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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="font-size: 24pt; font-weight: bold;">2009</div><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input checked="" type="checkbox"/>                                                                                                                                                                                                       |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                               | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                         |                                                                     |                                                             |                                                             |  |
| <b>1a</b> Name of plan<br><u>HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.</u>                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1969</u></td> </tr> </table>                        | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>002</u>                                                  | <b>1c</b> Effective date of plan<br><u>01/01/1969</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                                                     | <u>002</u>                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                             |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1969</u>                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><u>BRADKEN-ATCHISON/ST. JOSEPH, INC.</u><br><br><u>P.O. BOX 188</u><br><u>400 SOUTH FOURTH STREET</u><br><u>ATCHISON, KS 66002-0188</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>74-3110041</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number<br/><u>913-367-2121</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>331500</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>74-3110041</u> | <b>2c</b> Sponsor's telephone number<br><u>913-367-2121</u> | <b>2d</b> Business code (see instructions)<br><u>331500</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>74-3110041</u>                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2c</b> Sponsor's telephone number<br><u>913-367-2121</u>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><u>331500</u>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                        |                                                                     |                                                             |                                                             |  |

**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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/07/2010 | MARC A. SCHMUCKER                                            |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/07/2010 | MARC A. SCHMUCKER                                            |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2009)  
v.092307.1

|                                                                                                                                                                                                        |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>BRADKEN-ATCHISON/ST. JOSEPH, INC.<br><br>P.O. BOX 188<br>400 SOUTH FOURTH STREET<br>ATCHISON, KS 66002-0188 | <b>3b</b> Administrator's EIN<br>74-3110041<br><br><b>3c</b> Administrator's telephone number<br>913-367-2121 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |     |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                               | <b>5</b>                          | 699 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                |                                   |     |
| <b>a</b> Active participants.....                                                                                                                                                                                     | <b>6a</b>                         | 147 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                                                                                    | <b>6b</b>                         | 205 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                                                                                     | <b>6c</b>                         | 257 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                              | <b>6d</b>                         | 609 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                                                                                             | <b>6e</b>                         | 80  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                               | <b>6f</b>                         | 689 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....                                                                        | <b>6g</b>                         |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....                                                                            | <b>6h</b>                         | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                  | <b>7</b>                          |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 1B 1G 3H

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> 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)

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2009</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.</u>                                     | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>BRADKEN-ATCHISON/ST. JOSEPH, INC.</u>                      | <b>D</b> Employer Identification Number (EIN)<br><u>74-3110041</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                       |                                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                         | <b>Basic Information</b>                                    |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>                                                                                                                     |                                                             |
| <b>2</b> Assets:                                                                                                                                                                                      |                                                             |
| <b>a</b> Market value .....                                                                                                                                                                           | <b>2a</b> <u>15541646</u>                                   |
| <b>b</b> Actuarial value .....                                                                                                                                                                        | <b>2b</b> <u>17095811</u>                                   |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                   |                                                             |
|                                                                                                                                                                                                       | <b>(1) Number of participants</b> <b>(2) Funding Target</b> |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                           | <b>3a</b> <u>275</u> <u>9926775</u>                         |
| <b>b</b> For terminated vested participants .....                                                                                                                                                     | <b>3b</b> <u>270</u> <u>1984465</u>                         |
| <b>c</b> For active participants:                                                                                                                                                                     |                                                             |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                  | <b>3c(1)</b> <u>384428</u>                                  |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                      | <b>3c(2)</b> <u>6590840</u>                                 |
| <b>(3)</b> Total active .....                                                                                                                                                                         | <b>3c(3)</b> <u>157</u> <u>6975268</u>                      |
| <b>d</b> Total .....                                                                                                                                                                                  | <b>3d</b> <u>702</u> <u>18886508</u>                        |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             | <b>4a</b>                                                   |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                   |
| <b>5</b> Effective interest rate .....                                                                                                                                                                | <b>5</b> <u>8.20</u> %                                      |
| <b>6</b> Target normal cost .....                                                                                                                                                                     | <b>6</b> <u>190831</u>                                      |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                                                                                   |                                                      |
|-----------------------------------------------------------------------------------|------------------------------------------------------|
| <b>SIGN HERE</b>                                                                  | <u>09/28/2010</u>                                    |
| Signature of actuary<br><u>TERRY D. COOPER</u>                                    | Date<br><u>08-04552</u>                              |
| Type or print name of actuary<br><u>CURCIO WEBB, LLC</u>                          | Most recent enrollment number<br><u>415-743-5693</u> |
| Firm name<br><u>100 BUSH STREET, SUITE 2400</u><br><u>SAN FRANCISCO, CA 94104</u> | Telephone number (including area code)               |
| Address of the firm                                                               |                                                      |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

**Schedule SB (Form 5500) 2009**  
**v.092308.1**

| Part II Beginning of year carryover and prefunding balances |                                                                                                 | (a) Carryover balance | (b) Prefunding balance |
|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| 7                                                           | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 296090                | 0                      |
| 8                                                           | Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 0                      |
| 9                                                           | Amount remaining (Item 7 minus item 8).....                                                     | 296090                | 0                      |
| 10                                                          | Interest on item 9 using prior year's actual return of <u>-30.86</u> % .....                    | -91373                |                        |
| 11                                                          | Prior year's excess contributions to be added to prefunding balance:                            |                       |                        |
| a                                                           | Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| b                                                           | Interest on (a) using prior year's effective rate of <u>5.98</u> % .....                        |                       | 0                      |
| c                                                           | Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| d                                                           | Portion of (c) to be added to prefunding balance.....                                           |                       | 0                      |
| 12                                                          | Reduction in balances due to elections or deemed elections.....                                 | 0                     | 0                      |
| 13                                                          | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....               | 204717                | 0                      |

| Part III Funding percentages |                                                                                                                                                                 |    |          |
|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                           | Funding target attainment percentage.....                                                                                                                       | 14 | 89.43 %  |
| 15                           | Adjusted funding target attainment percentage.....                                                                                                              | 15 | 89.43 %  |
| 16                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | 16 | 103.56 % |
| 17                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | 17 | %        |

| Part IV Contributions and liquidity shortfalls                                    |                                   |                                 |                          |                                   |                                 |
|-----------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 09/09/2010                                                                        | 159164                            |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
|                                                                                   |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                          |                                   |                                 | 18(b)                    | 159164                            | 18(c) 0                         |

|                                                                                                                               |                                                                     |        |
|-------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |        |
| a Contributions allocated toward unpaid minimum required contribution from prior years.....                                   | 19a                                                                 | 0      |
| b Contributions made to avoid restrictions adjusted to valuation date .....                                                   | 19b                                                                 | 0      |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....               | 19c                                                                 | 139342 |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |        |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |        |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....                   | <input type="checkbox"/> Yes <input type="checkbox"/> No            |        |
| c If 20a is "Yes," see instructions and complete the following table as applicable:                                           |                                                                     |        |

| Liquidity shortfall as of end of Quarter of this plan year |         |         |         |
|------------------------------------------------------------|---------|---------|---------|
| (1) 1st                                                    | (2) 2nd | (3) 3rd | (4) 4th |
|                                                            |         |         |         |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                   |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                   |                   |                   | <b>21b</b>                                                     |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b> 63                                                   |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....                   | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contribution for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                   | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions).....                                                                                                        | <b>31</b>           | 190831             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 862224              | 153001             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           | 0                  |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....                                                   | <b>34</b>           | 343832             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 204717              | 0                  |
| <b>36</b> Additional cash requirement (item 34 minus item 35).....                                                                                                                   | <b>36</b>           | 139115             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....                                                   | <b>37</b>           | 139342             |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions).....                                                                                            | <b>38</b>           | 227                |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....                                                                       | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | 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

|                                                                                                                |                                                                         |
|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <div>A Name of plan</div> <div>HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.</div>     | <div>B Three-digit plan number (PN)</div> <div>▶ 002</div>              |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>BRADKEN-ATCHISON/ST. JOSEPH, INC.</div> | <div>D Employer Identification Number (EIN)</div> <div>74-3110041</div> |

Part I

Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

RICE, HALL, JAMES & ASSOCIATES

94-3038451

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 28                            | NONE                                                                                                     | 88044                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

MARSHALL & ILSLEY TRUST N.A.

39-1186267

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 21                            | NONE                                                                                                     | 16267                                                                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
|                                                         |                                         |                                           |

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

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

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

| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------|
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |
| (a) Enter name and EIN or address of service provider (see instructions) | (b) Nature of Service Code(s) | (c) Describe the information that the service provider failed or refused to provide |
|                                                                          |                               |                                                                                     |

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

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

|                                                                                                           |                                                                        |            |
|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>  |                                                                        |            |
| <b>A</b> Name of plan<br><u>HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.</u>     | <b>B</b> Three-digit plan number (PN) ►                                | <u>002</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BRADKEN-ATCHISON/ST. JOSEPH, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><br><u>74-3110041</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | -175863               | 271290          |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       | 159164          |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 56668                 | 35612           |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 1951330               | 4475000         |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    | 903391                | 862197          |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | 1051457               | 672468          |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | 10797127              | 11351626        |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 982187                | 962105          |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 15566297              | 18789462        |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 24651 | 28670 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |       |       |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 24651 | 28670 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 15541646 | 18760792 |
|-----------------------------------------------------------|-----------|----------|----------|

**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 Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 159164     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 0          |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 159164    |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |          |         |
|------------------------------------------------------------------------------------------------------|-----------------|----------|---------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 7931     |         |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 38046    |         |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 69379    |         |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> | 0        |         |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> | 0        |         |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 0        |         |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |          | 115356  |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                      | <b>2b(2)(A)</b> | 0        |         |
| <b>(B)</b> Common stock .....                                                                        | <b>2b(2)(B)</b> | 101925   |         |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> | 0        |         |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....            | <b>2b(2)(D)</b> |          | 101925  |
| (3) Rents .....                                                                                      | <b>2b(3)</b>    |          | 0       |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                           | <b>2b(4)(A)</b> | 10183037 |         |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> | 8549563  |         |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |          | 1633474 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> | 0          |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 2321076    |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 2321076   |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            | 0         |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            | 0         |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 267418    |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 4598413   |

**Expenses****e** Benefit payment and payments to provide benefits:

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 1274956 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> | 0       |         |
| (3) Other .....                                                                            | <b>2e(3)</b> | 0       |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 1274956 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         | 0       |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         | 0       |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         | 0       |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> | 16267   |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> | 0       |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 88044   |         |
| (4) Other .....                                                                            | <b>2i(4)</b> | 0       |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 104311  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 1379267 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 3219146 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  | 0       |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 0       |

**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: PICKETT, CHANEY, MCMULLEN LLP

(2) EIN: 48-1246310

**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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> 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>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> 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   |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |         |
| <b>n</b> 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) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                                           |                                                                    |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.</u>     | <b>B</b> Three-digit plan number (PN) ▶<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>BRADKEN-ATCHISON/ST. JOSEPH, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>74-3110041</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>39-6436442</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>0</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                             |                              |                                        |                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                        |                              |                                        |                                         |
| <b>5</b> 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 _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                 | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                  | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                             | <b>6c</b>                    |                                        |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                                        |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_

**HOURLY EMPLOYEES RETIREMENT PLAN OF  
BRADKEN-ATCHISON/ST. JOSEPH, INC.**

FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT  
DECEMBER 31, 2009 and 2008

# **HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.**

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**Note - Certain supplemental schedules required by the rules and regulations of the Department of Labor are omitted because of the absence of the conditions under which they are required.**



## INDEPENDENT AUDITORS' REPORT

The Plan Administrator and Participants of Hourly Employees Retirement Plan  
of Bradken-Atchison/St. Joseph, Inc.  
Atchison, Kansas

We were engaged to audit the accompanying financial statements and supplemental schedules of the Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc. (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedules 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 5, which was certified by Marshall & Ilsley Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. 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 certifications from the trustee as of December 31, 2009 and 2008, and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

*Pickett, Chaney & McMullen LLP*

October 4, 2010

# HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2009 AND 2008

|                                          | 2009                 | 2008                 |
|------------------------------------------|----------------------|----------------------|
| <b>ASSETS:</b>                           |                      |                      |
| Investments, at fair value:              |                      |                      |
| Common stocks                            | 11,351,624           | 10,797,127           |
| Mutual fund                              | 962,105              | 982,187              |
| US Government obligations                | 862,199              | 903,391              |
| Corporate bonds                          | 672,468              | 1,051,457            |
| Money market fund                        | <u>4,475,000</u>     | <u>1,951,330</u>     |
| Total investments                        | 18,323,396           | 15,685,492           |
| Accrued investment income                | 35,611               | 56,668               |
| Employer contributions receivable        | 159,164              |                      |
| Unsettled trades                         | <u>271,290</u>       |                      |
| Total assets                             | 18,789,461           | 15,742,160           |
| <b>LIABILITIES:</b>                      |                      |                      |
| Liability for unsettled trades           | -                    | 175,863              |
| Accrued expenses                         | <u>28,670</u>        | <u>24,651</u>        |
| Total liabilities                        | <u>28,670</u>        | <u>200,514</u>       |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u>\$ 18,760,791</u> | <u>\$ 15,541,646</u> |

See notes to financial statements.

**HOURLY EMPLOYEES RETIREMENT PLAN OF  
BRADKEN-ATCHISON/ST. JOSEPH, INC.**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEAR ENDED DECEMBER 31, 2009**

---

**ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:**

Investment income:

|                                               |                  |
|-----------------------------------------------|------------------|
| Interest and dividends                        | \$ 217,281       |
| Net appreciation in fair value of investments | <u>4,221,967</u> |

|                         |           |
|-------------------------|-----------|
| Total investment income | 4,439,248 |
|-------------------------|-----------|

|                        |                |
|------------------------|----------------|
| Employer contributions | <u>159,164</u> |
|------------------------|----------------|

|                 |           |
|-----------------|-----------|
| Total additions | 4,598,412 |
|-----------------|-----------|

**DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:**

|                               |                |
|-------------------------------|----------------|
| Benefits paid to participants | 1,274,956      |
| Administrative expenses       | <u>104,311</u> |

|                  |                  |
|------------------|------------------|
| Total deductions | <u>1,379,267</u> |
|------------------|------------------|

|                     |           |
|---------------------|-----------|
| <b>NET INCREASE</b> | 3,219,145 |
|---------------------|-----------|

**NET ASSETS AVAILABLE FOR BENEFITS:**

|                   |                   |
|-------------------|-------------------|
| Beginning of Year | <u>15,541,646</u> |
|-------------------|-------------------|

|             |                      |
|-------------|----------------------|
| End of Year | <u>\$ 18,760,791</u> |
|-------------|----------------------|

See notes to financial statements.

# **HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.**

## **STATEMENTS OF ACCUMULATED PLAN BENEFITS DECEMBER 31, 2009 AND 2008**

|                                                       | 2009                 | 2008                 |
|-------------------------------------------------------|----------------------|----------------------|
| Actuarial present value of accumulated plan benefits: |                      |                      |
| Vested benefits:                                      |                      |                      |
| Participants currently receiving payments             | \$ 11,221,045        | \$ 10,475,137        |
| Other participants                                    | <u>9,521,135</u>     | <u>9,201,356</u>     |
| Total vested benefits                                 | 20,742,180           | 19,676,493           |
| Nonvested benefits                                    | <u>231,675</u>       | <u>462,899</u>       |
| Actuarial present value of accumulated plan benefits  | <u>\$ 20,973,855</u> | <u>\$ 20,139,392</u> |

See notes to financial statements.

**HOURLY EMPLOYEES RETIREMENT PLAN OF  
BRADKEN-ATCHISON/ST. JOSEPH, INC.**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS  
YEAR ENDED DECEMBER 31, 2009**

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|                                                                             |                      |
|-----------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits,<br>Beginning of year: | \$ 20,139,392        |
| Increase (decrease) during the year attributable to:                        |                      |
| Benefits accumulated and gains (losses)                                     | 352,086              |
| Benefit payments                                                            | (1,274,956)          |
| Increase for interest due to decrease in the discount period                | 1,365,134            |
| Increase due to assumption and method changes                               | <u>392,199</u>       |
| Net increase                                                                | <u>834,463</u>       |
| Actuarial present value of accumulated plan benefits,<br>End of year        | <u>\$ 20,973,855</u> |

See notes to financial statements.

# HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

## NOTES TO FINANCIAL STATEMENTS FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

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### 1. DESCRIPTION OF THE PLAN

The following description of the Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc. (the "Plan") provides only general information. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

**General** – Bradken-Atchison/St. Joseph, Inc. (the "Plan Sponsor" or "Company") is a wholly owned subsidiary of Bradken, Inc. The Plan is a noncontributory, defined benefit plan for certain hourly employees of the Plan Sponsor. As of May 10, 1993, the Plan was closed to new participants. The Plan is subject to the provision of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan Sponsor also acts as the plan administrator. Marshall & Ilsley Trust Company serves as the trustee and custodian for the Plan, and Rice, Hall, James & Associates manages the Plan's investment assets.

**Pension Benefits** – The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement and disability benefits. The Plan also provides for benefits upon meeting certain other preconditions. Benefits under the Plan are determined based upon years of credited service, as defined in the Plan, multiplied by a benefit unit. Benefits are payable in the form of a joint and survivor annuity, or other optional forms. Employees with five years of vesting service, as defined by the Plan, are entitled to pension benefits upon retirement. There is no partial vesting of benefits.

The Plan was amended February 18, 2005, so that the benefit of any employee who transfers to non-covered employment, as defined by the Plan, and who terminates on or after January 1, 2005, will be based on the benefit level in effect at their termination of employment. Previously, benefits were based on the benefit level in effect at the date of transfer to non-covered employment.

**Death and Disability Benefits** – Beneficiaries of participants who die before retirement may receive death benefits based upon the participant's status at death. Death benefits are payable in monthly installments. Active employees who become disabled may be entitled to disability benefits payable to age 65 reduced by any benefits paid under workers' compensation. Upon retirement at age 65, these benefits are redetermined based upon the formulas for normal retirement benefits.

**Expenses** – Administrative expenses incurred by the Plan are paid by the Plan Sponsor, while administrative expenses incurred in connection with transactions relating to acquisition or disposition of Plan investment, or related to the Trustee, are paid by the Plan.

**Termination of the Plan** – Although the Company has not expressed any intent to do so, it has the right to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in the Plan and under ERISA. In the event that the Plan should be terminated, all participants become 100% vested in benefits earned as of the termination date. In the event that the Plan should be terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations there under and the Plan document.

The Pension Benefit Guaranty Corporation ("PBGC") insures certain benefits under the Plan if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement

benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC while other benefits may not be provided for at all.

## **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

***Basis of Accounting*** – The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

***Use of Estimates*** – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosures of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

***Investment Valuation and Income Recognition*** – The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. 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.

***Funding Policy*** – The Sponsor's funding policy is to contribute a determined amount to the Plan in order to maintain the Plan on a sound actuarial basis and meet the minimum funding regulations. The amount of such contributions is limited to the amount that is deductible for federal tax purposes under Section 404 of the Internal Revenue Code (the "IRC"). Contributions totaled \$159,164 in 2009. The Company's contributions for 2009 met the minimum funding requirements of ERISA.

***Payment of Benefits*** – Benefit payments are reported in the year paid.

***Actuarial Present Value of Accumulated Plan Benefits*** – Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Accumulated benefits under all circumstances (retirement, death, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by a consulting actuary, The Cottonwood Group, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial assumptions below are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. In particular, in the event of a plan termination, the use of a discount rate reflecting current settlement rates would have the effect of increasing the present value of accumulated plan benefits. The significant assumptions used in the valuations as of December 31, 2009 and 2008, were as follows:

|                                                            |  |                                                                 |
|------------------------------------------------------------|--|-----------------------------------------------------------------|
| Assumed rate of return on investment<br>and discount rate: |  |                                                                 |
| As of December 31, 2009<br>and 2008                        |  | 7.0% per annum, compounded annually                             |
| Mortality basis:                                           |  |                                                                 |
| As of December 31, 2009                                    |  | RP2000 Combined Blue Collar, projected to 2010<br>with Scale AA |
| As of December 31, 2008                                    |  | 1983 Group Annuity Mortality Tables, sex distinct               |

**New Accounting Pronouncements** – Financial Accounting Standards Board (“FASB”) Accounting Standards Codification (“ASC”) 855, *Subsequent Events*, provides guidance on management’s assessment of subsequent events and clarifies that management must evaluate, as of each reporting period, events or transactions that occur after the Statement of Financial Position date through the date that the financial statements are issued, or are available to be issued. Management has evaluated events and transactions for subsequent events disclosures occurring after December 31, 2009, through October 4, 2010, the date the financial statements are available to be issued.

In January 2010, the FASB issued guidance which expanded the required disclosures about fair value measurements. In particular, this guidance requires (i) separate disclosure of the amounts of significant transfers in and out of Level 1 and Level 2 fair value measurements along with the reasons for such transfers, (ii) information about purchases, sales, issuances and settlements to be presented separately in the reconciliation for Level 3 fair value measurements, (iii) fair value measurement disclosures for each class of assets and liabilities and (iv) disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements for fair value measurements that fall in either Level 2 or Level 3. This guidance is effective for annual reporting periods beginning after December 15, 2009 except for (ii) above which is effective for fiscal years beginning after December 15, 2010. The Company is currently evaluating the impact that this guidance will have on the Plan’s financial statement disclosures.

### 3. FAIR VALUE MEASUREMENTS

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 – Inputs consist of unadjusted quoted prices for identical assets in active markets that the plan has the ability to access.

Level 2 – Inputs consist of 1) quoted prices for similar assets in active markets, 2) quoted prices for identical or similar assets in inactive markets, 3) inputs other than quoted prices that are observable, and 4) inputs that are derived principally from or

corroborated by observable market data by correlation or other means. If the asset has a specified (contractual) term, the level 2 input must be observable for substantially the full term.

Level 3 – Inputs consist of unobservable inputs where there is little or no market activity, and the reporting entity makes estimates and assumptions related to the pricing of the asset including assumptions regarding risk.

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

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

Common stocks and mutual funds – Valued at the closing price or the net asset value (NAV) of shares held by the plan at year end based on published quoted prices.

Money market fund – Valued at cost, which approximates fair value.

US Government obligations and corporate bonds – Valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar securities, the security is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

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

The Plan's investments are reported at fair value as follows at December 31, 2009 and 2008:

|                           | Fair Value           | Fair Value<br>Measurements Using: |                     |             |
|---------------------------|----------------------|-----------------------------------|---------------------|-------------|
|                           |                      | Level 1                           | Level 2             | Level 3     |
| <b>December 31, 2009:</b> |                      |                                   |                     |             |
| Common stocks             | \$ 11,351,624        | \$ 11,351,624                     |                     |             |
| Mutual fund               | 962,105              | 962,105                           |                     |             |
| US Government obligations | 862,199              |                                   | \$ 862,199          |             |
| Corporate bonds           | 672,468              |                                   | 672,468             |             |
| Money market fund         | 4,475,000            | 4,475,000                         |                     |             |
|                           | <u>\$ 18,323,396</u> | <u>\$ 16,788,729</u>              | <u>\$ 1,534,667</u> | <u>\$ -</u> |

|                           | Fair Value           | Fair Value<br>Measurements Using: |                     |             |
|---------------------------|----------------------|-----------------------------------|---------------------|-------------|
|                           |                      | Level 1                           | Level 2             | Level 3     |
| <b>December 31, 2008:</b> |                      |                                   |                     |             |
| Common stocks             | \$ 10,797,127        | \$ 10,797,127                     |                     |             |
| Mutual fund               | 982,187              | 982,187                           |                     |             |
| US Government obligations | 903,391              |                                   | \$ 903,391          |             |
| Corporate bonds           | 1,051,457            |                                   | 1,051,457           |             |
| Money market fund         | 1,951,330            | 1,951,330                         |                     |             |
|                           | <u>\$ 15,685,492</u> | <u>\$ 13,730,644</u>              | <u>\$ 1,954,848</u> | <u>\$ -</u> |

#### 4. INVESTMENTS

The following fair value of investments exceed 5% of net assets available for plan benefits at December 31:

|                                       | 2009         | 2008         |
|---------------------------------------|--------------|--------------|
| Marshall Prime Money Market           | \$ 4,475,000 | \$ 1,951,330 |
| Rice, Hall, James Micro-Cap Portfolio | 962,105      | 982,187      |

The plan's investments (including investments purchased, sold, as well as held during the year) appreciated in value by \$4,221,967 for the year ended December 31, 2009, as follows:

|                                             |                     |
|---------------------------------------------|---------------------|
| Common stocks                               | \$ 3,866,432        |
| Corporate debt and US Government securities | 1,377               |
| Mutual funds                                | 354,158             |
|                                             | <u>\$ 4,221,967</u> |

#### 5. INFORMATION CERTIFIED BY THE TRUSTEE

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Marshall & Ilsley Trust Company, the trustee of the Plan, have certified that the following data included in the accompanying financial statements and supplemental schedule is complete and accurate with respect to investments as of December 31, 2009 and 2008, and for the year ended December 31, 2009:

- Investments, at fair value
- Accrued investment income
- Net appreciation in fair value of investments
- Interest and dividends
- Schedule of Assets (Held at End of Year)

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

#### 6. TAX STATUS

The Plan has received a favorable determination letter dated October 31, 2002, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since the date of

the determination letter, however, the Plan Sponsor believes the Plan is qualified under Section 401 (a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from tax under Section 501 (a) of the Code.

**7. EXEMPT PARTY-IN-INTEREST TRANSACTIONS**

Certain Plan investments are shares of a money market fund managed by Marshall & Ilsely Trust Company. Marshall and Ilsely Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

Certain Plan investments are shares of a mutual fund managed by Rice, Hall, James & Associates. Rice, Hall, James & Associates is the investment adviser to the Plan, and therefore, these transactions qualify as party-in-interest.

**8. RISKS AND UNCERTAINTIES**

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

\* \* \* \* \*

# HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

FORM 5500, SCHEDULE H, PART IV, LINE 4i  
SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
AS OF DECEMBER 31, 2009 – SEE FORM 5500

| EIN: 74-3110041 PLAN NUMBER: 002                        |                                                                                                              |            |            |     |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------|------------|-----|
| (a)                                                     | (b)                                                                                                          | (c)        | (d)        | (e) |
| Identity of Issue, Borrower,<br>Lessor or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | Cost       | Fair Value |     |
| Agilent Technologies Inc Com                            | Common Stock                                                                                                 | \$ 263,563 | \$ 251,201 |     |
| Air Prods & Chems Inc Com                               | Common Stock                                                                                                 | 119,042    | 189,680    |     |
| Allegheny Technologies Inc Com                          | Common Stock                                                                                                 | 232,674    | 291,900    |     |
| Anixter Intl Inc Com                                    | Common Stock                                                                                                 | 370,025    | 276,477    |     |
| Borgwarner Inc Com                                      | Common Stock                                                                                                 | 311,971    | 341,502    |     |
| Cameron Intl Corp Com                                   | Common Stock                                                                                                 | 188,836    | 256,443    |     |
| Cephalon Inc Com                                        | Common Stock                                                                                                 | 386,668    | 338,941    |     |
| City Natl Corp Com                                      | Common Stock                                                                                                 | 155,012    | 228,000    |     |
| Cognizant Tech Solutions Crp Com                        | Common Stock                                                                                                 | 184,574    | 244,782    |     |
| Compuware Corp Com                                      | Common Stock                                                                                                 | 313,937    | 318,265    |     |
| Covanta Holding Corp Com                                | Common Stock                                                                                                 | 313,968    | 340,634    |     |
| Devry Inc Del Com                                       | Common Stock                                                                                                 | 341,017    | 387,466    |     |
| F5 Networks Inc Com                                     | Common Stock                                                                                                 | 89,361     | 181,157    |     |
| Fidelity Natl Finl Inc New Cl A                         | Common Stock                                                                                                 | 188,899    | 153,175    |     |
| Flowserve Corp Com                                      | Common Stock                                                                                                 | 197,076    | 233,489    |     |
| Forest Oil Corp Com Par \$0.01                          | Common Stock                                                                                                 | 242,954    | 306,382    |     |
| Gamestop Corp New Class A                               | Common Stock                                                                                                 | 304,728    | 268,546    |     |
| Gen-Probe Inc New Com                                   | Common Stock                                                                                                 | 320,106    | 319,325    |     |
| ITT Corp new Com                                        | Common Stock                                                                                                 | 342,144    | 319,828    |     |
| Idex Corp Com                                           | Common Stock                                                                                                 | 313,881    | 310,877    |     |
| Inverness Medical Innovations Com                       | Common Stock                                                                                                 | 200,003    | 232,871    |     |
| Jacobs Engr Group Inc Com                               | Common Stock                                                                                                 | 158,714    | 182,408    |     |
| Kansas City Southern Com                                | Common Stock                                                                                                 | 253,769    | 240,687    |     |
| Memc Elect Matis Inc Com                                | Common Stock                                                                                                 | 276,285    | 293,783    |     |
| Mattel Inc Com                                          | Common Stock                                                                                                 | 265,322    | 335,864    |     |
| McGraw Hill Cos Inc Com                                 | Common Stock                                                                                                 | 225,155    | 255,346    |     |
| Mednax Inc Com                                          | Common Stock                                                                                                 | 248,353    | 310,769    |     |
| National Instrs Corp Com                                | Common Stock                                                                                                 | 307,421    | 354,872    |     |
| Noble Corp baar Namen Akt                               | Common Stock                                                                                                 | 131,275    | 229,141    |     |
| Nuance Communications Inc Com                           | Common Stock                                                                                                 | 278,073    | 330,634    |     |
| Nucor Corp Com                                          | Common Stock                                                                                                 | 246,254    | 344,277    |     |
| Pharmaceutical Prod Dev Inc Com                         | Common Stock                                                                                                 | 243,396    | 165,721    |     |
| Quest Diagnostics Inc Com                               | Common Stock                                                                                                 | 257,982    | 293,447    |     |
| Range Resources Corp Com                                | Common Stock                                                                                                 | 178,445    | 234,295    |     |
| Republic Services Inc Com                               | Common Stock                                                                                                 | 187,237    | 240,946    |     |
| Shire Limited American Deposit Shrs                     | Common Stock                                                                                                 | 203,114    | 277,651    |     |
| Solera Hldgs Inc Com                                    | Common Stock                                                                                                 | 235,831    | 346,776    |     |

CONTINUED

# HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.

## FORM 5500, SCHEDULE H, PART IV, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR) AS OF DECEMBER 31, 2009 – SEE FORM 5500

| EIN: 74-3110041 PLAN NUMBER: 002                        |                                                                                                              |                      |                      |     |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|----------------------|----------------------|-----|
| (a)                                                     | (b)                                                                                                          | (c)                  | (d)                  | (e) |
| Identity of Issue, Borrower,<br>Lessor or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | Cost                 | Fair Value           |     |
| Southwest Airl Co Com                                   | Common Stock                                                                                                 | \$ 215,637           | \$ 297,637           |     |
| TD Ameritrade Holding Corp Com                          | Common Stock                                                                                                 | 216,701              | 239,343              |     |
| Wiley John & Sons Inc Cl A                              | Common Stock                                                                                                 | 225,302              | 260,494              |     |
| Zebra Technologies Corp Cl A                            | Common Stock                                                                                                 | <u>272,223</u>       | <u>326,592</u>       |     |
| Total common stocks                                     |                                                                                                              | 10,006,928           | 11,351,624           |     |
| * Rice, Hall, James, Micro Cap Portfolio                | Mutual Fund                                                                                                  | 1,163,919            | 962,105              |     |
| * Marshall Prime Money Market                           | Money Market                                                                                                 | 4,475,000            | 4,475,000            |     |
| AT&T Broadband Corp Nt                                  | 8.375% due 3/15/13 dtd 11/18/02                                                                              | 179,689              | 208,639              |     |
| Caterpillar Inc Deb                                     | 9.375% due 8/15/11 dtd 8/15/91                                                                               | 121,610              | 110,140              |     |
| Dow Chemical Co Deb                                     | 6.85% due 8/15/13 dtd 8/17/93                                                                                | 97,182               | 108,605              |     |
| Hertz Corp Sr Nt                                        | 7.4% due 3/1/11 dtd 2/28/01                                                                                  | 154,731              | 151,875              |     |
| Kohls Corp Nt                                           | 7.375% due 10/15/11 dtd 10/15/96                                                                             | <u>89,745</u>        | <u>93,209</u>        |     |
| Total corporate bonds                                   |                                                                                                              | 642,957              | 672,468              |     |
| Federal Home Loan Bank Cons Bond                        | 7.47% due 8/11/15 dtd 8/11/00                                                                                | 55,059               | 52,055               |     |
| Tennessee Valley Authority Power Bd                     | 6.0% due 3/15/13 dtd 3/15/98                                                                                 | 49,578               | 55,947               |     |
| US Treasury Note                                        | 5.0% due 8/15/11 dtd 8/15/01                                                                                 | 99,444               | 106,657              |     |
| US Treasury Note                                        | 4.875% due 2/15/12 dtd 2/15/02                                                                               | 97,805               | 107,633              |     |
| US Treasury Note                                        | 3.625% due 5/15/13 dtd 5/15/03                                                                               | 99,378               | 105,907              |     |
| US Treasury Note                                        | 4.25% due 8/15/13 dtd 8/15/03                                                                                | 198,072              | 215,875              |     |
| US Treasury Note                                        | 4.25% due 11/15/13 dtd 11/15/03                                                                              | 99,116               | 108,063              |     |
| US Treasury Note                                        | 4.75% due 5/15/14 dtd 5/15/04                                                                                | <u>99,383</u>        | <u>110,062</u>       |     |
| Total government securities                             |                                                                                                              | <u>797,835</u>       | <u>862,199</u>       |     |
| Total investments                                       |                                                                                                              | <u>\$ 17,086,639</u> | <u>\$ 18,323,396</u> |     |

\* Represents a party-in-interest.

CONCLUDED

# **HOURLY EMPLOYEES RETIREMENT PLAN OF BRADKEN-ATCHISON/ST. JOSEPH, INC.**

FORM 5500, SCHEDULE H, PART IV, LINE 4j  
SCHEDULE OF REPORTABLE TRANSACTIONS – YEAR ENDED DECEMBER 31, 2009  
SEE FORM 5500

**EIN: 74-3110041    PLAN NUMBER: 002**

| (a)                           | (b)                     | (c)               | (d)              | (f)                                     | (g)              | (h)                                                 | (i)                      |
|-------------------------------|-------------------------|-------------------|------------------|-----------------------------------------|------------------|-----------------------------------------------------|--------------------------|
| Identity of<br>Party Involved | Description<br>of Asset | Purchase<br>Price | Selling<br>Price | Expense<br>Incurred with<br>Transaction | Cost of<br>Asset | Current Value<br>of Asset on<br>Transaction<br>Date | Net<br>Gain or<br>(Loss) |
| <b>Single Transactions:</b>   |                         |                   |                  |                                         |                  |                                                     |                          |
| None                          |                         |                   |                  |                                         |                  |                                                     |                          |
| <b>Series Transactions:</b>   |                         |                   |                  |                                         |                  |                                                     |                          |
| Marshall Prime Money Market   | Money market fund       |                   |                  |                                         |                  |                                                     |                          |
|                               | Purchases               | \$ 9,542,526      |                  |                                         | \$ 9,542,526     | \$ 9,542,526                                        |                          |
|                               | Sales                   |                   | \$ 7,018,856     |                                         | 7,018,856        | 7,018,856                                           | \$ -                     |

**Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.**  
**EIN/PN: 74-3110041/002**  
**2009 Schedule SB (Form 5500) Attachment**

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**Schedule SB, line 22 – Description of Weighted Average Retirement Age**

As shown below, the weighted average retirement age is age 63.

| Age | Percent Eligible to Retire | Percent Expected to Retire | Weighted Average Retirement Age |
|-----|----------------------------|----------------------------|---------------------------------|
| 55  | 100%                       | 2%                         | 1.1                             |
| 56  | 98%                        | 2%                         | 1.1                             |
| 57  | 96%                        | 2%                         | 1.1                             |
| 58  | 94%                        | 2%                         | 1.1                             |
| 59  | 92%                        | 2%                         | 1.1                             |
| 60  | 90%                        | 2%                         | 1.1                             |
| 61  | 89%                        | 15%                        | 8.1                             |
| 62  | 75%                        | 25%                        | 11.7                            |
| 63  | 57%                        | 20%                        | 7.1                             |
| 64  | 45%                        | 60%                        | 17.4                            |
| 65  | 18%                        | 100%                       | 11.7                            |
|     |                            |                            | <hr/>                           |
|     |                            |                            | 62.6                            |
|     |                            |                            | <hr/>                           |

**Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.**  
**EIN/PN: 74-3110041/002**  
**2009 Schedule SB (Form 5500) Attachment**

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**Schedule SB, Part V – Summary of Plan Provisions**

The following summary of plan provisions was used to perform the actuarial valuation as of January 1, 2009.

**General Provisions**

|                           |                                                                                                                                                                                                                                                                                       |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective date            | January 1, 1969. The plan was adopted by Atchison Casting Corporation (a Delaware Corporation) (the “Company”), effective December 23, 2003. The most recent plan amendment reflected in this valuation was effective January 1, 2008.                                                |
| Plan year                 | Twelve-month period beginning January 1.                                                                                                                                                                                                                                              |
| Participation eligibility | All hourly employees of the Company employed at the Atchison, Kansas plant prior to May 10, 1993, except nonresident aliens receiving no earned income from the company.                                                                                                              |
| Credited Service          | One year of credited service is earned in each calendar year in which a participant completes 1,000 hours of service. If a participant works less than 1,000 hours, one twelfth of a year of credited service is earned for each 84 hours of service, rounded to the nearest twelfth. |
| Vesting Service           | One year of vesting service is earned in each calendar year in which a participant completes 1,000 hours of service. If a participant works less than 1,000 hours, one twelfth of a year of vesting service is earned for each 84 hours of service, rounded to the nearest twelfth.   |
| Vesting                   | 100% vested after 5 years of vesting service or attainment of age 65 while employed by the Company; 0% vested before that.                                                                                                                                                            |
| Contributions             | The Company pays the full plan cost.                                                                                                                                                                                                                                                  |

**Benefit Eligibility**

|                   |                                                                                                      |
|-------------------|------------------------------------------------------------------------------------------------------|
| Normal retirement | The first day of any month coincident with or following the participant’s 65 <sup>th</sup> birthday. |
| Early retirement  | The later of (a) and (b):<br>(a) Age 55<br>(b) 5 years of vesting service.                           |

**Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.**  
**EIN/PN: 74-3110041/002**  
**2009 Schedule SB (Form 5500) Attachment**

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Disability retirement      Employee must a) be age 45 or more, b) have 15 or more years of vesting service, and c) incur a mental or physical condition which entitles them to benefits under Social Security disability insurance, and which continues until retirement eligibility.

Preretirement death      Surviving spouses of a) vested employees, b) disabled participants, and c) terminated vested participants who were married continuously for at least 1 year before death are eligible.

Other designated beneficiaries (not more than 10 years younger than the participant) of vested employees who die after early retirement eligibility are also eligible, if the employee elected coverage.

Vested termination      Termination of employment after becoming vested and prior to attaining early or normal retirement eligibility (as defined above).

**Accrued Benefit**      A monthly benefit payable for life at normal retirement date, equal to the participant's years of credited service multiplied by the benefit rate in effect when the participant ceased to be an eligible employee. Recent and future benefit rates are:

|                    |          |
|--------------------|----------|
| Effective 05/12/03 | \$ 20.00 |
| Effective 05/12/04 | 21.00    |
| Effective 07/01/06 | 21.50    |
| Effective 07/01/08 | 22.00    |
| Effective 11/21/08 | 22.75    |
| Effective 02/01/10 | 23.25    |
| Effective 02/01/11 | 23.75    |

**Pension Amount**

Normal retirement      The accrued benefit.

Early retirement      The accrued benefit, unreduced if the employee has attained age 62 prior to termination of employment; otherwise, the accrued benefit is reduced by:

- (a) 6.0% for each of the first 5 years that benefit commencement precedes normal retirement date, plus
- (b) 4.0% for each of the next 5 years early.

**Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.**  
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|                       |                                                                                                                                                                                                                                                                                                                        |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Disability retirement | The accrued benefit, without reduction for early retirement. Prior to age 65, the benefit is reduced by Workers' Compensation and other employer-paid disability benefits.                                                                                                                                             |
| Preretirement death   | Fifty percent (50%) of the amount the participant would have received under the 50% joint and survivor benefit form had the participant separated from service on date of death (applies for death from active employment only), commenced retirement benefits as early as possible thereafter, and died the next day. |
| Vested termination    | The accrued benefit, with early-retirement reduction if applicable (as described above), except that the unreduced-at-62 provision does not apply.                                                                                                                                                                     |

**Forms of Benefit**

|                |                                                                                                                                             |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Normal form    | Life annuity.                                                                                                                               |
| Automatic form | Qualified 50% joint and survivor annuity if the participant has been married for twelve consecutive months as of the annuity starting date. |
| Optional forms | (a) Life annuity<br>(b) Joint and survivor annuities (50%, 75%, 100%).                                                                      |

**Changes from Plan Provisions Reflected in the Previous Valuation**

In November 2008, a new collective bargaining agreement was negotiated, increasing the benefit rates through February 1, 2011, as shown above.

**Benefits Not Included in the Valuation**

None.

**Significant Events that Occurred During the Year**

None.

**Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.**  
**EIN/PN: 74-3110041/002**  
**2009 Schedule SB (Form 5500) Attachment**

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**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

The following actuarial assumptions and methods were used to perform the actuarial valuation as of January 1, 2009.

**Actuarial Cost Method**

The actuarial accrued liability and normal cost under the unit credit actuarial cost method are used to determine the minimum required contribution under IRC Section 430 for the plan. Under this method, actuarial accrued liability is the total present value of benefits accrued under the plan formula at the valuation date for all participants (both active and nonactive). Normal cost is the total actuarial present value of additional benefits expected to be earned during the plan year by active participants under the assumed retirement age.

As required by IRC proposed regulation section 1.430(d)-1, the determination of both the target liability and target normal cost (IRC section 430 terms for accrued liability and normal cost) includes any plan provisions that are adopted on or before the valuation date and become effective during the plan year.

The normal cost and actuarial accrued liability for the plan are the sum of the individual normal costs and the sum of the individual accrued liabilities, respectively.

**Asset Valuation Method**

The actuarial value of assets is determined by smoothing investment gains and losses (the excess/shortfall of the actual investment return over the expected return), in accordance with procedures described in Revenue Notice 2009-22. The preliminary actuarial value of assets is equal to the market value of assets (including discounted receivable contributions) plus/(minus) 2/3 of the loss/(gain) for the prior year and 1/3 of the loss/(gain) for the second prior year. If the resulting asset value is outside a 90% to 110% market value corridor, an additional adjustment maintains the actuarial value of assets at the appropriate corridor limit.

**Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.**  
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**2009 Schedule SB (Form 5500) Attachment**

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**Economic Assumptions**

|                                |                                                                                                                                                                    |
|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| IRC Section 430 Interest Rates | The plan sponsor has elected to use the corporate bond yield curve for October 2008.<br><br>Single effective interest rate equivalent to the segment rates – 8.20% |
| SFAS 35 Interest Rate          | 7.00%                                                                                                                                                              |
| Salary Increases               | N/A                                                                                                                                                                |
| Expenses                       | \$20,000                                                                                                                                                           |

**Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.**  
**EIN/PN: 74-3110041/002**  
**2009 Schedule SB (Form 5500) Attachment**

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**Demographic Assumptions**

Assumptions are made about survival, marital status, and the causes and timing of separation from service. Retirement and termination rates are expected to approximate your experience.

**Retirement**

Annual probabilities are:

| <u>Age</u> | <u>Percent Expected to Retire</u> |
|------------|-----------------------------------|
| 55-60      | 2%                                |
| 61         | 15                                |
| 62         | 25                                |
| 63         | 20                                |
| 64         | 60                                |
| 65         | 100                               |

**Termination**

The percent of employees expected to terminate each year depends on age; typical percents follow:

| <u>Age</u> | <u>Expected Terminations</u> |
|------------|------------------------------|
| 25         | 13.0%                        |
| 30         | 8.5                          |
| 35         | 6.0                          |
| 40         | 6.0                          |
| 45         | 5.0                          |
| 50         | 4.0                          |
| 55         | 0.0                          |

**Disablement**

The percent of employees expected to become disabled each year depends on age; typical percents follow:

| <u>Age</u> | <u>Expected Disablements</u> |                |
|------------|------------------------------|----------------|
|            | <u>Males</u>                 | <u>Females</u> |
| 20         | 0.12%                        | 0.18%          |
| 25         | 0.12                         | 0.18           |
| 30         | 0.12                         | 0.18           |
| 35         | 0.13                         | 0.19           |
| 40         | 0.15                         | 0.22           |
| 45         | 0.20                         | 0.30           |
| 50         | 0.36                         | 0.54           |
| 55         | 0.68                         | 1.02           |
| 60         | 1.38                         | 2.07           |

**Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.**  
**EIN/PN: 74-3110041/002**  
**2009 Schedule SB (Form 5500) Attachment**

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Mortality  
(healthy lives, pre-commencement)

The pre-commencement "Static Mortality Table" of Prop. Reg. §1.430(h)(3)-1; sample rates are:

| Age | Percent Expected<br>to Die at Each Age |         |
|-----|----------------------------------------|---------|
|     | Males                                  | Females |
| 20  | 0.02%                                  | 0.01%   |
| 35  | 0.07                                   | 0.04    |
| 50  | 0.14                                   | 0.11    |
| 65  | 0.54                                   | 0.52    |

Mortality  
(healthy lives, post-commencement,  
and post-1993 disabilities)

The post-commencement "Static Mortality Table" of Prop. Reg. §1.430(h)(3)-1; sample rates are:

| Age | Percent Expected<br>to Die at Each Age |         |
|-----|----------------------------------------|---------|
|     | Males                                  | Females |
| 50  | 0.41%                                  | 0.18%   |
| 65  | 1.07                                   | 0.96    |
| 80  | 5.58                                   | 4.10    |
| 95  | 25.91                                  | 18.84   |

Mortality (post-1993 disabilities)

Rev. Ruling 96-7 post-1994 disabled mortality table;  
sample rates are:

| Age | Mortality Rates |         |
|-----|-----------------|---------|
|     | Males           | Females |
| 40  | 3.8%            | 2.1%    |
| 55  | 5.3             | 3.3     |
| 70  | 7.3             | 5.1     |
| 85  | 13.3            | 10.9    |

Decrement timing and adjustment

Active decrements prior to normal retirement age are assumed to occur mid-year. Nonactive mortality is uniform throughout the year. Active mortality decrement probabilities are determined from the mortality rates shown above by adjusting for competing decrements.

Benefit form elections

All active participants are assumed to elect a single life annuity.

Preretirement marital characteristics

Wives are assumed to be three years younger than their husbands; 90% of participants are assumed to be married.

**Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.**  
**EIN/PN: 74-3110041/002**  
**2009 Schedule SB (Form 5500) Attachment**

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**Financial and Census Data**

The actuarial value of assets is based on unaudited financial statements provided by Marshall & Ilsley Trust Company. The census data submitted by Americast Technologies, Inc. as of January 1, 2009 appears consistent with that of the prior valuation.

**Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.**  
**EIN/PN: 74-3110041/002**  
**2009 Schedule SB (Form 5500) Attachment**

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**Schedule SB, line 24 – Change in Actuarial Assumptions**

Liabilities for transferred employees eligible for future benefit level increases were calculated with active decrements; for the 2008 valuation, benefits were assumed to commence at age 65.

**Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.**  
**EIN/PN: 74-3110041/002**  
**2009 Schedule SB (Form 5500) Attachment**

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**Schedule SB, line 26 – Schedule of Active Participant Data**

| Age at<br>1/1/09 | Years of Benefit Accrual Service at 1/1/09 |     |     |       |       |       |       |       |       |              | Total            |
|------------------|--------------------------------------------|-----|-----|-------|-------|-------|-------|-------|-------|--------------|------------------|
|                  | < 1                                        | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 &<br>over |                  |
| < 25             | 0                                          | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0            | 0                |
| 25-29            | 0                                          | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0            | 0                |
| 30-34            | 0                                          | 0   | 0   | 0     | 1     | 0     | 0     | 0     | 0     | 0            | 1                |
| 35-39            | 0                                          | 0   | 0   | 0     | 5     | 1     | 0     | 0     | 0     | 0            | 6                |
| 40-44            | 0                                          | 0   | 0   | 0     | 2     | 10    | 0     | 0     | 0     | 0            | 12               |
| 45-49            | 0                                          | 0   | 0   | 0     | 4     | 19    | 6     | 2     | 0     | 0            | 31               |
| 50-54            | 0                                          | 0   | 0   | 1     | 4     | 4     | 4     | 22    | 5     | 0            | 40               |
| 55-59            | 0                                          | 0   | 0   | 0     | 0     | 2     | 5     | 17    | 17    | 0            | 41               |
| 60-64            | 0                                          | 0   | 0   | 0     | 0     | 1     | 1     | 4     | 4     | 9            | 19               |
| 65-69            | 0                                          | 0   | 0   | 0     | 0     | 2     | 0     | 3     | 0     | 2            | 7                |
| 70 +             | 0                                          | 0   | 0   | 0     | 0     | 0     | 0     | 0     | 0     | 0            | 0                |
| Total            | 0                                          | 0   | 0   | 1     | 16    | 39    | 16    | 48    | 26    | 11           | 157 <sup>a</sup> |

a.

|                         | Valuation Date |            |
|-------------------------|----------------|------------|
|                         | 1/1/09         | 1/1/08     |
| Average age             | 53.5 years     | 53.2 years |
| Average benefit service | 29.2 years     | 28.7 years |
| Percent male            | 95.5%          | 95.4%      |

**Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.**  
**EIN/PN: 74-3110041/002**  
**2009 Schedule SB (Form 5500) Attachment**

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**Schedule SB, line 32 – Schedule of Amortization Bases**

A schedule of amortization bases is provided below.

| Type of Base   | Present Value of<br>Remaining<br>Installments | Valuation Date<br>Base was<br>Established | Number of Years<br>Remaining in the<br>Period | Amortization<br>Installment |
|----------------|-----------------------------------------------|-------------------------------------------|-----------------------------------------------|-----------------------------|
| 2009 Shortfall | \$862,224                                     | 01/01/2009                                | 7                                             | \$153,001                   |

Attachment to 2009 Schedule H (Form 5500) – Line 3

Financial Statements used in Formulating the IQPA's Opinion

Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.

ER ID#: 74-3110041

PLAN #: 002

These statements are included in the accountant's opinion that is attached for Part III of Schedule H.

Attachment to 2009 Schedule H (Form 5500) – Line 4(i)

Schedule of Assets (Held at End of Year)

Schedule of Assets (Acquired and Disposed of Within Year)

Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.

ER ID#: 74-3110041

PLAN #: 002

These schedules, if applicable, are included in the accountant's opinion that is attached for Part III of Schedule H.

Attachment to 2009 Schedule H (Form 5500) – Line 4(i)

Schedule of Assets (Held at End of Year)

Schedule of Assets (Acquired and Disposed of Within Year)

Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.

ER ID#: 74-3110041

PLAN #: 002

These schedules, if applicable, are included in the accountant's opinion that is attached for Part III of Schedule H.

Attachment to 2009 Schedule H (Form 5500) – Line 4(j)

Schedule of Reportable Transactions

Hourly Employees Retirement Plan of Bradken-Atchison/St. Joseph, Inc.

ER ID#: 74-3110041

PLAN #: 002

This schedule is included in the accountant's opinion that is attached for Part III of Schedule H.

## SB Actuary Signature

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

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

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |  |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>Hourly Ees Ret Plan of Bradken-Atchison/St. Joseph, Inc.                                                     |  | <b>B</b> Three-digit plan number (PN) ▶<br><br>002                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Bradken-Atchison/St. Joseph, Inc.                         |  | <b>D</b> Employer Identification Number (EIN)<br><br>74-3110041                                                                                         |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B |  | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

**Part I Basic Information**

|                                                                                                                                                                                                       |              |                            |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>                                                                                                                       |              |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                      |              |                            |                    |
| <b>a</b> Market value .....                                                                                                                                                                           | <b>2a</b>    | 15,541,646                 |                    |
| <b>b</b> Actuarial value .....                                                                                                                                                                        | <b>2b</b>    | 17,095,811                 |                    |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                   |              | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                           | <b>3a</b>    | 275                        | 9,926,775          |
| <b>b</b> For terminated vested participants .....                                                                                                                                                     | <b>3b</b>    | 270                        | 1,984,465          |
| <b>c</b> For active participants:                                                                                                                                                                     |              |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                         | <b>3c(1)</b> |                            | 384,428            |
| (2) Vested benefits .....                                                                                                                                                                             | <b>3c(2)</b> |                            | 6,590,840          |
| (3) Total active .....                                                                                                                                                                                | <b>3c(3)</b> | 157                        | 6,975,268          |
| <b>d</b> Total .....                                                                                                                                                                                  | <b>3d</b>    | 702                        | 18,886,508         |
| <b>4</b> If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>                                                                                                |              |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                             | <b>4a</b>    |                            |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>    |                            |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                | <b>5</b>     | 8.20 %                     |                    |
| <b>6</b> Target normal cost .....                                                                                                                                                                     | <b>6</b>     | 190,831                    |                    |

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

|                             |                                                                                     |                                        |
|-----------------------------|-------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN<br/>HERE</b>        |  | 09/28/2010                             |
| Terry D. Cooper             |                                                                                     | Date                                   |
| Curcio Webb, LLC            |                                                                                     | 08-04552                               |
| 100 Bush Street, Suite 2400 |                                                                                     | Most recent enrollment number          |
| San Francisco               |                                                                                     | (415) 743-5693                         |
| CA 94104                    |                                                                                     | Telephone number (including area code) |
| Address of the firm         |                                                                                     |                                        |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2009  
v.092308.1

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                          | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) ..... | 296,090               | 0                      |
| <b>8</b> Portion used to offset prior year's funding requirement (Item 35 from prior year) .....         | 0                     | 0                      |
| <b>9</b> Amount remaining (Item 7 minus item 8).....                                                     | 296,090               | 0                      |
| <b>10</b> Interest on item 9 using prior year's actual return of <u>(30.86)%</u> .....                   | (91,373)              |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                           |                       |                        |
| <b>a</b> Excess contributions (Item 38 from prior year) .....                                            |                       | 0                      |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>5.98 %</u> .....                        |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....            |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                           |                       | 0                      |
| <b>12</b> Reduction in balances due to elections or deemed elections.....                                | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) .....             | 204,717               | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                           |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 89.43 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 89.43 %  |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 103.56 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %        |

**Part IV Contributions and liquidity shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 09/09/2010                                                                               | 159,164                           |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 159,164                           | <b>18(c)</b> 0                  |

**19** Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                         |            |         |
|-------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>a</b> Contributions allocated toward unpaid minimum required contribution from prior years .....                     | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 139,342 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
|         |         |         |         |

**Part V Assumptions used to determine funding target and target normal cost**

|                                                                                                                                                                                              |                   |                   |                   |                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------|-------------------|----------------------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                   |                   |                   |                                                                |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>% | 2nd segment:<br>% | 3rd segment:<br>% | <input checked="" type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                   |                   |                   | <b>21b</b>                                                     |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                   |                   |                   | <b>22</b> 63                                                   |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                   |                   |                   |                                                                |

**Part VI Miscellaneous items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. ....                  | <b>27</b>                                                           |

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contribution for all prior years .....                                                             | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (item 28 minus item 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|
| <b>31</b> Target normal cost, adjusted, if applicable (see instructions) .....                                                                                                       | <b>31</b>           | 190,831            |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 862,224             | 153,001            |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) .....                                                  | <b>34</b>           | 343,832            |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance |
| <b>35</b> Balances used to offset funding requirement .....                                                                                                                          | 204,717             | 204,717            |
| <b>36</b> Additional cash requirement (item 34 minus item 35) .....                                                                                                                  | <b>36</b>           | 139,115            |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) .....                                                  | <b>37</b>           | 139,342            |
| <b>38</b> Interest-adjusted excess contributions for current year (see instructions) .....                                                                                           | <b>38</b>           | 227                |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) .....                                                                      | <b>39</b>           | 0                  |
| <b>40</b> Unpaid minimum required contribution for all years .....                                                                                                                   | <b>40</b>           | 0                  |