------------	----------------------

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
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): <u>94-3149036</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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): _____

CFM 401(K) PLAN



FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

December 31, 2009

PLATTENBURG
Certified Public Accountants

CFM 401(K) PLAN

TABLE OF CONTENTS

DECEMBER 31, 2009

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS:	
Statement of net assets available for benefits	2
Statement of changes in net assets available for benefits	3
Notes to the financial statements	4-10
ADDITIONAL INFORMATION REQUIRED BY ERISA:	
Schedule of Assets Held for Investment Purposes at End of Year	11

INDEPENDENT AUDITORS' REPORT

To the Trustee and Plan Administrator of
CFM 401(k) Plan

We were engaged to audit the accompanying statement of net assets available for benefits of CFM 401(k) Plan (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits 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 7, which was certified by Charles Schwab Trust Company, the trustee of the Plan, except for comparing the 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 and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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 schedule taken as a whole. The form and content of the information included in the financial statements and 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.

Plattenburg & Associates, Inc.

Plattenburg & Associates, Inc.
September 29, 2010

CFM 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	December 31, 2009	December 31, 2008
ASSETS		
Cash	\$10,204	\$1,586
Investments	<u>2,958,759</u>	<u>1,802,020</u>
Receivables:		
Employer contributions	<u>172,945</u>	<u>188,734</u>
Total Receivables	<u>172,945</u>	<u>188,734</u>
Total Assets	<u>3,141,908</u>	<u>1,992,340</u>
LIABILITIES		
Operating payables	<u>0</u>	<u>0</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$3,141,908</u></u>	<u><u>\$1,992,340</u></u>

The accompanying notes are an integral part of this statement.

CFM 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFIT
For the Year Ended December 31, 2009

	December 31, 2009
ADDITIONS:	
Investment Income:	
Appreciation in fair value of investments, net	\$445,713
Realized gains, net	30,811
Dividends	25,685
Interest income on participants' loans	547
Total Investment Income	502,756
Contributions:	
Participants' contributions	637,569
Employer contributions	172,945
Other	4,299
Total Contributions	814,813
Total Additions	1,317,569
DEDUCTIONS:	
Benefits paid to participants	(165,726)
Administration expenses	(2,275)
Total Deductions	(168,001)
NET INCREASE	1,149,568
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	1,992,340
END OF YEAR	\$3,141,908

The accompanying notes are an integral part of this statement.

CFM 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009

NOTE 1 – DESCRIPTION OF PLAN

The following description of the CFM (“Company”) 401(k) Plan (“Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees of the Company, other than excluded employees, who are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may voluntarily contribute a percentage of pretax annual compensation up to maximum amounts established by the plan as well as certain limitations established under Section 402(g) of the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Employer contributions equal a percentage of the amount of the elected deferred salary reduction. Also, additional discretionary contributions may be made as determined by the Company’s board of directors.

Participant Accounts

Each participant’s account is credited with the participant’s contribution, the Company’s contribution, an allocation of Plan earnings and charged with an allocation of administration expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Participant Loans

Upon approval by the Plan administrator, the Plan allows participants to borrow from their fund accounts a minimum of \$1,000 up to the lesser of \$50,000 or 50 percent of their vested account balance. All loans bear interest at a fixed rate over a term not more than five years. (Exceptions can be made for loans to acquire a principal residence). Interest rates are charged at market rates at the inception of the loan. Generally, payments of principal and interest are made through payroll deductions.

Vesting

Participants are immediately fully vested in their accounts.

Payment of Benefits

On termination of services due to death, disability, retirement or any other event, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Terminated employees with vested benefits exceeding \$5,000 may elect to remain in the Plan, but are only entitled to investment income on their account balance.

In conditions of "financial hardship," a participant may apply to the Plan administrator for approval to withdraw that portion of their 401(k) retirement account balance necessary to meet the financial hardship, subject to the limitations of the plan and the Internal Revenue Service.

Forfeitures

Participant accounts are fully vested at all times. Any amounts that may otherwise be forfeited under the plan are used to reduce the contribution of the employer. At December 31, 2009 there were no unallocated forfeitures.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments primarily consist of units of participation in collective trusts and mutual funds. The Plan also holds participant loans (See Note 6).

The Fund values investments in accordance with Financial Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* (ASC 820), which defines fair value and establishes a framework for measuring fair value in accordance with generally accepted accounting principles.

ASC 820 also establishes the disclosure requirements related to the methodology or inputs used for fair value measurements of securities. A three-tier hierarchy of inputs is required to classify fair value measurements as summarized in the three broad levels listed below:

- Level 1 — quoted prices in active markets for identical securities.

- Level 2 — other significant observable inputs, including quoted prices for similar securities, interest rates, credit risk, etc., that are determined for an asset, either directly or indirectly, based on independent market data.
- Level 3 — significant unobservable inputs (including an issuer's or plan sponsor's own assumptions in determining the fair value of investments).

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

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.

Surrender charges do not apply to Plan investments. Charges may apply to participant retirement, separation from service, death, disability, loans, hardship withdrawals, return of excess plan contributions and certain plan expenses as outlined in the plan amendments.

Payment of Benefits

Benefits are recorded when paid.

Asset Custodian and Plan Administrator

The Plan's asset custodian is Charles Schwab Trust Company. Chernoff Diamond & Company, LLC serves as the third party administrator.

NOTE 3 – 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 to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants are 100% vested in their accounts.

NOTE 4 – RELATED TRANSACTIONS

Certain plan investments are units of participation in collective trusts owned and managed by the Charles Schwab Trust Company. Charles Schwab Trust Company is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for third-party administrative services are satisfied by reducing the participant accounts on a pro rated basis.

Certain employees of the sponsor Company provide services to the Plan. These services include plan administration, oversight, and day-to-day operations. The Plan is not charged by the sponsor company for these services.

NOTE 5 – OPERATING EXPENSES

The operating expenses, including auditing and third party administrative fees are paid by reducing the participant accounts on a pro rated basis and/or may be paid by the sponsor company.

NOTE 6 – INVESTMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

		Fair Value Measurements Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2009	Fair Value			
Collective Investment Trusts	\$967,077	\$0	\$967,077	\$0
Mutual Funds	1,982,791	1,982,791	0	0
Participant Loans	8,891	0	0	8,891
	<u>\$2,958,759</u>	<u>\$1,982,791</u>	<u>\$967,077</u>	<u>\$8,891</u>

		Fair Value Measurements Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2008	Fair Value			
Collective Investment Trusts	\$718,479	\$0	\$718,479	\$0
Mutual Funds	1,074,557	1,074,557	0	0
Participant Loans	8,984	0	0	8,984
	<u>\$1,802,020</u>	<u>\$1,074,557</u>	<u>\$718,479</u>	<u>\$8,984</u>

ASC 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of other significant observable inputs, including quoted prices for similar securities, interest rates, credit risk, etc., that are determined either directly or indirectly, based on independent market data; and Level 3 inputs consist of significant unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end.

Level 2 Fair Value Measurements

The fair value of collective investment trusts is based on other significant observable inputs, including quoted prices for similar securities, interest rates, credit risk, etc., that are determined either directly or indirectly, based on independent market data.

Level 3 Fair Value Measurements

The fair value of participant loans is equal to the amortized cost of the loans since the loans are secured by each respective participant's account balance.

The following table provides further details of the Level 3 fair value measurements.

December 31, 2009	Participant Loans
Beginning balance	\$8,984
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	0
Purchases, sales, issuances and settlements (net)	(93)
	<u>\$8,891</u>
December 31, 2008	Participant Loans
Beginning balance	\$509
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	0
Purchases, sales, issuances and settlements (net)	8,475
	<u>\$8,984</u>

Unrealized gains and losses included in changes in net assets available for benefits for the year ended December 31st are reported in net appreciation in fair value of investments.

The following presents investments that represent 5% or more of the Plan's net assets at December 31, 2009:

	<u>2009</u>
Harbor International	\$317,122
Keeley Small Cap Value Fund	289,136
Marsico 21st Century Fund	191,187
Oakmark Equity & Income	235,655
PIMCO Real Return D	225,375
Schwab S&P 500 Select	183,088
Selected American	196,897
Sound Shore Fund	126,729
Westcore Plus Bond	196,771
Morley Stable Value Fund	336,627
Schwab Managed Retirement Trust 2010	177,032
Schwab Managed Retirement Trust 2020	216,183
Schwab Managed Retirement Trust 2030	167,141

The following presents investments that represent 5% or more of the Plan's net assets at December 31, 2008:

	<u>2008</u>
Harbor International	\$144,159
Keeley Small Cap Value Fund	155,400
Marsico 21st Century Fund	127,245
Oakmark Equity & Income	138,819
PIMCO Real Return D	117,408
Schwab S&P 500 Fund Inv.	99,413
Selected American	88,821
Westcore Plus Bond	154,998
Morley Stable Value Fund	341,063
Schwab Managed Retirement Trust 2010	116,920
Schwab Managed Retirement Trust 2020	128,445
Schwab Managed Retirement Trust 2030	94,910

NOTE 7 – INVESTMENTS AND INFORMATION CERTIFIED BY TRUSTEE

The following is a summary of unaudited information regarding the Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included in the accompanying financial statements and supplemental schedule that was prepared by or derived from information prepared by Charles Schwab Trust Company, the trustee of the Plan, and furnished to the plan administrator. The Plan administrator has obtained certifications from the trustee that the trustee-prepared information is complete and accurate.

	<u>2009</u>	<u>2008</u>
At December 31:		
Investments	\$2,958,759	\$1,802,020
Year ended December 31:		
Investment income	\$502,756	

Supplemental Schedules – All investment balances and information in the schedules.

NOTE 8 – TAX STATUS

The Plan has adopted the prototype plan of the Plan Administrator. The Internal Revenue Service has determined and informed the Plan Administrator by a letter dated September 4, 2001, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

NOTE 9- RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

CFM 401(K) PLAN

EIN: 27-0144775

Plan Number: 001

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

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	AmCent Inflation Adjusted Bond	Mutual Fund	N/A	\$808
	Aston/Optimum Mid Cap N	Mutual Fund	N/A	1,233
	Cohen & Steers Realty Shares	Mutual Fund	N/A	2,045
	Federated Income Instl	Mutual Fund	N/A	805
	Harbor International	Mutual Fund	N/A	317,122
	Keeley Small Cap Value Fund	Mutual Fund	N/A	289,136
	Mainstay High Yield Corp. Bond A	Mutual Fund	N/A	817
	Marsico 21st Century Fund	Mutual Fund	N/A	191,187
	Oakmark Equity & Income	Mutual Fund	N/A	235,655
	Oppenheimer Gold & Special Minerals A	Mutual Fund	N/A	1,188
	Oppenheimer International Bond A	Mutual Fund	N/A	3,544
	Allianz NFJ Dividend Value D	Mutual Fund	N/A	2,419
	PIMCO Real Return D	Mutual Fund	N/A	225,375
	PIMCO Total Return D	Mutual Fund	N/A	1,195
	American Funds Fundamental Investment R4	Mutual Fund	N/A	3,200
	American Funds New World R4	Mutual Fund	N/A	1,206
	Scwab S&P 500 Select	Mutual Fund	N/A	183,088
	Vanguard Long-Term Bond Idx	Mutual Fund	N/A	2,370
	Scwab Retirement Advance Money Fund	Mutual Fund	N/A	10,204
	Selected American	Mutual Fund	N/A	196,897
	Sound Shore Fund	Mutual Fund	N/A	126,729
	Westcore Plus Bond	Mutual Fund	N/A	196,771
*	Morley Stable Value Fund	Units of participation in collective trusts	N/A	336,627
*	Schwab Managed Retirement Trust 2010	Units of participation in collective trusts	N/A	177,032
*	Schwab Managed Retirement Trust 2020	Units of participation in collective trusts		216,813
*	Schwab Managed Retirement Trust 2030	Units of participation in collective trusts		167,141
*	Schwab Managed Retirement Trust 2040	Units of participation in collective trusts		69,465
*	Participant Loans	Loans outstanding to active participants in the Plan. These loans are collateralized by the participant's remaining vested balance in their account. Loan transactions are treated as a transfer to (from) the investment funds to the participant loans. All loans bear interest at a fixed rate of 6% over a term not more than five years.	\$0	8,891

* -Denotes party-in-interest

CFM RELIGION PUBLISHING 401K PLAN
Information for Form 5500, Schedule C
For January 1, 2009 - December 31, 2009

Appendix 1 - Shareholder Servicing Payment Rates :

Charles Schwab & Co., Inc. and its affiliates ("Schwab") may receive indirect compensation from mutual fund companies or their affiliates for shareholder related services. The rate received by Schwab may change from time to time as changes are made by mutual fund companies. Outlined below is an illustration of rates received by Schwab as of the end of the reporting period for funds held in your plan at that time.

On average, the rate earned with respect to your plan's mutual fund holding(s) at CSTC in the fund family(ies) listed is 0.02%, as further detailed below:

Received by Charles Schwab & Co., Inc. (EIN#94-1737782)		
Fund Family/Provider	EIN	Formula
Allianz Funds	33-0457728	Range of 0.00 - 0.02% of average daily balance of assets
American Century Investments	44-6006315	Range of 0.00 - 0.02% of average daily balance of assets
American Funds	95-1411037	Range of 0.00 - 0.02% of average daily balance of assets
Aston	20-4747475	Range of 0.00 - 0.02% of average daily balance of assets
Cohen & Steers	14-1904657	Range of 0.00 - 0.02% of average daily balance of assets
Federated	25-1111467	Range of 0.00 - 0.02% of average daily balance of assets
Gartmore	Not Available	Range of 0.00 - 0.02% of average daily balance of assets
Harbor	04-2679462	Range of 0.00 - 0.02% of average daily balance of assets
Keeley	36-3160361	Range of 0.00 - 0.02% of average daily balance of assets
MainStay	52-2206685	Range of 0.00 - 0.02% of average daily balance of assets
Marsico Investment Fund	84-1434992	Range of 0.00 - 0.02% of average daily balance of assets
Oakmark	04-3276558	Range of 0.00 - 0.02% of average daily balance of assets
OppenheimerFunds	13-2527171	Range of 0.00 - 0.02% of average daily balance of assets
Selected Funds	85-0360310	Range of 0.00 - 0.02% of average daily balance of assets
Sound Shore	06-1332926	Range of 0.00 - 0.02% of average daily balance of assets
Westcore	84-1284659	Range of 0.00 - 0.02% of average daily balance of assets

Please note, the EIN for Fund Family/Provider was provided by Morningstar and is based on how the fund is marketed on the fund website or in other sales literature. Morningstar evaluates the legal entity options that are available and assigns the Provider Company EIN reflected in the above table(s). The EIN should be representative of the mutual fund company or its affiliates, one or more of which may pay Schwab for shareholder related services.

For more details, please refer to your Schwab service, trust or custody agreements and quarterly Shareholder Servicing Report available on Retirementcenter.schwab.com.

If you need additional information, please contact your third party administrator or recordkeeper.

CFM 401(K) PLAN



FINANCIAL STATEMENTS AND SUPPLEMENTARY INFORMATION

December 31, 2009

PLATTENBURG
Certified Public Accountants

CFM 401(K) PLAN

TABLE OF CONTENTS

DECEMBER 31, 2009

	<u>Page</u>
INDEPENDENT AUDITOR'S REPORT	1
FINANCIAL STATEMENTS:	
Statement of net assets available for benefits	2
Statement of changes in net assets available for benefits	3
Notes to the financial statements	4-10
ADDITIONAL INFORMATION REQUIRED BY ERISA:	
Schedule of Assets Held for Investment Purposes at End of Year	11

INDEPENDENT AUDITORS' REPORT

To the Trustee and Plan Administrator of
CFM 401(k) Plan

We were engaged to audit the accompanying statement of net assets available for benefits of CFM 401(k) Plan (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits 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 7, which was certified by Charles Schwab Trust Company, the trustee of the Plan, except for comparing the 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 and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustee is complete and accurate.

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 schedule taken as a whole. The form and content of the information included in the financial statements and 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.

Plattenburg & Associates, Inc.

Plattenburg & Associates, Inc.
September 29, 2010

CFM 401(K) PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008

	December 31, 2009	December 31, 2008
ASSETS		
Cash	\$10,204	\$1,586
Investments	<u>2,958,759</u>	<u>1,802,020</u>
Receivables:		
Employer contributions	<u>172,945</u>	<u>188,734</u>
Total Receivables	<u>172,945</u>	<u>188,734</u>
Total Assets	<u>3,141,908</u>	<u>1,992,340</u>
LIABILITIES		
Operating payables	<u>0</u>	<u>0</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$3,141,908</u></u>	<u><u>\$1,992,340</u></u>

The accompanying notes are an integral part of this statement.

CFM 401(K) PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFIT
For the Year Ended December 31, 2009

	December 31, 2009
ADDITIONS:	
Investment Income:	
Appreciation in fair value of investments, net	\$445,713
Realized gains, net	30,811
Dividends	25,685
Interest income on participants' loans	547
Total Investment Income	502,756
Contributions:	
Participants' contributions	637,569
Employer contributions	172,945
Other	4,299
Total Contributions	814,813
Total Additions	1,317,569
DEDUCTIONS:	
Benefits paid to participants	(165,726)
Administration expenses	(2,275)
Total Deductions	(168,001)
NET INCREASE	1,149,568
NET ASSETS AVAILABLE FOR BENEFITS:	
BEGINNING OF YEAR	1,992,340
END OF YEAR	\$3,141,908

The accompanying notes are an integral part of this statement.

CFM 401(K) PLAN
NOTES TO THE FINANCIAL STATEMENTS
December 31, 2009

NOTE 1 – DESCRIPTION OF PLAN

The following description of the CFM (“Company”) 401(k) Plan (“Plan”) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan’s provisions.

General

The Plan is a defined contribution plan covering all employees of the Company, other than excluded employees, who are age twenty-one or older. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Each year, participants may voluntarily contribute a percentage of pretax annual compensation up to maximum amounts established by the plan as well as certain limitations established under Section 402(g) of the Internal Revenue Code. Participants may also contribute amounts representing distributions from other qualified benefit or defined contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. Employer contributions equal a percentage of the amount of the elected deferred salary reduction. Also, additional discretionary contributions may be made as determined by the Company’s board of directors.

Participant Accounts

Each participant’s account is credited with the participant’s contribution, the Company’s contribution, an allocation of Plan earnings and charged with an allocation of administration expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant’s vested account.

Participant Loans

Upon approval by the Plan administrator, the Plan allows participants to borrow from their fund accounts a minimum of \$1,000 up to the lesser of \$50,000 or 50 percent of their vested account balance. All loans bear interest at a fixed rate over a term not more than five years. (Exceptions can be made for loans to acquire a principal residence). Interest rates are charged at market rates at the inception of the loan. Generally, payments of principal and interest are made through payroll deductions.

Vesting

Participants are immediately fully vested in their accounts.

Payment of Benefits

On termination of services due to death, disability, retirement or any other event, a participant may elect to receive a lump-sum amount equal to the value of the participant's vested interest in his or her account. Terminated employees with vested benefits exceeding \$5,000 may elect to remain in the Plan, but are only entitled to investment income on their account balance.

In conditions of "financial hardship," a participant may apply to the Plan administrator for approval to withdraw that portion of their 401(k) retirement account balance necessary to meet the financial hardship, subject to the limitations of the plan and the Internal Revenue Service.

Forfeitures

Participant accounts are fully vested at all times. Any amounts that may otherwise be forfeited under the plan are used to reduce the contribution of the employer. At December 31, 2009 there were no unallocated forfeitures.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments primarily consist of units of participation in collective trusts and mutual funds. The Plan also holds participant loans (See Note 6).

The Fund values investments in accordance with Financial Accounting Standards Codification 820, *Fair Value Measurements and Disclosures* (ASC 820), which defines fair value and establishes a framework for measuring fair value in accordance with generally accepted accounting principles.

ASC 820 also establishes the disclosure requirements related to the methodology or inputs used for fair value measurements of securities. A three-tier hierarchy of inputs is required to classify fair value measurements as summarized in the three broad levels listed below:

- Level 1 — quoted prices in active markets for identical securities.

- Level 2 — other significant observable inputs, including quoted prices for similar securities, interest rates, credit risk, etc., that are determined for an asset, either directly or indirectly, based on independent market data.
- Level 3 — significant unobservable inputs (including an issuer's or plan sponsor's own assumptions in determining the fair value of investments).

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

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.

Surrender charges do not apply to Plan investments. Charges may apply to participant retirement, separation from service, death, disability, loans, hardship withdrawals, return of excess plan contributions and certain plan expenses as outlined in the plan amendments.

Payment of Benefits

Benefits are recorded when paid.

Asset Custodian and Plan Administrator

The Plan's asset custodian is Charles Schwab Trust Company. Chernoff Diamond & Company, LLC serves as the third party administrator.

NOTE 3 – 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 to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants are 100% vested in their accounts.

NOTE 4 – RELATED TRANSACTIONS

Certain plan investments are units of participation in collective trusts owned and managed by the Charles Schwab Trust Company. Charles Schwab Trust Company is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for third-party administrative services are satisfied by reducing the participant accounts on a pro rated basis.

Certain employees of the sponsor Company provide services to the Plan. These services include plan administration, oversight, and day-to-day operations. The Plan is not charged by the sponsor company for these services.

NOTE 5 – OPERATING EXPENSES

The operating expenses, including auditing and third party administrative fees are paid by reducing the participant accounts on a pro rated basis and/or may be paid by the sponsor company.

NOTE 6 – INVESTMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefit.

		Fair Value Measurements Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2009	Fair Value			
Collective Investment Trusts	\$967,077	\$0	\$967,077	\$0
Mutual Funds	1,982,791	1,982,791	0	0
Participant Loans	8,891	0	0	8,891
	<u>\$2,958,759</u>	<u>\$1,982,791</u>	<u>\$967,077</u>	<u>\$8,891</u>

		Fair Value Measurements Using:		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Other Significant Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2008	Fair Value			
Collective Investment Trusts	\$718,479	\$0	\$718,479	\$0
Mutual Funds	1,074,557	1,074,557	0	0
Participant Loans	8,984	0	0	8,984
	<u>\$1,802,020</u>	<u>\$1,074,557</u>	<u>\$718,479</u>	<u>\$8,984</u>

ASC 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of other significant observable inputs, including quoted prices for similar securities, interest rates, credit risk, etc., that are determined either directly or indirectly, based on independent market data; and Level 3 inputs consist of significant unobservable inputs and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year end.

Level 2 Fair Value Measurements

The fair value of collective investment trusts is based on other significant observable inputs, including quoted prices for similar securities, interest rates, credit risk, etc., that are determined either directly or indirectly, based on independent market data.

Level 3 Fair Value Measurements

The fair value of participant loans is equal to the amortized cost of the loans since the loans are secured by each respective participant's account balance.

The following table provides further details of the Level 3 fair value measurements.

December 31, 2009	Participant Loans
Beginning balance	\$8,984
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	0
Purchases, sales, issuances and settlements (net)	(93)
	<u>\$8,891</u>
December 31, 2008	Participant Loans
Beginning balance	\$509
Total gains or losses (realized and unrealized) included in changes in net assets available for benefits	0
Purchases, sales, issuances and settlements (net)	8,475
	<u>\$8,984</u>

Unrealized gains and losses included in changes in net assets available for benefits for the year ended December 31st are reported in net appreciation in fair value of investments.

The following presents investments that represent 5% or more of the Plan's net assets at December 31, 2009:

	<u>2009</u>
Harbor International	\$317,122
Keeley Small Cap Value Fund	289,136
Marsico 21st Century Fund	191,187
Oakmark Equity & Income	235,655
PIMCO Real Return D	225,375
Schwab S&P 500 Select	183,088
Selected American	196,897
Sound Shore Fund	126,729
Westcore Plus Bond	196,771
Morley Stable Value Fund	336,627
Schwab Managed Retirement Trust 2010	177,032
Schwab Managed Retirement Trust 2020	216,183
Schwab Managed Retirement Trust 2030	167,141

The following presents investments that represent 5% or more of the Plan's net assets at December 31, 2008:

	<u>2008</u>
Harbor International	\$144,159
Keeley Small Cap Value Fund	155,400
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	<u>2009</u>	<u>2008</u>
At December 31:		
Investments	\$2,958,759	\$1,802,020
Year ended December 31:		
Investment income	\$502,756	

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CFM 401(K) PLAN

EIN: 27-0144775

Plan Number: 001

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

December 31, 2009

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current value
	AmCent Inflation Adjusted Bond	Mutual Fund	N/A	\$808
	Aston/Optimum Mid Cap N	Mutual Fund	N/A	1,233
	Cohen & Steers Realty Shares	Mutual Fund	N/A	2,045
	Federated Income Instl	Mutual Fund	N/A	805
	Harbor International	Mutual Fund	N/A	317,122
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	Mainstay High Yield Corp. Bond A	Mutual Fund	N/A	817
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* -Denotes party-in-interest

CFM 401(K) PLAN

EIN: 27-0144775

Plan Number: 001

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