# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

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

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
GLEN IVY HOT SPRINGS RETIREMENT SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 05/01/1996

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
GLEN IVY HOT SPRINGS, INC.

25000 GLEN IVY ROAD
CORONA, CA 92883

**2b** Employer Identification Number (EIN)
95-3106361

**2c** Sponsor's telephone number
951-277-3529

**2d** Business code (see instructions)
713900

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/11/2010 | CRISTEN STIER |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
GLEN IVY HOT SPRINGS, INC.

25000 GLEN IVY ROAD
CORONA, CA 92883

**3b** Administrator's EIN
95-3106361

**3c** Administrator's telephone number
951-277-3529

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name
GLEN IVY HOT SPRINGS

**4b** EIN
95-3106361

**4c** PN
001

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 385 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 344 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 26 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 370 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 370 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 170 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 5 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | X | **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)** | X | **H** (Financial Information) |
| **(2)** | | **I** (Financial Information – Small Plan) |
| **(3)** | | **A** (Insurance Information) |
| **(4)** | X | **C** (Service Provider Information) |
| **(5)** | X | **D** (DFE/Participating Plan Information) |
| **(6)** | | **G** (Financial Transaction Schedules) |

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

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

**A** Name of plan
GLEN IVY HOT SPRINGS RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GLEN IVY HOT SPRINGS, INC.

**D** Employer Identification Number (EIN)
95-3106361

## 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).. . . . . [X] 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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO
1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

FIDELITY DISTRIBUTORS CORP.
500 SALEM STREET
MAIL ZONE O3N
SMITHFIELD, RI 02917

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

FRANKLIN TEMPLETON DISTRIBUTORS, IN
100 FOUNTAIN PARKWAY
ST. PETERSBURG, FL 33716

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

JANUS DISTRIBUTORS, LLC
151 DETROIT STREET
DENVER, CO 80206

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

ALLIANZ GLOBAL INVESTORS DISTRIBUTO

1345 AVENUE OF THE AMERICAS
NEW YORK, NY 10105

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

PUTNAM RETAIL MANAGEMENT

ONE POST OFFICE SQUARE
BOSTON, MA 02109

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

VICTORY CAPITAL MANAGEMENT

13-2700161

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

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

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

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

ADP BROKER-DEALER

22-3319984

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 60 63 99 | RECORD KEEPER | 0 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

ADP

22-1467904

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 37 64 50 | RECORD KEEPER | 725 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| FRANKLIN TEMPLETON DISTRIBUTORS, IN<br>100 FOUNTAIN PARKWAY<br>ST. PETERSBURG, FL 33716 | ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| FIDELITY DISTRIBUTORS CORP.<br>500 SALEM STREET<br>MAIL ZONE O3N<br>SMITHFIELD, RI 02917 | ANNUAL RATE 0.0005 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| JANUS DISTRIBUTORS, LLC<br>151 DETROIT STREET<br>DENVER, CO 80206 | ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS. |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| ALLIANZ GLOBAL INVESTORS DISTRIBUTO 1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105 | ANNUAL RATE 0.002 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| PIONEER INVESTMENT MANAGEMENT, INC<br><br>13-1961193 | ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| PUTNAM RETAIL MANAGEMENT ONE POST OFFICE SQUARE BOSTON, MA 02109 | ANNUAL RATE 0.002 OF AVERAGE DAILY ASSETS. |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| VICTORY CAPITAL MANAGEMENT<br><br>13-2700161 | ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| GUARDIAN INVESTOR SERVICES, LLC<br>388 MARKET STREET<br>SAN FRANCISCO, CA 94111 | ANNUAL RATE 0.0025 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 60 63 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| T. ROWE PRICE<br>100 EAST PRATT STREET<br>BALTIMORE, MD 21202 | ANNUAL RATE 0.0015 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.005 OF AVERAGE DAILY ASSETS. |

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| ADP BROKER-DEALER | 99 | 0 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| STATE STREET CORPORATION<br><br>04-1867445 | ANNUAL RATE 0.0062 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0067 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0068 OF AVERAGE DAILY ASSETS.<br>ANNUAL RATE 0.0087 OF AVERAGE DAILY ASSETS. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| STATE STREET CORPORATION | 64 52 99 | 1068 |

| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|---|---|
| ADP<br><br>22-1467904 | PERFORM A YEAR-END ALLOCATION BASED ON TOTAL $ / TOTAL # OF PLANS AS OF 12/31 WITH EACH SSGA INVESTMENT AND APPLY .5 TO AMOUNT. |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |

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

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

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

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

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

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

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

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

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

## Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN: |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN; |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

| | |
|---|---|
| **a** Name: | **b** EIN; |
| **c** Position: | |
| **d** Address: | **e** Telephone: |

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
GLEN IVY HOT SPRINGS RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
GLEN IVY HOT SPRINGS, INC.

**D** Employer Identification Number (EIN)
95-3106361

**Part I** **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA GOVERNMENT MONEY MRKT FD

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-0025081-001 | C | 403841 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LIFE SOLUTIONS INC & GR

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-0025081-053 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LIFE SOLUTIONS BALANCE GR

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-0025081-055 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA LIFE SOLUTIONS GROWTH

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-0025081-056 | C | 0 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P 500 INDEX

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-0025081-065 | C | 63252 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA RUSSELL SMALL CAP INDEX

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-0025081-084 | C | 16646 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S&P MIDCAP INDEX

**b** Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST CO

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| 04-0025081-089 | C | 55320 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

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

**A** Name of plan
GLEN IVY HOT SPRINGS RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GLEN IVY HOT SPRINGS, INC.

**D** Employer Identification Number (EIN)
95-3106361

## Part I Asset and Liability Statement

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 471126 | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 75998 | 103426 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 271398 | 539060 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 465536 | 961548 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 1284058 | 1604034 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 1284058 | 1604034 |

## Part II Income and Expense Statement

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

| | Income | | (a) Amount | (b) Total |
|---|---|---|---|---|
| **a** | **Contributions:** | | | |
| | **(1)** Received or receivable in cash from: **(A)** Employers | 2a(1)(A) | | |
| | **(B)** Participants | 2a(1)(B) | 199985 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | 95662 | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 295647 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 492 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 5907 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 6399 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 12774 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 12774 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 56854 |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 152656 |
| **c** Other income | 2c | | 5334 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 529664 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 162514 | |
| (2) To insurance carriers for the provision of benefits | 2e(2) | | |
| (3) Other | 2e(3) | | |
| (4) Total benefit payments. Add lines 2e(1) through (3) | 2e(4) | | 162514 |
| **f** Corrective distributions (see instructions) | 2f | | 469 |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | 43405 |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 3300 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 3300 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 209688 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 319976 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: SOREN MCADAMS CHRISTENSON LLP (2) EIN: 77-0549163

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

## Part IV Compliance Questions

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 129000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

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

**A** Name of plan
GLEN IVY HOT SPRINGS RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
GLEN IVY HOT SPRINGS, INC.

**D** Employer Identification Number (EIN)
95-3106361

## Part I Distributions

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

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 57-1198022

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3**

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

## Part III Amendments

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

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

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

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# Glen Ivy Hot Springs
# Retirement Savings Plan

**Financial Statements**

**and**

**Supplementary Information**

**with**

**Independent Auditors' Report**

**December 31, 2009 and 2008**

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Soren McAdam Christenson LLP
Certified Public Accountants and Business Advisors

Gary L. Christenson, C.P.A.
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Douglas R. McAdam, C.P.A.
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James L. Soren, C.P.A.
Kirk G. Stitt, C.P.A.
David P. Tuttle, C.P.A.
Roger E. Wadell, C.P.A.
Cindy R. Watts, C.P.A.

**Independent Auditors' Report**

To the Administrative Committee of the
Glen Ivy Hot Springs Retirement Savings Plan

We were engaged to audit the financial statements and supplementary schedule of Glen Ivy Hot Springs Retirement Savings Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplementary schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan's administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by State Street Bank and Trust Company and JPMorgan Chase Bank N.A., the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan's administrator that State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions from January 1, 2009 through October 2, 2009 and that JPMorgan Chase Bank N.A. held the Plan's investment assets and executes investment transactions from October 3, 2009 through December 31, 2009. The Plan's administrator has obtained certifications from the trustees as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan's administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Soren McAdam Christenson LLP

Redlands, California
September 20, 2010



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Members of PKF North American Network and of PKF International, an association of legally independent firms
and American Institute of Certified Public Accountants

# Glen Ivy Hot Springs Retirement Savings Plan

## Statements of Net Assets Available for Benefits

| | December 31, | |
|---|---|---|
| | 2009 | 2008 |
| ASSETS | | |
| Investments | $ 1,648,735 | $ 1,302,135 |
| Employee contribution receivable | 14,575 | – |
| Net assets available for benefits | $ 1,663,310 | $ 1,302,135 |

See accompanying notes to financial statements.

# Glen Ivy Hot Springs Retirement Savings Plan

## Statement of Changes in Net Assets Available for Benefits

### For the Year Ended December 31, 2009

| | | |
|---|---|---|
| **Additions** | | |
| Investment income | | |
| Interest and dividend income | $ | 19,173 |
| Net appreciation in fair value of investments | | 209,510 |
| | | 228,683 |
| Contributions | | |
| Participants | | 214,560 |
| Rollovers | | 95,662 |
| | | 310,222 |
| Other income | | 5,334 |
| Total additions | | 544,239 |
| **Deductions** | | |
| Benefits paid to participants | | 179,764 |
| Administrative expenses | | 3,300 |
| Total deductions | | 183,064 |
| Net increase | | 361,175 |
| **Net assets available for benefits** | | |
| Balance, December 31, 2008 | | 1,302,135 |
| Balance, December 31, 2009 | $ | 1,663,310 |

See accompanying notes to financial statements.

# Glen Ivy Hot Springs Retirement Savings Plan

## Notes to Financial Statements

### 1. Description of Plan

The following description of the Glen Ivy Hot Springs (Company) Retirement Savings Plan (Plan) provides only general information. Participants should refer to the Plan's document for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution plan providing benefits to all full-time employees of the Company who have completed six months of service and reached age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Certain administrative costs are paid by the Company.

**Contributions**

Under the provisions of the Plan, each active participant may enter into a written salary deferral agreement with the Company, deferring a minimum of one percent and a maximum of 50 percent of compensation for the contribution period, but not to exceed the maximum allowable amount as determined yearly by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined contribution plans.

The Company makes non-discretionary matching contributions to the Plan equal to 5 percent of participant's elective deferral contributions, not to exceed 0.75 percent of any a participant's compensation. For the year ended December 31, 2009, the Company's matching contributions of $9,196 were funded entirely through the allocation of forfeitures. The Company may, at its discretion, make profit-sharing contributions to the Plan. There were no profiting-sharing contributions made for the year ended December 31, 2009.

**Participant Account**

An account is maintained for each participant. The participant's account is increased by the participant's contribution, the Company's contributions, and allocations of Plan earnings. The participant's account is reduced by allocations of administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The participant is entitled to the benefit that can be provided from the participant's vested account.

**Vesting**

Participants are immediately vested in their contributions plus earnings thereon. Vesting in the Company contributions to the account is based on years of service. These contributions are vested at the rate of 20 percent per year after the first two years. Each service year thereafter will increase the participant's vesting by 20 percent, with 100 percent vesting after six years.

**Investment Options**

Participants direct employee and Company contributions to their accounts in different investment options offered by the Plan. Investment options with State Street Bank and Trust Company and JPMorgan Chase Bank N.A. include mutual funds and common collective trusts. Investment balance reallocation may be made at any time.

# Glen Ivy Hot Springs Retirement Savings Plan

## Notes to Financial Statements

**1. Description of Plan** (Continued)

**Participant Loans**

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balances. A loan is secured by the balance in the participant's account and must bear a reasonable interest rate. Principal and interest are paid ratably through payroll deductions. Delinquent loans are recorded as distributions in the financial statements when such delinquent loans are deemed to be distributions for income tax purposes. Loans are not considered as distributions on Form 5500 until such time as cash distributions are made. This results in a timing difference between financial statements and Form 5500 Schedule H.

**Payment of Benefits**

On termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in the participant's account in the form of either a lump-sum distribution or a joint and survivor life annuity.

**Forfeited Accounts**

A participant's unvested portion of Company contributions is forfeited upon termination of employment for reasons other than death or permanent disability. Forfeitures are maintained in a separate account and are used to reduce the Company's contributions. At December 31, 2009, the Plan had a forfeiture account balance of $53,507. These funds are available to reduce future Company contributions.

**2. Summary of Accounting Policies**

The preparation of these financial statements requires management to make estimates and assumptions. Those estimates and assumptions affect the reported amounts of assets, liabilities, revenues, and expenses, as well as the disclosure of contingent assets and liabilities. Actual results could differ from those estimates. Management has considered events occurring through September 20, 2010 in its evaluation of the conditions on which estimates were based or for changes in conditions subsequent to the balance sheet date which should be disclosed. The financial statements were available to be issued at this date. Management also determines the accounting principles to be used in the preparation of financial statements. A description of the significant accounting policies employed in the preparation of these financial statements follows:

**Basis of Accounting**

The Plan changed its basis of accounting during 2009 from the modified cash method to the accrual method in accordance with generally accepted accounting principles. A change in a basis of accounting requires a retroactive restatement of prior year statements. However, this change had no affect on the amounts previously reported as of December 31, 2008 and for the year then ended.

**Investment Valuation and Income Recognition**

Investments in mutual funds are stated at fair value based on quoted market prices. Investments in collective trusts are stated at fair values based on the unit values of the funds. Unit values are determined by State Street Bank and Trust Company and JPMorgan Chase Bank N.A. by dividing the fund's net assets at fair value by its units outstanding at the valuation date. These investments are not publicly traded. Participant loans are valued at their outstanding balances, which approximate fair value. Purchases and sales of securities are recorded on trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**2. Summary of Accounting Policies** (Continued)

**Payment of Benefits**

Benefits are recorded when paid.

**3. Information Certified by the Trustee (Unaudited)**

At December 31, 2008 and for the period from January 1, 2009 through October 2, 2009, the Plan's investments were held by the trustee, State Street Bank and Trust Company. For the period from October 3, 2009 through December 31, 2009 the Plan's investments were held by the trustee, JPMorgan Chase Bank N.A.. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by each trustee as complete and accurate in accordance with Section 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:

| | 2009 | 2008 |
|---|---|---|
| Investments | | |
| Money market funds | $ – | $ 471,126 |
| Mutual funds | 961,548 | 465,536 |
| Collective trust funds | 539,060 | 271,398 |
| Participant loans | 148,127 | 94,075 |
| | $ 1,648,735 | $ 1,302,135 |
| Investment income | | |
| Interest and dividend income | $ 19,173 | |
| Net appreciation in fair value of investments | 209,510 | |

During 2009, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $209,510 as follows:

| | |
|---|---|
| Mutual funds | $ 152,656 |
| Collective trust funds | 56,853 |
| | $ 209,509 |

**3. Information Certified by the Trustee (Unaudited)** (Continued)

The fair values of individual investments that represent five percent or more of the Plan's net assets as of December 31 are as follows:

| | 2009 | 2008 |
|---|---|---|
| SSGA Government Money Market | | |
| 40,355.6484 and 471,126.12 shares, respectively | $ 403,842 | $ 471,126 |
| Allianz NFJ Small Capital Value - A | | |
| 3,762.8325 shares and 2,945.3622 shares, respectively | 89,443 | 56,168 |
| Pimco Total Ret Fund - A | | |
| 13,944.0394 shares and 9,151.1272 shares, respectively | 150,596 | 92,792 |
| SSGA Life Solutions Income and Growth | | |
| 0 shares and 8,326.4174 shares, respectively | – | 66,339 |
| Franklin Growth Fund - R | | |
| 2,822.2231 shares and 0 shares, respectively | 109,869 | – |
| Janus Balanced Fund - R | | |
| 8,608.0526 shares and 0 shares, respectively | 211,242 | – |
| Participant Loans | 148,127 | 94,075 |

**4. Fair-Value Measurements**

Accounting Standards Codification Topic 820 for Fair Value Measurements and Disclosures (ASC Topic 820) establishes a framework for measuring fair value. The 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 ASC Topic 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs, other than quoted prices, that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair-value measurement.

**4. Fair-Value Measurements** (Continued)

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

The following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual funds:* Valued at the net asset value of shares held by the plan at year end.

*Collective trust funds:* Valued based on the market value of each unit held, which is derived from the market value of the underlying net assets.

*Participant loans:* Valued at amortized cost, which approximates fair value.

The methods described above may produce a fair-value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 following table sets forth by level, within the fair-value hierarchy, the Plan's assets at fair value as of December 31, 2009:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | | | | |
| Growth funds | $ 567,556 | $ – | $ – | $ 567,556 |
| Fixed income funds | 182,354 | – | – | 182,354 |
| Balanced funds | 211,638 | – | – | 211,638 |
| Total mutual funds | 961,548 | – | – | 961,548 |
| Collective trust funds | | | | |
| Money market funds | – | 403,842 | – | 403,842 |
| Index funds | – | 135,218 | – | 135,218 |
| Total collective trust funds | – | 539,060 | – | 539,060 |
| Participant loans | – | – | 148,127 | 148,127 |
| Total assets at fair value | $ 961,548 | $ 539,060 | $ 148,127 | $ 1,648,735 |

**4. Fair-Value Measurements** (Continued)

The following table sets forth, by level within the fair-value hierarchy, the Plan's investments at fair value as of December 31, 2008:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market funds | $ 471,126 | $ – | $ – | $ 471,126 |
| Mutual funds | 465,536 | – | – | 465,536 |
| Collective trust funds | – | 271,398 | – | 271,398 |
| Participant loans | – | – | 94,075 | 94,075 |
| Total assets at fair value | $ 936,662 | $ 271,398 | $ 94,075 | $ 1,302,135 |

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

| | Participant Loans |
|---|---|
| Balance, December 31, 2008 | $ 94,075 |
| Loans issued, net of repayments | 54,052 |
| Balance, December 31, 2009 | $ 148,127 |

**5. Related-Party and Party-in-Interest Transactions**

The Plan has not considered Company contributions to the Plan, or benefits accrued or paid by the Plan for participants, as party-in-interest transactions. The Company provides certain services, such as accounting and auditing, to the Plan without compensation.

**6. Tax Status**

The Plan obtained a determination letter dated November 6, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan’s trustees and management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

# Glen Ivy Hot Springs Retirement Savings Plan

## Notes to Financial Statements

### 7. Plan Termination

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

### 8. Reconciliation to the Form 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500:

| | 2009 | 2008 |
|---|---|---|
| Net assets available for benefits per financial statements | $ 1,663,310 | $ 1,302,135 |
| Participant contributions receivable | (14,575) | – |
| Participant loans deemed distributions | (44,701) | (18,077) |
| Net assets available for Plan benefits per Form 5500 | $ 1,604,034 | $ 1,284,058 |

The following is reconciliation to the Form 5500 of the net increase in net assets available for benefits per the financial statements for the year ended December 31, 2009:

| | |
|---|---|
| Increase in net assets per financial statements | $ 361,175 |
| Deemed distributions reported on Form 5500 | (43,405) |
| Deemed distribution loans offset | 16,781 |
| Participant contributions receivable 12/31/2009 | (14,575) |
| Net income per the Form 5500 | $ 319,976 |

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# Supplementary Information

# Glen Ivy Hot Springs Retirement Savings Plan

## EIN # 95-3106361 Plan 001

## Schedule of Assets (Held at End of Year)

**December 31, 2009**

| (a | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value | (e) Current Value |
|---|---|---|---|
| | ***Mutual Funds*** | | |
| | Pimco Total Return Fund - A | Registered Investment Company<br>13,944.0394 Shares | $ 150,596 |
| | Allianz NFJ Small Capital Value - A | Registered Investment Company<br>3,762.8325 Shares | 89,443 |
| | Fidelity Advisor Growth Opportunity | Registered Investment Company<br>499.6928 Shares | 10,693 |
| | Janus Overseas Fund - R | Registered Investment Company<br>1,805.8604 Shares | 76,659 |
| | Janus Balanced Fund - R | Registered Investment Company<br>8,608.0526 Shares | 211,242 |
| | Victory Established Value - R | Registered Investment Company<br>62.4962 Shares | 1,437 |
| | Victory Diversified Stock FD | Registered Investment Company<br>4,810.7901 Shares | 66,629 |
| | Franklin Growth Opportunity | Registered Investment Company<br>4,208.5044 Shares | 76,090 |
| | Franklin Growth Fund - R | Registered Investment Company<br>2,822.2231 Shares | 109,869 |
| | Franklin Mutual Global Discovery | Registered Investment Company<br>2,237.4214 Shares | 59,292 |
| | Franklin U.S. Government Sec. | Registered Investment Company<br>4,789.9997 Shares | 31,758 |

# Glen Ivy Hot Springs Retirement Savings Plan

## EIN # 95-3106361 Plan 001

## Schedule of Assets (Held at End of Year)

**December 31, 2009**

| (a | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value | (e) Current Value |
|---|---|---|---|
| | ***Mutual Funds*** (Continued) | | |
| | Putnam Equity Income Fund - R | Registered Investment Company<br>5,719.6728 Shares | $ 77,444 |
| | T. Rowe Price Retirement 2050 | Registered Investment Company<br>15.7123 Shares | 132 |
| | T. Rowe Price Retirement 2040 | Registered Investment Company<br>8.8103 Shares | 132 |
| | T. Rowe Price Retirement 2030 | Registered Investment Company<br>8.8252 Shares | 132 |
| | Total assets held in mutual funds | | 961,548 |
| | ***Common/Collective Trusts*** | | |
| * | State Street Bank & Trust Co. | SSGA Government Money Market<br>40,355.6484 units of participation<br>Common Collective Trust | 403,842 |
| * | State Street Bank & Trust Co. | SSGA Russell 2000 Index<br>1,429.4479 units of participation<br>Common Collective Trust | 16,646 |
| * | State Street Bank & Trust Co. | SSGA S&P 400 Midcap Index Fund<br>4,398.5858 units of participation<br>Common Collective Trust | 55,320 |
| * | State Street Bank & Trust Co. | SSGA S&P 500 Index Fund<br>6,079.3217 units of participation<br>Common Collective Trust | 63,252 |
| | Total assets held in common/collective trusts | | 539,060 |
| * | Participant loans | Interest rates ranging between 5.25% and 10.25% | 148,127 |
| | | | $ 1,648,735 |

* A party-in-interest as defined by ERISA

RUN DATE: 05/21/2010

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) 

AS OF: 12/31/2009

Plan Name: GLEN IVY HOT SPRINGS RETIREMENT SAVINGS PLAN Employer EIN: 95-3106361

Plan Number: 001 Run Date: 05/21/2010

| (a) | (b)Identity of Issue, Borrower, Lessor or Similar Party | (c)Description of Investment (Maturity Date, Rate of Int, Collateral, Par or Maturity Value) | (d)Cost | (e)Current Value |
|---|---|---|---|---|
| | SSGA GOVERNMENT MONEY MRKT FD | Common / Collective Trust 40,355.6484 | n/a | 403,841.35 |
| | SSGA S&P 500 INDEX | Common / Collective Trust 6,079.3217 | n/a | 63,251.55 |
| | SSGA S&P MIDCAP INDEX | Common / Collective Trust 4,398.5858 | n/a | 55,320.17 |
| | SSGA RUSSELL SMALL CAP INDEX | Common / Collective Trust 1,429.4479 | n/a | 16,646.48 |
| | ALLIANZ NFJ SMALL-CAP VALUE-R | Registered Investment Company 3,762.8325 | n/a | 89,442.53 |
| | FIDELITY ADVISOR SMALL CAP - T | Registered Investment Company 499.6928 | n/a | 10,693.43 |
| | FRANKLIN GROWTH FUND - R | Registered Investment Company 2,822.2231 | n/a | 109,869.15 |
| | FRANKLIN MUT GLB DISC - R | Registered Investment Company 2,237.4214 | n/a | 59,291.66 |
| | FRANKLIN GROWTH OPP-R | Registered Investment Company 4,208.5044 | n/a | 76,089.76 |
| | FRANKLIN U.S GOVERNMENT SEC -R | Registered Investment Company 4,789.9997 | n/a | 31,757.69 |
| | PIMCO TOTAL RETURN FUND - R | Registered Investment Company 13,944.0394 | n/a | 150,595.63 |
| | T. ROWE PRICE RETIRE 2050 - R | Registered Investment Company 15.7123 | n/a | 132.30 |
| | T.ROWE PRICE RETIREMENT 2030-R | Registered Investment Company 8.8252 | n/a | 132.20 |
| | T.ROWE PRICE RETIREMENT 2040-R | Registered Investment Company 8.8103 | n/a | 132.33 |
| | PUTNAM EQUITY INCOME FUND -R | Registered Investment Company 5,719.6728 | n/a | 77,444.38 |
| | VICTORY ESTABLISHED VALUE - R | Registered Investment Company 62.4962 | n/a | 1,436.78 |
| | VICTORY DIVERSIFIED STOCK FD-R | Registered Investment Company 4,810.7901 | n/a | 66,629.44 |
| | JANUS OVERSEAS FUND - R | Registered Investment Company 1,805.8604 | n/a | 76,658.78 |
| | JANUS BALANCED FUND - R | Registered Investment Company 8,608.0526 | n/a | 211,241.61 |
| | Participant Loans | Interest Rates ( 5.25% to 10.25% ) | n/a | 148,128.21 |
| | | TOTAL | | 1,648,735.43 |

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

RUN DATE: 05/21/2010

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR) PAGE 1

Period: 01/01/2009 through 12/31/2009

Plan Name: GLEN IVY HOT SPRINGS RETIREMENT SAVINGS PLAN Employer EIN: 95-3106361

Plan Number: 001 Run Date: 05/21/2010

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

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

# Glen Ivy Hot Springs
# Retirement Savings Plan

**Financial Statements**

**and**

**Supplementary Information**

**with**

**Independent Auditors' Report**

**December 31, 2009 and 2008**

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**Independent Auditors' Report**

To the Administrative Committee of the
Glen Ivy Hot Springs Retirement Savings Plan

We were engaged to audit the financial statements and supplementary schedule of Glen Ivy Hot Springs Retirement Savings Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying table of contents. These financial statements and supplementary schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan's administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by State Street Bank and Trust Company and JPMorgan Chase Bank N.A., the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan's administrator that State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions from January 1, 2009 through October 2, 2009 and that JPMorgan Chase Bank N.A. held the Plan's investment assets and executes investment transactions from October 3, 2009 through December 31, 2009. The Plan's administrator has obtained certifications from the trustees as of December 31, 2009 and 2008 and for the year ended December 31, 2009, that the information provided to the Plan's administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Soren McAdam Christenson LLP

Redlands, California
September 20, 2010



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and American Institute of Certified Public Accountants

# Glen Ivy Hot Springs Retirement Savings Plan

## Statements of Net Assets Available for Benefits

| | December 31, | |
|---|---|---|
| | 2009 | 2008 |
| ASSETS | | |
| Investments | $ 1,648,735 | $ 1,302,135 |
| Employee contribution receivable | 14,575 | – |
| Net assets available for benefits | $ 1,663,310 | $ 1,302,135 |

See accompanying notes to financial statements.

# Glen Ivy Hot Springs Retirement Savings Plan

## Statement of Changes in Net Assets Available for Benefits

### For the Year Ended December 31, 2009

| | | |
|---|---|---|
| **Additions** | | |
| Investment income | | |
| Interest and dividend income | $ | 19,173 |
| Net appreciation in fair value of investments | | 209,510 |
| | | 228,683 |
| Contributions | | |
| Participants | | 214,560 |
| Rollovers | | 95,662 |
| | | 310,222 |
| Other income | | 5,334 |
| Total additions | | 544,239 |
| **Deductions** | | |
| Benefits paid to participants | | 179,764 |
| Administrative expenses | | 3,300 |
| Total deductions | | 183,064 |
| Net increase | | 361,175 |
| **Net assets available for benefits** | | |
| Balance, December 31, 2008 | | 1,302,135 |
| Balance, December 31, 2009 | $ | 1,663,310 |

See accompanying notes to financial statements.

# Glen Ivy Hot Springs Retirement Savings Plan

## Notes to Financial Statements

### 1. Description of Plan

The following description of the Glen Ivy Hot Springs (Company) Retirement Savings Plan (Plan) provides only general information. Participants should refer to the Plan's document for a more complete description of the Plan's provisions.

**General**

The Plan is a defined contribution plan providing benefits to all full-time employees of the Company who have completed six months of service and reached age eighteen or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Certain administrative costs are paid by the Company.

**Contributions**

Under the provisions of the Plan, each active participant may enter into a written salary deferral agreement with the Company, deferring a minimum of one percent and a maximum of 50 percent of compensation for the contribution period, but not to exceed the maximum allowable amount as determined yearly by the Internal Revenue Service. Participants may also contribute amounts representing distributions from other qualified defined contribution plans.

The Company makes non-discretionary matching contributions to the Plan equal to 5 percent of participant's elective deferral contributions, not to exceed 0.75 percent of any a participant's compensation. For the year ended December 31, 2009, the Company's matching contributions of $9,196 were funded entirely through the allocation of forfeitures. The Company may, at its discretion, make profit-sharing contributions to the Plan. There were no profiting-sharing contributions made for the year ended December 31, 2009.

**Participant Account**

An account is maintained for each participant. The participant's account is increased by the participant's contribution, the Company's contributions, and allocations of Plan earnings. The participant's account is reduced by allocations of administrative expenses. Allocations are based on participant earnings or account balances, as defined by the Plan. The participant is entitled to the benefit that can be provided from the participant's vested account.

**Vesting**

Participants are immediately vested in their contributions plus earnings thereon. Vesting in the Company contributions to the account is based on years of service. These contributions are vested at the rate of 20 percent per year after the first two years. Each service year thereafter will increase the participant's vesting by 20 percent, with 100 percent vesting after six years.

**Investment Options**

Participants direct employee and Company contributions to their accounts in different investment options offered by the Plan. Investment options with State Street Bank and Trust Company and JPMorgan Chase Bank N.A. include mutual funds and common collective trusts. Investment balance reallocation may be made at any time.

# Glen Ivy Hot Springs Retirement Savings Plan

## Notes to Financial Statements

**1. Description of Plan** (Continued)

**Participant Loans**

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of $50,000 or 50 percent of their account balances. A loan is secured by the balance in the participant's account and must bear a reasonable interest rate. Principal and interest are paid ratably through payroll deductions. Delinquent loans are recorded as distributions in the financial statements when such delinquent loans are deemed to be distributions for income tax purposes. Loans are not considered as distributions on Form 5500 until such time as cash distributions are made. This results in a timing difference between financial statements and Form 5500 Schedule H.

**Payment of Benefits**

On termination of service due to death, disability, or retirement, a participant may elect to receive the value of the vested interest in the participant's account in the form of either a lump-sum distribution or a joint and survivor life annuity.

**Forfeited Accounts**

A participant's unvested portion of Company contributions is forfeited upon termination of employment for reasons other than death or permanent disability. Forfeitures are maintained in a separate account and are used to reduce the Company's contributions. At December 31, 2009, the Plan had a forfeiture account balance of $53,507. These funds are available to reduce future Company contributions.

**2. Summary of Accounting Policies**

The preparation of these financial statements requires management to make estimates and assumptions. Those estimates and assumptions affect the reported amounts of assets, liabilities, revenues, and expenses, as well as the disclosure of contingent assets and liabilities. Actual results could differ from those estimates. Management has considered events occurring through September 20, 2010 in its evaluation of the conditions on which estimates were based or for changes in conditions subsequent to the balance sheet date which should be disclosed. The financial statements were available to be issued at this date. Management also determines the accounting principles to be used in the preparation of financial statements. A description of the significant accounting policies employed in the preparation of these financial statements follows:

**Basis of Accounting**

The Plan changed its basis of accounting during 2009 from the modified cash method to the accrual method in accordance with generally accepted accounting principles. A change in a basis of accounting requires a retroactive restatement of prior year statements. However, this change had no affect on the amounts previously reported as of December 31, 2008 and for the year then ended.

**Investment Valuation and Income Recognition**

Investments in mutual funds are stated at fair value based on quoted market prices. Investments in collective trusts are stated at fair values based on the unit values of the funds. Unit values are determined by State Street Bank and Trust Company and JPMorgan Chase Bank N.A. by dividing the fund's net assets at fair value by its units outstanding at the valuation date. These investments are not publicly traded. Participant loans are valued at their outstanding balances, which approximate fair value. Purchases and sales of securities are recorded on trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**2. Summary of Accounting Policies** (Continued)

**Payment of Benefits**

Benefits are recorded when paid.

**3. Information Certified by the Trustee (Unaudited)**

At December 31, 2008 and for the period from January 1, 2009 through October 2, 2009, the Plan's investments were held by the trustee, State Street Bank and Trust Company. For the period from October 3, 2009 through December 31, 2009 the Plan's investments were held by the trustee, JPMorgan Chase Bank N.A.. The following is a summary of the Plan's financial information that is included in the financial statements based on information certified by each trustee as complete and accurate in accordance with Section 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:

| | 2009 | 2008 |
|---|---|---|
| Investments | | |
| Money market funds | $ – | $ 471,126 |
| Mutual funds | 961,548 | 465,536 |
| Collective trust funds | 539,060 | 271,398 |
| Participant loans | 148,127 | 94,075 |
| | $ 1,648,735 | $ 1,302,135 |
| Investment income | | |
| Interest and dividend income | $ 19,173 | |
| Net appreciation in fair value of investments | 209,510 | |

During 2009, the Plan's investments (including gains and losses on investments bought and sold as well as held during the year) appreciated in value by $209,510 as follows:

| | |
|---|---|
| Mutual funds | $ 152,656 |
| Collective trust funds | 56,853 |
| | $ 209,509 |

**3. Information Certified by the Trustee (Unaudited)** (Continued)

The fair values of individual investments that represent five percent or more of the Plan's net assets as of December 31 are as follows:

| | 2009 | 2008 |
|---|---|---|
| SSGA Government Money Market | | |
| 40,355.6484 and 471,126.12 shares, respectively | $ 403,842 | $ 471,126 |
| Allianz NFJ Small Capital Value - A | | |
| 3,762.8325 shares and 2,945.3622 shares, respectively | 89,443 | 56,168 |
| Pimco Total Ret Fund - A | | |
| 13,944.0394 shares and 9,151.1272 shares, respectively | 150,596 | 92,792 |
| SSGA Life Solutions Income and Growth | | |
| 0 shares and 8,326.4174 shares, respectively | – | 66,339 |
| Franklin Growth Fund - R | | |
| 2,822.2231 shares and 0 shares, respectively | 109,869 | – |
| Janus Balanced Fund - R | | |
| 8,608.0526 shares and 0 shares, respectively | 211,242 | – |
| Participant Loans | 148,127 | 94,075 |

**4. Fair-Value Measurements**

Accounting Standards Codification Topic 820 for Fair Value Measurements and Disclosures (ASC Topic 820) establishes a framework for measuring fair value. The 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 ASC Topic 820 are described below:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs, other than quoted prices, that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair-value measurement.

**4. Fair-Value Measurements** (Continued)

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

The following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual funds:* Valued at the net asset value of shares held by the plan at year end.

*Collective trust funds:* Valued based on the market value of each unit held, which is derived from the market value of the underlying net assets.

*Participant loans:* Valued at amortized cost, which approximates fair value.

The methods described above may produce a fair-value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 following table sets forth by level, within the fair-value hierarchy, the Plan's assets at fair value as of December 31, 2009:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Mutual funds | | | | |
| Growth funds | $ 567,556 | $ – | $ – | $ 567,556 |
| Fixed income funds | 182,354 | – | – | 182,354 |
| Balanced funds | 211,638 | – | – | 211,638 |
| Total mutual funds | 961,548 | – | – | 961,548 |
| Collective trust funds | | | | |
| Money market funds | – | 403,842 | – | 403,842 |
| Index funds | – | 135,218 | – | 135,218 |
| Total collective trust funds | – | 539,060 | – | 539,060 |
| Participant loans | – | – | 148,127 | 148,127 |
| Total assets at fair value | $ 961,548 | $ 539,060 | $ 148,127 | $ 1,648,735 |

**4. Fair-Value Measurements** (Continued)

The following table sets forth, by level within the fair-value hierarchy, the Plan's investments at fair value as of December 31, 2008:

| | Level 1 | Level 2 | Level 3 | Total |
|---|---|---|---|---|
| Money market funds | $ 471,126 | $ – | $ – | $ 471,126 |
| Mutual funds | 465,536 | – | – | 465,536 |
| Collective trust funds | – | 271,398 | – | 271,398 |
| Participant loans | – | – | 94,075 | 94,075 |
| Total assets at fair value | $ 936,662 | $ 271,398 | $ 94,075 | $ 1,302,135 |

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

| | Participant Loans |
|---|---|
| Balance, December 31, 2008 | $ 94,075 |
| Loans issued, net of repayments | 54,052 |
| Balance, December 31, 2009 | $ 148,127 |

**5. Related-Party and Party-in-Interest Transactions**

The Plan has not considered Company contributions to the Plan, or benefits accrued or paid by the Plan for participants, as party-in-interest transactions. The Company provides certain services, such as accounting and auditing, to the Plan without compensation.

**6. Tax Status**

The Plan obtained a determination letter dated November 6, 2001, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan’s trustees and management believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

# Glen Ivy Hot Springs Retirement Savings Plan

## Notes to Financial Statements

### 7. Plan Termination

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

### 8. Reconciliation to the Form 5500

The following is a reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500:

| | 2009 | 2008 |
|---|---|---|
| Net assets available for benefits per financial statements | $ 1,663,310 | $ 1,302,135 |
| Participant contributions receivable | (14,575) | – |
| Participant loans deemed distributions | (44,701) | (18,077) |
| Net assets available for Plan benefits per Form 5500 | $ 1,604,034 | $ 1,284,058 |

The following is reconciliation to the Form 5500 of the net increase in net assets available for benefits per the financial statements for the year ended December 31, 2009:

| | |
|---|---|
| Increase in net assets per financial statements | $ 361,175 |
| Deemed distributions reported on Form 5500 | (43,405) |
| Deemed distribution loans offset | 16,781 |
| Participant contributions receivable 12/31/2009 | (14,575) |
| Net income per the Form 5500 | $ 319,976 |

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# Supplementary Information

# Glen Ivy Hot Springs Retirement Savings Plan

## EIN # 95-3106361 Plan 001

## Schedule of Assets (Held at End of Year)

**December 31, 2009**

| (a | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value | (e) Current Value |
|---|---|---|---|
| | ***Mutual Funds*** | | |
| | Pimco Total Return Fund - A | Registered Investment Company<br>13,944.0394 Shares | $ 150,596 |
| | Allianz NFJ Small Capital Value - A | Registered Investment Company<br>3,762.8325 Shares | 89,443 |
| | Fidelity Advisor Growth Opportunity | Registered Investment Company<br>499.6928 Shares | 10,693 |
| | Janus Overseas Fund - R | Registered Investment Company<br>1,805.8604 Shares | 76,659 |
| | Janus Balanced Fund - R | Registered Investment Company<br>8,608.0526 Shares | 211,242 |
| | Victory Established Value - R | Registered Investment Company<br>62.4962 Shares | 1,437 |
| | Victory Diversified Stock FD | Registered Investment Company<br>4,810.7901 Shares | 66,629 |
| | Franklin Growth Opportunity | Registered Investment Company<br>4,208.5044 Shares | 76,090 |
| | Franklin Growth Fund - R | Registered Investment Company<br>2,822.2231 Shares | 109,869 |
| | Franklin Mutual Global Discovery | Registered Investment Company<br>2,237.4214 Shares | 59,292 |
| | Franklin U.S. Government Sec. | Registered Investment Company<br>4,789.9997 Shares | 31,758 |

# Glen Ivy Hot Springs Retirement Savings Plan

## EIN # 95-3106361 Plan 001

## Schedule of Assets (Held at End of Year)

**December 31, 2009**

| (a | (b) Identity of Issue, Borrower, Lessor or Similar Party | (c) Description of Investment Including Maturity Date, Rate of Interest, Par or Maturity Value | (e) Current Value |
|---|---|---|---|
| | ***Mutual Funds*** (Continued) | | |
| | Putnam Equity Income Fund - R | Registered Investment Company<br>5,719.6728 Shares | $ 77,444 |
| | T. Rowe Price Retirement 2050 | Registered Investment Company<br>15.7123 Shares | 132 |
| | T. Rowe Price Retirement 2040 | Registered Investment Company<br>8.8103 Shares | 132 |
| | T. Rowe Price Retirement 2030 | Registered Investment Company<br>8.8252 Shares | 132 |
| | Total assets held in mutual funds | | 961,548 |
| | ***Common/Collective Trusts*** | | |
| * | State Street Bank & Trust Co. | SSGA Government Money Market<br>40,355.6484 units of participation<br>Common Collective Trust | 403,842 |
| * | State Street Bank & Trust Co. | SSGA Russell 2000 Index<br>1,429.4479 units of participation<br>Common Collective Trust | 16,646 |
| * | State Street Bank & Trust Co. | SSGA S&P 400 Midcap Index Fund<br>4,398.5858 units of participation<br>Common Collective Trust | 55,320 |
| * | State Street Bank & Trust Co. | SSGA S&P 500 Index Fund<br>6,079.3217 units of participation<br>Common Collective Trust | 63,252 |
| | Total assets held in common/collective trusts | | 539,060 |
| * | Participant loans | Interest rates ranging between 5.25% and 10.25% | 148,127 |
| | | | $ 1,648,735 |

* A party-in-interest as defined by ERISA