Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089	
Department of the Treasury Internal Revenue Service	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).		
Department of Labor Employee Benefits Security Administration	 Complete all entries in accordance with the instructions to the Form 5500. 	2009	
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection	
Part I Annual Report Ide	entification Information		
For calendar plan year 2009 or fisca	I plan year beginning 01/01/2009 and ending 12/31/2	2009	
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or		
	a single-employer plan;		
B This return/report is:	the first return/report; the final return/report;		
	an amended return/report; a short plan year return/report (less t	han 12 months).	
C If the plan is a collectively-barga	ned plan, check here	▶□	
D Check box if filing under:	Form 5558; automatic extension;	the DFVC program;	
5	special extension (enter description)		
Part II Basic Plan Info	mation—enter all requested information		
1a Name of plan TWO DEGREES, LLC 401(K) PLAN		1b Three-digit plan number (PN) ▶ 001	
	•	1c Effective date of plan 01/01/1996	
2a Plan sponsor's name and addre (Address should include room o TWO DEGREES, LLC	ess (employer, if for a single-employer plan) r suite no.)	2b Employer Identification Number (EIN) 84-1246887	
		2c Sponsor's telephone number 206-438-5728	
821 2ND AVENUE SUITE 1900 SEATTLE, WA 98104	821 2ND AVENUE SUITE 1900 SEATTLE, WA 98104	2d Business code (see instructions) 541600	

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.	10/13/2010	NIKI SMITH
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
HERE	Signature of DFE	Date	Enter name of individual signing as DFE

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

Page 2

	Plan administrator's name and address (if same as plan sponsor, enter "Same") O DEGREES, LLC	3b Administrator's EIN 84-1246887			
SU	2ND AVENUE ITE 1900 ATTLE, WA 98104	nu	3c Administrator's telephone number 206-438-5728		
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	4b EIN		
-	the plan number from the last return/report:	anu			
а	Sponsor's name		4c PN		
5	Total number of participants at the beginning of the plan year	5	854		
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).				
а	Active participants	6a	701		
b	Retired or separated participants receiving benefits	6b	0		
С	Other retired or separated participants entitled to future benefits	6c	240		
d	Subtotal. Add lines 6a, 6b, and 6c	6d	941		
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	1		
f	Total. Add lines 6d and 6e	6f	942		
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	805		
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0		
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7			

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 2K 2T 3B 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	a Plan funding arrangement (check all that apply)			9b	Plan ben	efit a	arrangement (check all that apply)
	(1)		Insurance		(1)		Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	X	Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10	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 b						
а	Pensio	n Sc	hedules	b	General	Scł	hedules
а	Pensio (1)	n Sc	R (Retirement Plan Information)	b	General (1)	Scł	hedules H (Financial Information)
а		n Sc X		b		Scł X	
а	(1)	n Sc X	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1)	Scł X	H (Financial Information)
а	(1)	n Sc X	R (Retirement Plan Information)MB (Multiemployer Defined Benefit Plan and Certain Money	b	(1) (2)	Scł X	H (Financial Information)I (Financial Information – Small Plan)
а	(1)	n Sc	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1) (2) (3)	Scł X X	 H (Financial Information) I (Financial Information – Small Plan) A (Insurance Information)

SCHEDULE C	Bervice Frovider mormation			OMB No. 1210-0110		
(Form 5500) Department of the Treasury	This schedule is required to be filed under section 104 of the Employee			2009		
Internal Revenue Service Department of Labor Employee Benefits Security Administration	Retirement Income Security Act of File as an attachment to	. ,	This F	This Form is Open to Public		
Pension Benefit Guaranty Corporation	n year beginning 01/01/2009	and anding 12/2	1/2009	Inspection.		
For calendar plan year 2009 or fiscal plan	n year beginning 01/01/2009		1/2009			
A Name of plan TWO DEGREES, LLC 401(K) PLAN		B Three-digit		001		
		plan number (PN)	•	001		
C Plan sponsor's name as shown on lin	e 2a of Form 5500	D Employer Identifica	tion Number	(FIN)		
TWO DEGREES, LLC		84-1246887		(=)		
		04-1240007				
Part I Service Provider Info	rmation (see instructions)					
or more in total compensation (i.e., more plan during the plan year. If a person answer line 1 but are not required to in	dance with the instructions, to report the informat oney or anything else of monetary value) in conne received only eligible indirect compensation for nclude that person when completing the remainde ceiving Only Eligible Indirect Comper	ection with services rendered to which the plan received the rec er of this Part.	o the plan or	the person's position with the		
a Check "Yes" or "No" to indicate wheth indirect compensation for which the plb If you answered line 1a "Yes," enter the second seco	er you are excluding a person from the remainde lan received the required disclosures (see instruc he name and EIN or address of each person pro- sation. Complete as many entries as needed (se	r of this Part because they reco tions for definitions and conditi viding the required disclosures	ons)			
(b) Enter nan	ne and EIN or address of person who provided yo	ou disclosures on eligible indire	ct compensa	tion		
FID.INV.INST.OPS.CO.						
04-2647786						
(b) Enter nar	ne and EIN or address of person who provided yo	ou disclosure on eligible indired	t compensat	ion		
(b) Enter nam	ne and EIN or address of person who provided yo	ou disclosures on eligible indire	ct compensa	tion		
(b) Enter nam	ne and EIN or address of person who provided yo	ou disclosures on eligible indire	ct compensa	tion		

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

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

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

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(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)
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FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(b)	(c)	(d)	(e)	(f)	(g)	(h)
Service Code(s)	Relationship to employer, employee	Enter direct compensation paid by the plan. If none,	Did service provider receive indirect	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	Did the service provider give you a formula instead of an amount or
64 37 65 60	RECORDKEEPER	2575	Yes 🛛 No 🗌	Yes 🕺 No 🗌	0	Yes 🛛 No 🗌
(a) Enter name and EIN or address (see instructions)						
PURSHE KAPLAN STERLING INV						

13-3749682

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

(b)	(C)	(d)	(e)	(f)	(g)	(h)
Service Code(s)		by the plan. If none,	Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	
			Yes 🗌 No 🗌	Yes 🗌 No 🗌		Yes 🗌 No 🗌

		(a) Enter name and EIN or	address (see instructions)			
		())		(4)		(1)	
(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	by the plan. If none,	(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 service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
CALVERT INCOME A - BOSTON FINANCIAL	0.25%	
04-2526037		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect	compensation, including any
	formula used to determine for or the amount of	e the service provider's eligibility the indirect compensation.
COL MARSICO GROWTH A - COLUMBIA MAN	0.25%	
04-2838628		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
JPM EQUITY IDX A - BOSTON FINANCIAL	\$15.00	
04-2526037		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine for or the amount of	compensation, including any e the service provider's eligibility the indirect compensation.
JPM INTL EQ INDEX A - BOSTON FINANC	\$15.00	
04-2526037		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
LM CBA AGG GR A - BOSTON FINANCIAL	\$12.00	
04-2526037		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.
OPPHMR MAINST SMCP A - OPPENHEIMERF	0.25%	
13-2527171		

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions) (c) Enter amount of indirect				
FIDELITY INVESTMENTS INSTITUTIONAL	60	0			
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.			
RS VALUE A - BOSTON FINANCIAL DATA	0.25%				
04-2526037					
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation			
FIDELITY INVESTMENTS INSTITUTIONAL	60	0			
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.			
VK GROWTH & INCOME A - VAN KAMPEN I PO BOX 219286 KANSAS, MO 64121	0.25%				
(a) Enter service provider name as it appears on line 2	(b) Service Codes	(c) Enter amount of indirect			
	(see instructions)	compensation			
PURSHE KAPLAN STERLING INV	61	0			
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.			
COL MARSICO GROWTH A - COLUMBIA MAN	\$0-<\$3M=1.00% \$3M-<\$50N	1=0.50% \$50M+=0.25%			
04-3156901					

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)					
PURSHE KAPLAN STERLING INV	61	0				
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any the service provider's eligibility the indirect compensation.				
OPPHMR MAINST SMCP A - OPPENHEIMERF	\$5M+=0.25%					
13-2953455						
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation				
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.					
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation				
(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	compensation, including any e the service provider's eligibility the indirect compensation.				

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Part II Service Providers Who Fail or Refuse to Provide Information								
4 Provide, to the extent possible, the following information for ea this Schedule.	ach service provide	r who failed or refused to provide the information necessary to complete						
(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						

Page	7-	1
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Part III	Termination Information on Accountants and Enrolled (complete as many entries as needed)	d Actuaries (see instructions)
a Nam		b EIN:
C Posi	tion:	
d Add	ress:	e Telephone:
Explanat	ion:	
a Nam	¢.	b EIN:
C Posi		
d Add		e Telephone:
Explanat	ion:	
∟лріана		
a Nam	e:	b EIN:
C Posi	tion:	
d Add	ess:	e Telephone:
Explanat	ion:	
·		
a Nam		b EIN;
C Posi		O Telephone:
d Addı	ess.	e Telephone:
Explanat	ion:	

а	Name:	b EIN;
С	Position:	
d	Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500)							No. 1210-0110
Department of the Treasury Internal Revenue Service		ement Income	2	2009			
Department of Labor Employee Benefits Security Administration		File as an a	attachment to Form 5	5500.			is Open to Public spection.
For calendar plan year 2009 or fiscal	olan year beginning	01/01/2009		and e	nding 12/:	31/2009	
A Name of plan TWO DEGREES, LLC 401(K) PLAN				E	Three-digit plan numb		001
C Plan or DFE sponsor's name as she TWO DEGREES, LLC	own on line 2a of Form	5500		C	Employer lo 84-124688	dentification Num	nber (EIN)
Part IInformation on inter (Complete as manyaName of MTIA, CCT, PSA, or 103-	entries as needed	to report a			oleted by pla	ans and DFE	s)
b Name of sponsor of entity listed in			RUST COMPANY				
C EIN-PN 04-3022712-026	d Entity code C		value of interest in MTI IE at end of year (see	, ,	,		1475166
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		value of interest in MTI IE at end of year (see				
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		value of interest in MTI IE at end of year (see				
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		value of interest in MTI IE at end of year (see				
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		value of interest in MTI IE at end of year (see				
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		value of interest in MTI IE at end of year (see				
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	103-12	value of interest in MTI IE at end of year (see			0.1	adula D (Form 5500) 2009

s, ons for Form 5500.

Schedule D (Form 5500)	2009	Page 2- 1					
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	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	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	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	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	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	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	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	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	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	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)					

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F	Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
а	Plan na			
b	Name o plan spo		С	EIN-PN
а	Plan na	ne		
b	Name o plan spo		С	EIN-PN
а	Plan na	ne		
b	Name o plan spo		С	EIN-PN
а	Plan na	ne		
b	Name o plan spo		С	EIN-PN
а	Plan na	ne		
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
а	Plan na	ne		
b	Name o plan spo		С	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		С	EIN-PN

Croft Solu Control Through The Through Theme Reverse Stretcher Solution AT Accord 1974 (ERSA), and section 104 of the Employee Reverse Stretcher Solution Theorem Solution AT Accord 1974 (ERSA), and section 10605(a) of the Internal Reverse Stretcher Solution Theorem Soluti	SCHEDULE H	Financial Information					OMB No. 1210-0110			
Product Steel Gourd Copusition Price as a statement to Form 500. This Steel and ching 123 Jacobia Proceeding Laboration Control (PN) A Name of plan B Three-digit 001 TWO DEGREES, LLC 401(K) PLAN B Three-digit 001 C Plan sponsor's name as shown on line 2a of Form 5500 D Employer Identification Number (EIN) TWO DEGREES, LLC D Employer Identification Number (EIN) 84-1246887 Part I Asset and Liability Statement D Employer Identification Number (EIN) TWO DEGREES, LLC D Employer Identification Number (EIN) 84-1246887 Part I Asset and Liability Statement D Employer Identification Number (EIN) TWO DEGREES, LLC D Employer Identification Number (EIN) 84-1246887 Part I Asset and Liability Statement Imployer Identification Number (EIN) 84-1246887 Part I Pass and ID-Picha basis unless the value is reportable on insurance contract which guarantext w	Internal Revenue Service Department of Labor	Retirement Income Security Act of 1974		2009						
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	(15) Other		1c(15)							

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

1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	14795616	26003665
	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			
I	Net assets (subtract line 1k from line 1f)	11	14795616	26003665

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
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	890196	
	(B) Participants	2a(1)(B)	5745540	
	(C) Others (including rollovers)	_ 2a(1)(C)	663321	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		7299057
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1838	
	(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)	17780	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		19618
	(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)	327193	
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		327193
	(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)		

2b (9) Unrealized appreciation of despectation of assets: 246(3) (8) Other 245(3) (1) Total unrealized appreciation of assets: 246(4) (2) Total unrealized appreciation of assets: 246(3) (3) Not investment gain (loss) from common/collective trusts. 246(7) (4) Not investment gain (loss) from common/collective trusts. 246(7) (3) Not investment gain (loss) from master trust investment accounts. 246(7) (4) Not investment gain (loss) from noster trust investment accounts. 246(7) (5) Not investment gain (loss) from noster trust investment accounts. 246(7) (4) Not investment gain (loss) from noster trust investment antities. 24(7) (5) Total income. 2a (6) Not investment gain (loss) from noster trust investment antities. 24(7) (1) Directly to participants or benefits. 24(7) (2) To insurance carriers for the provision of benefits. 24(7) (3) Other 24(8) (3) Other 24(9) (4) Other 24(9) (3) Contract administrative expenses. 21(1) (4) Contract administrative expenses. 21(1) (5) Total administrative expenses Add lines 24(1) through (4) 24(9)				(a) Amount	(b) Total
(c) Total unrealized approciation of assets. 2b(5)(C) 2b(6) (d) Net investment gain (loss) from common/collective trusts 2b(6) 2b(7) (e) Net investment gain (loss) from common/collective trusts 2b(6) 2b(7) (e) Net investment gain (loss) from moster trust investment accounts 2b(6) 2b(7) (f) Net investment gain (loss) from moster trust investment accounts 2b(6) 2b(7) (f) Net investment gain (loss) from moster trust investment accounts 2b(7) 2b(7) (g) Net investment gain (loss) from moster trust investment accounts 2b(7) 2b(7) (g) Net investment gain (loss) from moster trust investment accounts 2b(7) 2b(7) (g) Total income. Add all income amounts in oclume (b) and enter total. 2c 2c 2d (g) Total predicipants or beneficiaries, including direct rollovers 2e(1) 1346611 2e(2) 2e(3) 2d 1346611 (g) Total predicipants add lines 2e(1) through (3). 2f 2f(1) 1731 1731 (g) Total advendit payments. Add lines 2e(1) through (4) 2f(3) 2f(4) 2f(3) 2f(4) 2f	2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
Add lines 2b(5)(A) and (B)		(B) Other	2b(5)(B)		
(i) Net investment gain (loss) from pooled separate accounts 2b(7) (ii) Net investment gain (loss) from mater trust investment accounts 2b(9) (iii) Net investment gain (loss) from negistered investment accounts 2b(10) (iii) Net investment gain (loss) from registered investment accounts 2b(10) (iii) Net investment gain (loss) from registered investment accounts 2c (iiii) Net investment gain (loss) from registered investment accounts 2c (iiii) Once 2c (iiii) Directly to participants or beneficiaries, including direct rollovers 2e(1) (iiii) Directly to participants or beneficiaries, including direct rollovers 2e(3) (iii) Other 2e(3) (iii) Other 2e(3) (iii) Corrective distributions (see instructions) 2f (iiii) Corrective distributions of participant loans (see instructions) 2f (iiii) Corrective distributions of participant loans (see instructions) 2f (iiii) Corrective distributions of participant loans (see instructions) 2g (iiii) Interest expense 2i(1) (i) Administrative expenses 2i(1) (iii) Norestiment advisory and management fees 2i(2) (iiii) Interest expense 2i(1) (iiii) Transfers of assets: 2i(2) (iiii) Transfers of assets: 2i(2) (iiii) Transfers of asset			2b(5)(C)		
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(9) Not investment gain (loss) from 103-12 investment entities 2b(9) (10) Not investment gain (loss) from registered investment comparise (e.g., mutual funds). 2b(10) 2c 2d d Total income. Add all income amounts in column (b) and enter total. 2d 10) Net investment gain (loss) from registered investment 2d 2c 2d d Total income. Add all income amounts in column (b) and enter total. 2d 112559144 Expenses e Benefit payment and payments to provide benefits: 1346611 (1) Directly to participants or boneficiantes, including direct rollovers 2e(1) 1346611 (2) To insurance carriers for the provision of benefits 2e(3) 2e(3) (3) Other 2g 10346611 f Corrective distributions (see instructions) 2f 1731 g Certain demed distributions of participant loans (see instructions) 2g 1 in Administrative expenses: (1) Professional fees 2i(2) 2i(3) 2i(2) (3) Investment divisory and management fees 2i(2) 2i(3) 2i(4) 2i(5) 2i(5) (3) Total administrative expenses. Add all expense amounts in column (b) and enter total. 2j 1351085 112080		(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(10) Net investment gain (loss) from registered investment 2b(10) 4804505 C Other income. 2c 2d 12559144 It tail income. Add all income amounts in column (b) and enter total. 2d 12559144 It tail income. Add all income amounts in column (b) and enter total. 2d 12559144 It tail income. Add all income amounts in column (b) and enter total. 2d 12559144 It tail income amounts or beneficiaries, including direct rollovers 2e(1) 1346611 (2) To insurance carriers for the provision of benefits. 2e(2) 2d 1346611 (4) Total benefit payments. Add lines 2e(1) through (3). 2f 2f 17231 (2) Contract administrative scientstructions). 2g 2h 1446611 (1) Investment advisory and management fees 2i(1) 2i(2) 2h 146611 (2) Contract administrator fees. 2i(4) 2753 2i(4) 2753 (3) Investment advisory and management fees 2i(4) 2753 2i(4) 2753 (3) Investment advisory and management fees 2i(4) 2i(5) 2753 1351085 Nt Income and Reconciliation 2i 1351005 2i(1) 2i<		(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
Comparise (e.g., mutual funds)		(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
d Total income amounts in column (b) and enter total			2b(10)		4864595
Expenses e Benefit payment and payments to provide benefits: (1) Directly to participants or beneficiaries, including direct rollovers (2) Contract administrative expenses: (4) Total benefit payments. Add lines 2e(1) through (3). (2) Contract administrative expenses: (1) Directly to participant to or beneficiaries, including direct rollovers (2) Contract administrative expenses: (1) Interest expense. (2) Contract administrative expenses: (2) Contract administrative expenses. (3) Other (3) Investment advisory and management fees (2) Contract administrative expenses. Add lines 2(1) through (4). (2) Contract administrative expenses. Add lines 2(1) through (4). (3) Investment advisory and management fees (2) Total expenses. Add all expense amounts in column (b) and enter total. (3) Total expenses. Add all expense amounts in column (b) and enter total. (4) Tot ins plan. (1) To this plan. (2) Form this plan. (2) Fourthis plan. (3) Poisclaimer (4) Unqualified (2) Qualified qublic accountant for this plan is (see instructions): (1) To this plan. (2) Four this plan. (2) Four this plan. (2)	С	Other income	2c		
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(4) Total benefit payments. Add lines 2e(1) through (3)		(3) Other	2e(3)		
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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(3) (5) Total administrative expenses. Add lines 2i(1) through (4) 2i(5) (5) Total administrative expenses. Add lines 2i(1) through (4) 2i(5) (1) Total expenses. Add all expense amounts in column (b) and enter total 2i 1351095 Net Income and Reconciliation k Net income (loss). Subtract line 2j from line 2d 2k 11208049 I Transfers of assets: 2i(1) 11208049 (2) From this plan 2i(1) 2i(2) (2) From this plan 2i(1) 2i(a			-	
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(2) Contract administrator fees. 2i(2) (3) Investment advisory and management fees. 2i(3) (4) Other 2i(3) (5) Total administrative expenses. Add lines 2i(1) through (4). 2i(5) (5) Total expenses. Add all expense amounts in column (b) and enter total. 2i (5) Total expenses. Add all expense amounts in column (b) and enter total. 2i (b) Total expenses. Add all expense amounts in column (b) and enter total. 2i (c) Total expenses. Add all expense amounts in column (b) and enter total. 2i (c) Total expenses. Add all expense amounts in column (b) and enter total. 2i (c) Total expenses. Add all expense amounts in column (b) and enter total. 2i (c) Total expenses. Add all expense amounts in column (b) and enter total. 2i (c) Total expenses. Add all expense amounts in column (b) and enter total. 2i (d) Transfers of assets: 2i (1) To this plan. 2i(1) (2) From this plan 2i(2) Part III Accountant's Opinion 3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant for this plan is (see instructions): (1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse b Did the accountant perf			0:(4)		
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(4) Other 2i(4) 2753 (5) Total administrative expenses. Add lines 2i(1) through (4)			2:(2)		
(5) Total administrative expenses. Add lines 2i(1) through (4)				2753	
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k Net income (loss). Subtract line 2j from line 2d	J				
I Transfers of assets: 2l(1) (1) To this plan 2l(1) (2) From this plan 2l(2) Part III Accountant's Opinion 3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached. a The attached opinion of an independent qualified public accountant for this plan is (see instructions): (1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? (1) Name: SMITH BUNDAY BERMAN BRITTON, P.S. (2) EIN: 91-1275259 d The opinion of an independent qualified public accountant is not attached because:	k		2k		11208049
(1) To this plan	r I			-	
(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) D bid the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? Yes No c Enter the name and EIN of the accountant (or accounting firm) below: (1) Name: SMITH BUNDAY BERMAN BRITTON, P.S. (2) EIN: 91-1275259 d The opinion of an independent qualified public accountant is not attached because: (2) EIN: 91-1275259			21(1)	-	
Part III Accountant's Opinion 3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached. a The attached opinion of an independent qualified public accountant for this plan is (see instructions): (1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? X Yes No c Enter the name and EIN of the accountant (or accounting firm) below: (1) Name: SMITH BUNDAY BERMAN BRITTON, P.S. (2) EIN: 91-1275259 d The opinion of an independent qualified public accountant is not attached because:					
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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: SMITH BUNDAY BERMAN BRITTON, P.S. (2) EIN: 91-1275259	Pa	art III Accountant's Opinion			
(1) Unqualified (2) Qualified (3) Disclaimer (4) Adverse b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? X Yes No c Enter the name and EIN of the accountant (or accounting firm) below: (1) Name: SMITH BUNDAY BERMAN BRITTON, P.S. (2) EIN: 91-1275259 d The opinion of an independent qualified public accountant is not attached because:			accountant is	attached to this Form 5500. Comp	lete line 3d if an opinion is not
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: SMITH BUNDAY BERMAN BRITTON, P.S. (2) EIN: 91-1275259 d The opinion of an independent qualified public accountant is not attached because: Ves Ves	a	The attached opinion of an independent qualified public accountant for this plan	n is (see instr	uctions):	
C Enter the name and EIN of the accountant (or accounting firm) below: (1) Name: SMITH BUNDAY BERMAN BRITTON, P.S. (1) Name: SMITH BUNDAY BERMAN BRITTON, P.S. (2) EIN: 91-1275259 d The opinion of an independent qualified public accountant is not attached because: (2) EIN: 91-1275259		(1) Unqualified (2) Qualified (3) X Disclaimer (4)	Adverse		
(1) Name: SMITH BUNDAY BERMAN BRITTON, P.S.(2) EIN: 91-1275259 d The opinion of an independent qualified public accountant is not attached because:	b	Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103	8-8 and/or 103	3-12(d)?	X Yes No
d The opinion of an independent qualified public accountant is not attached because:	С	Enter the name and EIN of the accountant (or accounting firm) below:			
		(1) Name: SMITH BUNDAY BERMAN BRITTON, P.S.		(2) EIN: 91-1275259	
	ď			ext Form 5500 pursuant to 29 CFR	2520.104-50.

Page **4-** 1

Pa	rt IV	Compliance Questions					
4		and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4 2 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4ı	m, 4n, or 5.		
	During	g the plan year:		Yes	No	Amo	unt
а	period	here a failure to transmit to the plan any participant contributions within the time d described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures ully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		x		
b	close secure	any loans by the plan or fixed income obligations due the plan in default as of the of the plan year or classified during the year as uncollectible? Disregard participant loans ed by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is red.).	4b		X		
C	Were	, any leases to which the plan was a party in default or classified during the year as lectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X		
d	report	there any nonexempt transactions with any party-in-interest? (Do not include transactions ted on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is red.)	4d		X		
е	Was t	his plan covered by a fidelity bond?	4e	Х			500000
f	Did th	e plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused ud or dishonesty?	4f		X		
g		e plan hold any assets whose current value was neither readily determinable on an lished market nor set by an independent third party appraiser?	4g		X		
h		e plan receive any noncash contributions whose value was neither readily ninable on an established market nor set by an independent third party appraiser?	4h		X		
i		e plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, ee instructions for format requirements.)	4i	Х			
j	value	any plan transactions or series of transactions in excess of 5% of the current of plan assets? (Attach schedule of transactions if "Yes" is checked, and astructions for format requirements.)	4j		X		
k		all the plan assets either distributed to participants or beneficiaries, transferred to another or brought under the control of the PBGC?	4k		x		
L	Has th	ne plan failed to provide any benefit when due under the plan?	41		Х		
m		is an individual account plan, was there a blackout period? (See instructions and 29 CFR 101-3.)	4m		x		
n		was answered "Yes," check the "Yes" box if you either provided the required notice or one exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		×		
5a		resolution to terminate the plan been adopted during the plan year or any prior plan year? enter the amount of any plan assets that reverted to the employer this year	Yes	XNo	Amount	::	
5b		ing this plan year, any assets or liabilities were transferred from this plan to another plan(s), erred. (See instructions.)	, identi	fy the pla	n(s) to whic	ch assets or liabi	lities were
	5b(1)	Name of plan(s)			5 b(2) EIN(s	6)	5b(3) PN(s)

	SCH	EDULE R	R	etirement Pl	an Informatio	n			O	MB No. 1	210-011	0	
	Department of the Treasury Internal Revenue Service Employee Retirement Income Security Act of 1974 (ERISA) and section					200	109						
E	mployee Benefi	tment of Labor ts Security Administration	- 60 -		Revenue Code (the Code hment to Form 5500.	e).			This Fo	rm is O Inspec		Publ	ic
For		t Guaranty Corporation an year 2009 or fiscal p	nlan year beginning	01/01/2009		and end	ina	12/31/2	009				
	lame of plar		plan year beginning				ing	e-digit					
		, LLC 401(K) PLAN						numbe	ər				
							(PN)	•	00	1		
		's name as shown on I	line 2a of Form 550	0		0) Emp	loyer Id	entificatio	on Num	ber (EII	N)	
TWC	DEGREES	, LLC					84	-12468	87				
Pa	rt I Dis	stributions											
All	references	to distributions relate	e only to payments	s of benefits during t	the plan year.								
1	Total value	of distributions paid ir	n property other that	n in cash or the forms	of property specified in	the							
	instruction	8						1					0
2	payors whe	EIN(s) of payor(s) who p paid the greatest doll 04-6568107			ticipants or beneficiaries	s during	the year	r (if mor	e than tv	vo, ente	r EINs o	of the	two
	EIN(s):	04-0306107			<u> </u>								
	Profit-sha	ring plans, ESOPs, a	and stock bonus pl	ans, skip line 3.			F		-i				
3			,		ed in a single sum, durin	• •		3					
P		Funding Informat RISA section 302, ski		not subject to the mini	mum funding requireme	ents of s	ection of	f 412 of	the Inter	mal Rev	enue C	ode o	or
4	Is the plan	administrator making an	n election under Code	e section 412(d)(2) or E	ERISA section 302(d)(2)?				Yes		No		N/A
		is a defined benefit											
5	If a waiver	of the minimum fundin	ng standard for a pri	, ,				_			.,		
		see instructions and er							ay		Year _		
c	-				nd do not complete th		Г		nedule.				
6							Ē	6a					
	b Enter t	he amount contributed	d by the employer to	the plan for this plan	year		······	6b					
		ct the amount in line 6											
	,	0	0	unt)				6c					
_	•	pleted line 6c, skip li											
7	Will the mi	nimum funding amoun	nt reported on line 60	c be met by the fundin	ig deadline?				Yes		No		N/A
8					to a revenue procedure consor or plan administr			_		_			
						-			Yes		No		N/A
Pa	art III 🛛 A	Amendments											
9		defined benefit pensior	n plan, were any am	nendments adopted d	uring this plan								
U	year that ir	ncreased or decreased no, check the "No" boy	d the value of benefi	ts? If yes, check the a	appropriate D	ncrease		Decre	ease	Bo	th		No
Ра	rt IV	ESOPs (see instr skip this Part.	ructions). If this is no	ot a plan described ur	nder Section 409(a) or 4	975(e)(7) of the	Interna	Il Revenu	ue Code	·,		
10	Were unal	ocated employer secu	urities or proceeds fr	rom the sale of unallo	cated securities used to	repay a	ny exen	npt loar	ı?		Yes		No
11	a Does	the ESOP hold any pr	referred stock?								Yes		No
	b If the	ESOP has an outstand	iding exempt loan w	ith the employer as le	nder, is such loan part c	of a "bac	k-to-bac	k" loan	?	- Г	Vac	Г	
			0 1							L	Yes		No
12	Does the	SOP hold any stock the	hat is not readily tra	dable on an establish	ed securities market?		<u></u>		<u> </u>		Yes		No
For	Paperwork	Reduction Act Notic	ce and OMB Contro	ol Numbers, see the	instructions for Form	5500.			Sch	edule F	R (Form		
												v.09	92308.

۰.	•••••	
		v.092308.

Page **2-**1

Pa	Part V Additional Information for Multiemployer Defined Benefit Pension Plans								
13			ollowing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in						
·	aoi a	Ollars). See instructions. Complete as many entries as needed to report all applicable employers. Name of contributing employer							
	b	EIN	C Dollar amount contributed by employer						
	d								
	ŭ	and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year							
	е	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):							
		()							
	а		e of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	e	<i>comp</i> (1)	ibution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, <i>lete items 13e(1) and 13e(2).)</i> Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	e of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	e	<i>comp</i> (1)	ibution rate information (If more than one rate applies, check this box and see instructions regarding required attachment. Otherwise, lete items 13e(1) and 13e(2).) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	e of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	e	Contri comp (1)	ibution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, <i>Idete items 13e(1) and 13e(2).</i> Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):						
	а	Name	e of contributing employer						
	b	EIN	C Dollar amount contributed by employer						
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box						
	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):							
	а	Name	e 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						
	e	Contri comp (1)	ibution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, <i>Idete items 13e(1) and 13e(2).</i>) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):						

14	Enter the number of participants on whose behalf no contributions wer	re 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 me employer contribution during the current plan year to:	ake an					
	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, o supplemental information to be included as an attachment.						
Ρ	art VI Additional Information for Single-Employer and Multiemployer Defined Bener	iit Pens	ion Plans				
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see i information to be included as an attachment	nstruction	s regarding supplemental				
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: b Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years 0 3-6 years 0 6-9 years 0 9-12 years 1 12-15 years 1 15-18 years 1 18-18 		_				
	C What duration measure was used to calculate item 19(b)?						

SMITH BUNDAY BERMAN BRITTON, P.S.

TWO DEGREES, LLC 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2009 AND 2008

TWO DEGREES, LLC 401(k) PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

DECEMBER 31, 2009 AND 2008

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CERTIFIED PUBLIC ACCOUNTANTS

August 26, 2010

To the Administrator Two Degrees, LLC 401(k) Plan

Independent Auditor's Report

We were engaged to audit the Statement of Net Assets Available for Benefits of Two Degrees, LLC 401(k) Plan (The "Plan") as of December 31, 2009 and 2008 and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009, and the supplemental schedules of delinquent participant contributions for the year ended December 31, 2009 and assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's administrator.

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 administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the custodian of the Plan's assets, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the administrator that the custodian holds substantially all of the Plan's investment assets and executes investment transactions. The administrator has obtained certifications from the custodian as of December 31, 2009 and 2008 and for the year ended December 31, 2009 that the information provided to the administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Fidelity Management Trust Company, 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.

Smith Bunday Berman Britton, P.S.

TWO DEGREES, LLC 401(k) PLAN STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2009 AND 2008

(See Independent Auditor's Report)

	December 31,				
	2009	2008			
ASSETS					
Money market funds	\$929,469	\$628,238			
Investments at fair value					
Mutual funds	22,405,522	12,187,227			
Common collective trust	1,475,166	911,220			
Participant loans	303,516	216,860			
Total investments	25,113,673	13,943,545			
Receivables					
Employer	889,992	852,071			
Net assets available for benefits	\$26,003,665	\$14,795,616			

The accompanying notes are an integral part of these financial statements.

TWO DEGREES, LLC 401(k) PLAN STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2009

(See Independent Auditor's Report)

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments:	
Mutual funds	\$5,217,230
Common collective trust	23,240
Interest income	19,822
Total net investment income	5,260,292
Contributions:	
Participant	5,745,540
Employer	889,992
Participant rollovers	663,321
Total contributions	7,298,853
Total additions	12,559,145
Deductions from net assets attributed to:	
Benefits paid to participants	1,348,343
Administrative expenses	2,753
Total deductions	1,351,096
Net increase in net assets available for benefits	11,208,049
Net assets available for benefits:	
Beginning of the year	14,795,616
End of the year	\$26,003,665

The accompanying notes are an integral part of these financial statements.

TWO DEGREES, LLC 401(k) PLAN NOTES TO FINANCIAL STATEMENTS

NOTE 1 - ORGANIZATION AND DESCRIPTION OF THE PLAN

Effective January 1, 1996, Two Degrees, LLC (Company) adopted the Two Degrees, LLC 401(k) Plan (Plan). The Plan has been amended and restated to comply with current legislation. The following description of the Plan provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined contribution plan covering all employees of the Company. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Administration - The Plan is administered by the Company. Fidelity Management Trust Company (FMTC) is the custodian of the Plan's assets.

Eligibility - Employees who attained the age of eighteen and have completed six months of service are eligible to participate. Employees are admitted to the Plan beginning the first day of the month that coincides with or next follows attainment of eligibility requirements.

Contributions - Participants may elect to contribute up to 90% of their compensation, within statutory limits, to the Plan. The Company matches the employee contributions at a rate of 25% of a participant's eligible compensation up to 6% of compensation. All employee deferrals are paid to the Plan after each pay period, and are placed in participant directed investments. The matching contributions are paid on an annual basis and are placed in participant directed investments.

Participants may also contribute amounts representing distributions from other qualified plans upon employment with the Company.

Effective January 14, 2009, the Plan was amended to adopt auto-enrollment provisions for new employees which state that unless an employee elects otherwise, he or she will be automatically enrolled in the Plan at a 3% contribution rate.

Participant Accounts - Individual participant accounts are maintained by FMTC, the Plan's custodian. Each participant's account is credited or charged with the participant's contribution and allocations of employer matching contributions and investment earnings and losses. Allocations are based on participant compensation or account balances, as defined in the Plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Investment Options - The Plan's assets are held by FMTC. Participants direct employee and employer contributions and account balances among various investment options comprised of mutual funds and a common collective trust (Fidelity Advisor Stable Value Fund).

Note 1 - continued

Participant Loans Receivable - The Plan allows participants to draw against their Plan investments in the form of loans. Participants may borrow from their accounts equal to the lesser of \$50,000 or 50 percent of their account balance. The loans are secured by the balance in the participants' accounts and bear interest at 9.25 percent.

Vesting - Participants are immediately vested in employee and employer contributions plus actual earnings thereon.

Payment of Benefits - On termination of service due to death, disability, retirement or other termination of employment, a participant may elect to receive a lump-sum amount equal to the value of his or her vested account.

Expenses - Certain administrative expenses of the Plan are paid by the Company.

Forfeitures - At December 31, 2009 and 2008, forfeited accounts totaled \$4,311 and \$12, respectively. Forfeitures, which may arise from excess contributions, are used to reduce the Plan Sponsors' future contributions to the Plan

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, the assets of the Plan will be distributed to participants.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following are the significant accounting policies used by the Plan:

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

Investment Valuation - The Plan's mutual funds are stated at fair value using quoted market prices. The Plan's common collective trust is stated at fair value, which approximates contract value, based on quoted market prices of the underlying investments.

Investment securities are exposed to various risks, such as interest rate, market, and credit risk. It is reasonably possible, given the level of risk associated with investment securities that changes in the near term could materially affect participants' account balances and the amounts reported in the financial statements.

Income Recognition - Interest income is recorded on the accrual basis. Purchases and sales of securities are recorded on a trade-date basis. Realized and unrealized gains and losses relative to individual mutual funds and common collective trusts are reported in net appreciation in the fair value of investments.

Payment of Benefits - Benefits are recorded when paid.

Note 2 - continued

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Actual results could differ from those estimates.

NOTE 3 - TAX STATUS

The Plan operates under provisions of a volume submitter plan which received an opinion letter from the Internal Revenue Service, dated March 31, 2008, which stated that the Plan, as then designed, was in compliance with the applicable sections of the Internal Revenue Code (IRC). The Administrator believes that the Plan and related trust are designed and currently being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

NOTE 4 - INVESTMENTS

The following investments represent 5% or more of the Plan's net assets available for benefits at December 31 of either year (unaudited):

	December 31,	
	2009	2008
Eidelige Adeises Escale en 2020 A	¢2 (20 822	¢1 (22 010
Fidelity Advisor Freedom 2030 A	\$2,620,822	\$1,633,019
Fidelity Advisor Diversified International A	\$1,721,422	\$1,065,226
Fidelity Advisor Freedom 2050 A	\$1,711,843	\$1,138,970
Calvert Income A	\$1,409,592	\$957,584
Fidelity Advisor Stable Value	\$1,475,166	\$936,209
VK Growth and Income A	\$1,547,752	\$894,632
RS Value A	\$1,355,123	*

* Amount did not represent 5 percent or more of the Plan's assets at December 31, 2008.

NOTE 5 - FAIR VALUE MEASUREMENTS

Fair value is a market-based measurement determined based on assumptions that market participants would use in pricing an asset or liability. There are three-levels, which prioritize the inputs used in measuring fair value as follows:

- Level 1: Observable market inputs such as quoted prices (unadjusted) in active markets for identical assets or liabilities;
- Level 2: Observable market inputs, other than the quoted prices in active markets, that are observable either directly or indirectly; and
- Level 3: Unobservable inputs where there is little or no market data, which require the reporting entity to develop its own assumptions.

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

Following is a description of the input levels used for assets measured at fair value as of December 31, 2009:

	Level 1	Level 2	Ι	Level 3	Total
Mutual funds					
Stock Investments	\$ 12,406,968				\$ 12,406,968
Blended Investments	8,588,962				8,588,962
Bond Investments	1,409,592				1,409,592
Money market funds	929,469				929,469
Common collective trust		\$1,475,166			1,475,166
Participant loans			\$	303,516	303,516
	\$ 23,334,991	\$1,475,166	\$	303,516	\$ 25,113,673

Following is a description of the input levels used for assets measured at fair value as of December 31, 2008:

	Level 1	Level 2	Level 3	Total
Mutual funds				
Stock Investments	\$ 6,360,457			\$ 6,360,457
Blended Investments	4,869,186			4,869,186
Bond Investments	957,584			957,584
Money market funds	628,238			628,238
Common collective trust		\$ 911,220		911,220
Participant loans			\$ 216,860	216,860
	\$ 12,815,465	\$ 911,220	\$ 216,860	\$ 13,943,545

There were no realized or unrealized gains or losses associated with the participant loans in 2009 or 2008.

NOTE 6 - INFORMATION CERTIFIED BY CUSTODIAN

Following is a summary of the unaudited information included in the financial statements and supplemental schedule on page 10 which was prepared by Fidelity Management Trust Company, the custodian of the Plan's investment assets, and furnished to the administrator along with certification that such information is complete and accurate.

- 1. Value of investments as of December 31, 2009 and 2008 on page 2.
- 2. Investment income related to the mutual funds and common collective trust on page 3.
- 3. The information in Notes 4 and 5 and the supplemental schedule on page 10.

The custodian certified the contract value of the common collective trust. The fair value of the common collective trust, which approximates contract value, is presented on page 2. The custodian also certified investment income related to the common collective trust on page 3 based on contract value, which approximates the investment income based on fair value.

NOTE 7 - PARTY IN INTEREST

FMTC acts as custodian and trustee for certain investments of the Plan. Therefore, these transactions qualify as party in interest transactions.

NOTE 8 - PROHIBITED TRANSACTIONS

The Company was delinquent in remitting employee deferrals to the Plan two times during 2008. As a result, in July of 2009, the Company filed Form 5330 with the Internal Revenue Service and remitted excise taxes related to these prohibited transactions. The Company also remitted amounts to the Plan which represented a restoration of Plan lost earnings in July 2009. The amount remitted to the Plan is not material to the financial statements, and, accordingly, was not recorded as a receivable at December 31, 2008.

NOTE 9 - SUBSEQUENT EVENT

The Company has evaluated subsequent events through August 26, 2010, the date which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULES REQUIRED BY THE DEPARTMENT OF LABOR

TWO DEGREES, LLC 401(k) PLAN EIN: 84-1246887 PLAN NUMBER - 001 SCHEDULE H, LINE 4a SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS YEAR ENDED DECEMBER 31, 2009

Participant contributions transferred late to Plan	Total that constitut	te nonexempt prohib	ited transactions	
Check here if Late Participant Loan Repayments are included:	Contributions Not Corrected	Contributions Corrected Outside of VFCP	Contributions Pending Correction in VFCP	Total Fully Corrected Under VFCP and PTE 2002-51
		\$137 \$2,247		\$137 \$2,247

* Delinquent contributions relate to the 2008 plan year. The Company restored lost earnings during 2009.

TWO DEGREES, LLC 401(k) PLAN EIN: 84-1246887 PLAN NUMBER - 001 SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2009

		(c) Description of investment,		
	(b) Identity of issue, borrower, lessor,	including maturity date, rate of interest,		
(a)	or similar party	collateral, par or maturity value	(d) Cost	(e) Current value
	Calvert Income A	Mutual Fund	**	\$1,409,592
	Col Marsico Growth A	Mutual Fund	**	974,681
	JPM Equity Index A	Mutual Fund	**	1,185,471
	JPM Intl Equity Index A	Mutual Fund	**	358,267
	VK Growth and Income A	Mutual Fund	**	1,547,752
	LM CBA Aggressive Growth A	Mutual Fund	**	890,667
	RS Value A	Mutual Fund	**	1,355,123
	Oppenheimer Mainst SmallCap A	Mutual Fund	**	1,232,528
*	Fidelity Advisor Prime Fund	Money Market Fund	**	929,469
*	Fidelity Advisor Health Care A	Mutual Fund	**	422,225
*	Fidelity Advisor Financial Services A	Mutual Fund	**	251,880
*	Fidelity Advisor Utilities A	Mutual Fund	**	263,791
*	Fidelity Advisor Technology A	Mutual Fund	**	562,594
*	Fidelity Advisor Energy A	Mutual Fund	**	1,239,103
*	Fidelity Advisor Stable Value	Common Collective Trust	**	1,475,166
*	Fidelity Advisor Diversified International A	Mutual Fund	**	1,721,422
*	Fidelity Advisor Real Estate A	Mutual Fund	**	401,463
*	Fidelity Advisor Freedom 2010 A	Mutual Fund	**	56,295
*	Fidelity Advisor Freedom 2020 A	Mutual Fund	**	214,819
*	Fidelity Advisor Freedom 2030 A	Mutual Fund	**	2,620,822
*	Fidelity Advisor Freedom 2040 A	Mutual Fund	**	1,107,179
*	Fidelity Advisor Freedom Inc A	Mutual Fund	**	124,432
*	Fidelity Advisor Freedom 2005 A	Mutual Fund	**	165,062
*	Fidelity Advisor Freedom 2015 A	Mutual Fund	**	978,025
*	Fidelity Advisor Freedom 2025 A	Mutual Fund	**	411,342
*	Fidelity Advisor Freedom 2035 A	Mutual Fund	**	607,040
*	Fidelity Advisor Freedom 2045 A	Mutual Fund	**	592,102
*	Fidelity Advisor Freedom 2050 A	Mutual Fund	**	1,711,843
*	Participant loans	Interest rates of 9.25%	\$0	303,516

\$25,113,673

* Denotes party-in-interest.

** Cost information has been omitted as these amounts are participant directed.

TWO DEGREES, LLC 401(k) PLAN EIN: 84-1246887	PLAN NUMBER - 001	SCHEDULE H, LINE 4a SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS	YEAR ENDED DECEMBER 31, 2009
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	Total Fully Corrected Under VFCP and PTE 2002-51	\$137 \$2,247
ited transactions	Contributions Pending Correction in VFCP	
nonexempt prohib	Contributions Corrected Outside of VFCP	\$137 \$2,247
Total that constitute nonexempt prohibited transactions	Contributions Not Corrected	
Participant contributions transferred late to Plan	Check here if Late Participant Loan Repayments are included:	

* Delinquent contributions relate to the 2008 plan year. The Company restored lost earnings during 2009.

6

TWO DEGREES, LLC 401(k) PLAN EIN: 84-1246887 PLAN NUMBER - 001 SCHEDULE H, LINE 4i SCHEDULE OF ASSETS (HELD AT END OF YEAR) DECEMBER 31, 2009

		(c) Description of investment,		
	(b) Identity of issue, borrower, lessor,	including maturity date, rate of interest,		
<u>(a)</u>	or similar party	collateral, par or maturity value	(d) Cost	(e) Current value
	Calvert Income A	Mutual Fund	**	\$1,409,592
	Col Marsico Growth A	Mutual Fund	**	974,681
	JPM Equity Index A	Mutual Fund	**	1,185,471
	JPM Intl Equity Index A	Mutual Fund	**	358,267
	VK Growth and Income A	Mutual Fund	**	1,547,752
	LM CBA Aggressive Growth A	Mutual Fund	**	890,667
	RS Value A	Mutual Fund	**	1,355,123
	Oppenheimer Mainst SmallCap A	Mutual Fund	**	1,232,528
*	Fidelity Advisor Prime Fund	Money Market Fund	**	929,469
*	Fidelity Advisor Health Care A	Mutual Fund	**	422,225
*	Fidelity Advisor Financial Services A	Mutual Fund	**	251,880
*	Fidelity Advisor Utilities A	Mutual Fund	**	263,791
*	Fidelity Advisor Technology A	Mutual Fund	**	562,594
*	Fidelity Advisor Energy A	Mutual Fund	**	1,239,103
*	Fidelity Advisor Stable Value	Common Collective Trust	**	1,475,166
*	Fidelity Advisor Diversified International A	Mutual Fund	**	1,721,422
*	Fidelity Advisor Real Estate A	Mutual Fund	**	401,463
*	Fidelity Advisor Freedom 2010 A	Mutual Fund	**	56,295
*	Fidelity Advisor Freedom 2020 A	Mutual Fund	**	214,819
*	Fidelity Advisor Freedom 2030 A	Mutual Fund	**	2,620,822
*	Fidelity Advisor Freedom 2040 A	Mutual Fund	**	1,107,179
*	Fidelity Advisor Freedom Inc A	Mutual Fund	**	124,432
*	Fidelity Advisor Freedom 2005 A	Mutual Fund	**	165,062
*	Fidelity Advisor Freedom 2015 A	Mutual Fund	**	978,025
*	Fidelity Advisor Freedom 2025 A	Mutual Fund	**	411,342
*	Fidelity Advisor Freedom 2035 A	Mutual Fund	**	607,040
*	Fidelity Advisor Freedom 2045 A	Mutual Fund	**	592,102
*	Fidelity Advisor Freedom 2050 A	Mutual Fund	**	1,711,843
*	Participant loans	Interest rates of 9.25%	S 0	303,516

\$25,113,673

* Denotes party-in-interest.

** Cost information has been omitted as these amounts are participant directed