

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>
B	This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/>
D	Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input checked="" type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan BARGREEN-ELLINGSON, INC. 401(K) PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 01/01/2004
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BARGREEN-ELLINGSON, INC. 2925 70TH AVENUE EAST FIFE, WA 98409	2b Employer Identification Number (EIN) 91-0715309 2c Sponsor's telephone number 253-722-2570 2d Business code (see instructions) 423800
	2925 70TH AVENUE EAST FIFE, WA 98409	

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	JANET HANKS
	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") BARGREEN-ELLINGSON, INC. 2925 70TH AVENUE EAST FIFE, WA 98409	3b Administrator's EIN 91-0715309 3c Administrator's telephone number 253-722-2570
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	483
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	438
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	1
d Subtotal. Add lines 6a , 6b , and 6c	6d	439
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	439
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	310
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan BARGREEN-ELLINGSON, INC. 401(K) PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 BARGREEN-ELLINGSON, INC.		D Employer Identification Number (EIN) 91-0715309

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FID.INV.INST.OPS.CO.
04-2647786

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

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

KMS FINANCIAL SERVICES INC

91-0850651

(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?
27	ADVISOR	49632	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 37 65 60	RECORDKEEPER	2325	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

(b) 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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
KMS FINANCIAL SERVICES INC	61	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.	
COL MARSICO GROWTH A - COLUMBIA MAN 04-3156901	\$0-<\$3M=1.00% \$3M-<\$50M=0.50% \$50M+=0.25%	
(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 the service provider's eligibility for or the amount of the indirect compensation.	
ABF LG CAP VAL INV - STATE STREET B 04-1867445	0.35%	
(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 the service provider's eligibility for or the amount of the indirect compensation.	
AIM BASIC VALUE A - INVESCO AIM INV 98-0557567	0.35%	

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
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 the service provider's eligibility for or the amount of the indirect compensation.	
AIM DEVELOP MKTS A - AIM INVESTMENT 76-0528004	0.35%	
(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 the service provider's eligibility for or the amount of the indirect compensation.	
AIM REAL ESTATE A - INVESCO TRIMARK 98-0557567	0.35%	
(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 the service provider's eligibility for or the amount of the indirect compensation.	
ALL BERN INTL GR ADV - ALLIANCEBERN 13-3211780	0.25%	

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
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 the service provider's eligibility for or the amount of the indirect compensation.	
ALL BERN INTL GRTH A - ALLIANCEBERN 13-3211780	0.25%	
(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 the service provider's eligibility for or the amount of the indirect compensation.	
ALL BERN INTL VAL A - ALLIANCEBERNS 13-3211780	0.25%	
(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 the service provider's eligibility for or the amount of the indirect compensation.	
ALL BERN INTL VAL AD - ALLIANCEBERN 13-3211780	0.25%	

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
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 the service provider's eligibility for or the amount of the indirect compensation.	
ALLNZ NFJ DIV VAL R - BOSTON FINANC 04-2526037	0.25%	
(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 the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK CAP APP INST - PNC GLOBAL INV 04-2871943	0.25%	
(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 the service provider's eligibility for or the amount of the indirect compensation.	
BLKRK INTL OPP A - PNC GLOBAL INVES 04-2871943	0.25%	

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
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 the service provider's eligibility for or the amount of the indirect compensation.
BLKRK INTL OPP INST - PNC GLOBAL IN 04-2871943	0.25%

(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 the service provider's eligibility for or the amount of the indirect compensation.
BLKRK MIDCAP VAL IS - PNC GLOBAL IN 04-2871943	0.25%

(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 the service provider's eligibility for or the amount of the indirect compensation.
BLKRK MIDCP VAL EQ A - PNC GLOBAL I 04-2871943	0.25%

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
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 the service provider's eligibility for or the amount of the indirect compensation.	
COL MARSICO GROWTH A - COLUMBIA MAN 04-2838628	0.25%	
(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 the service provider's eligibility for or the amount of the indirect compensation.	
CS SM CAP CORE A - BOSTON FINANCIAL 04-2526037	0.25%	
(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 the service provider's eligibility for or the amount of the indirect compensation.	
DREY BASIC S AND P 500 - DREYFUS 13-5673135	0.15%	

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
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 the service provider's eligibility for or the amount of the indirect compensation.	
DREYFUS S AND P 500 INDX - 13-5673135	0.15%	
(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 the service provider's eligibility for or the amount of the indirect compensation.	
FED INDEX TR MID CAP - FEDERATED SH 25-1111467	0.05%	
(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 the service provider's eligibility for or the amount of the indirect compensation.	
JPM EMRG MKTS EQ SEL - BOSTON FINAN 04-2526037	0.25%	

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
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 the service provider's eligibility for or the amount of the indirect compensation.
JPM MKT EXP IDX A - BOSTON FINANCIA 04-2526037	\$15.00

(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 the service provider's eligibility for or the amount of the indirect compensation.
MAINSTY ICAP SELEQ I - BOSTON FINAN 04-2526037	0.25%

(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 the service provider's eligibility for or the amount of the indirect compensation.
MNSTY ICAP SEL EQ R2 - BOSTON FINAN 04-2526037	0.25%

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
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 the service provider's eligibility for or the amount of the indirect compensation.	
THORNBURG VALUE R3 - BOSTON FINANCI	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 the service provider's eligibility for or the amount of the indirect compensation.	
THORNBURG VALUE R5 - BOSTON FINANCI	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 the service provider's eligibility for or the amount of the indirect compensation.	
VICTORY SM CO OPP A - BISYS FUND SE	0.25%	
13-3532663		

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
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 the service provider's eligibility for or the amount of the indirect compensation.	
VILLERE BALANCED - US BANCORP FUND 39-0281260	0.25%	
(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 the service provider's eligibility for or the amount of the indirect compensation.	
VK SMALL CAP VALUE I - 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 (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 the service provider's eligibility for or the amount of the indirect compensation.	
WFA TOT RTN BD ADM - BOSTON FINANCI 04-2526037	0.25%	

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
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 the service provider's eligibility for or the amount of the indirect compensation.
1ST AM REAL ESTATE Y - US BANCORP F 39-0281260	0.35%

(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 the service provider's eligibility for or the amount of the indirect compensation.
1ST AMER MD CP IDX Y - US BANCORP F 39-0281260	0.15%

(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 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:	BADER MARTIN PS	b EIN:	91-1501421
c Position:	ACCOUNTANT		
d Address:	1000 SECOND AVENUE SEATTLE, WA 98104	e Telephone:	253-621-1900

Explanation: TOO EXPENSIVE

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:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan BARGREEN-ELLINGSON, INC. 401(K) PLAN				B Three-digit plan number (PN) ▶ 002	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 BARGREEN-ELLINGSON, INC.				D Employer Identification Number (EIN) 91-0715309	
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: FA STABLE VALUE					
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY					
c EIN-PN 04-3022712-026		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1109350	
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)	
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)	
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	

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
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2009</div> This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan BARGREEN-ELLINGSON, INC. 401(K) PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 BARGREEN-ELLINGSON, INC.	D Employer Identification Number (EIN) 91-0715309	

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)	1854	0
(2) Participant contributions	1b(2)	3042	0
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	739902	375159
(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)	0	75633
(9) Value of interest in common/collective trusts.....	1c(9)	944327	1109350
(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)	11739725	16940869
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13428850	18501011

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13428850	18501011
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	529622	
(B) Participants	2a(1)(B)	1165234	
(C) Others (including rollovers)	2a(1)(C)	39365	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1734221

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1957	
(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)	1704	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3661

(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)	367307	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		367307

(3) Rents	2b(3)		
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(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		45725
(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)		3575528
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5726442

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	601621	
(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)		601621
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	52660	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		52660
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		654281

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5072161
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: DOTY, BEARDSLEY, ROSENGREN & CO

(2) EIN: 20-5018267

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....	X		93
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

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

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

A Name of plan <u>BARGREEN-ELLINGSON, INC. 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BARGREEN-ELLINGSON, INC.</u>	D Employer Identification Number (EIN) <u>91-0715309</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

BARGREEN-ELLINGSON, INC.
401(K) PLAN

**Audited Financial Statements and
Supplemental Financial Information**

December 31, 2009 and 2008

BARGREEN-ELLINGSON, INC. 401(K) PLAN

**Audited Financial Statements and
Supplemental Financial Information**

December 31, 2009 and 2008

INDEPENDENT AUDITOR’S REPORT 1-2

AUDITED FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits3

Statement of Changes in Net Assets Available
for Benefits.....4

Notes to Financial Statements..... 5-11

SUPPLEMENTAL FINANCIAL INFORMATION

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)..... 12-13

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions.....14



Doty, Beardsley, Rosengren & Co., P.S.

Certified Public Accountants

Independent Auditor's Report

To the Administrative Committee of
Bargreen-Ellingson, Inc. 401(k) Plan
Fife, Washington

We were engaged to audit the accompanying statement of net assets available for benefits of Bargreen-Ellingson, Inc. 401(k) Plan (the Plan) as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended and the supplemental schedule of assets held at year end and schedule of delinquent participant contributions for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2008 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Fidelity Management Trust Company, the trustee of the Plan. Their report, dated October 9, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were 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.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the 2009 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and schedules that we did not audit, we were unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Doty, Beardsley, Rosengren & Co., P.S.
DOTY, BEARDSLEY, ROSENGREN & CO., P.S.

September 20, 2010

AUDITED FINANCIAL STATEMENTS

BARGREEN-ELLINGSON, INC. 401(K) PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<u>ASSETS</u>		
Investments, at fair value:		
Mutual funds	\$ 16,940,869	\$ 11,739,725
Common or collective trust	1,109,350	944,327
Money market fund	375,159	739,902
Participant loans	<u>75,633</u>	<u> </u>
Total Investments	18,501,011	13,423,954
Receivables:		
Participant contributions		3,042
Employer contributions	<u> </u>	<u>1,854</u>
Net Assets Available for Benefits, at Fair Value	18,501,011	13,428,850
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>1,451</u>	<u>25,897</u>
Net Assets Available for Benefits	<u>\$ 18,502,462</u>	<u>\$ 13,454,747</u>

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

BARGREEN-ELLINGSON, INC. 401(K) PLAN**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of mutual funds	\$ 3,575,528	
Net appreciation in fair value of common or collective trust	21,279	\$ 21,997
Interest, dividends, and capital gain distributions	<u>370,968</u>	<u>27,016</u>
Total Investment Income	3,967,775	49,013
Contributions:		
Participant	1,165,234	1,176,058
Employer	529,622	508,839
Rollovers from qualified plans	<u>39,365</u>	<u>503,564</u>
Total Contributions	<u>1,734,221</u>	<u>2,188,461</u>
Total Additions	5,701,996	2,237,474
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net depreciation in fair value of mutual funds		6,118,331
Benefits paid to participants	601,621	1,263,500
Administrative expenses	<u>52,660</u>	<u>514</u>
Total Deductions	<u>654,281</u>	<u>7,382,345</u>
Net Increase (Decrease)	5,047,715	(5,144,871)
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	<u>13,454,747</u>	<u>18,599,618</u>
Net Assets Available for Benefits at End of Year	\$ <u>18,502,462</u>	\$ <u>13,454,747</u>

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

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Bargreen-Ellingson, Inc. 401(K) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Bargreen-Ellingson, Inc. who have attained the age of 21, completed three months of service by the end of a twelve month period, and are not covered under a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's assets are invested with Fidelity Management Trust Company.

Contributions

Participants may contribute up to 100% of their eligible compensation through salary reductions. Participants direct their contributions to any or all of the investment choices available to them. The Company makes pretax safe harbor matching contributions to the Plan equal to 100% of the employee's salary deferral that do not exceed 3% of their compensation, plus 50% of the employee's salary deferral between 3% and 5% of their compensation. Participants must be 21 years of age and complete 1 year of service by the end of a twelve month period to be eligible for the match. Participants are 100% vested in the safe harbor match. The Plan may also elect to make an annual discretionary employer contribution to participants that have completed 1,000 hours of service and be employed on the last day of the year (unless the participant dies, becomes disabled, or retires during the year).

Participant Accounts

Each participant's account is credited with the participant's contribution, allocation of the Company's contribution and Plan earnings and losses. Allocations are based on participant compensation or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their 401(k) salary reduction contribution and the employer safe harbor matching contribution. Participants become vested in any employer discretionary matching contributions, nonelective contributions, and any earnings thereon based on their years of service, as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Normal Retirement

Normal retirement age is 60.

Payment of Benefits

On termination of service, a participant (or beneficiary) may elect to receive the value of his or her account either as a lump-sum cash distribution, a direct rollover distribution or a combination of the two. Distribution of account balances in excess of \$1,000 may be deferred, but not later than the date under law that minimum required distributions must commence.

Death or Disability

In the event of death of a participant before his or her retirement benefit commences, the participant becomes vested in any unvested balances, and 100% of the participant's account balance will be paid to the named beneficiary. If a participant becomes permanently disabled while a company employee, 100% of his her account will become vested and be distributed in the same manner as if the participant had retired.

Hardship Withdrawals

While still employed by the Company, participants are permitted to withdraw a single lump-sum up to their total vested account balance, under certain conditions. These conditions include unreimbursed medical expenses, the purchase of a participant's principal residence, the payment of post-secondary education tuition, funeral or burial expenses, or to prevent eviction or foreclosure from the participant's principal residence. A participant's right to make pretax deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

Rollovers From Other Qualified Plans

Participants who have an interest in any other qualified employee benefit plan (as described in Section 401(a) of the Internal Revenue Code) may transfer the lump-sum values of their accrued benefits directly into the Plan if such transfer meets the requirements of the Internal Revenue Code.

Participant Loans

Participants may borrow from their fund accounts the lesser of 50% of the Plan participant's vested balance as of the most recent valuation date or \$50,000. The minimum principal amount is \$1,000. Loan repayment terms, including interest rate, and the length of loan are determined at the time the loan is made. The loans are secured by the balance in the participant's account and bear interest at 6% at December 31, 2009. Principal and interest are paid ratably through payroll deductions.

Forfeitures

Forfeitures of matching contributions by nonvested terminated participants are retained by the Plan and are first used to reduce administrative expenses and then used to reduce future employer contributions.

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Income Tax

The Plan is exempt from income taxes under Internal Revenue Code Section 401(k).

Expenses

Administrative expenses not paid by the Plan are paid by the company. During the year ended December 31, 2009, the investments held by Fidelity Management Trust Company changed how the fees were charged, by directly charging the Plan participants. Prior to this change, the fee was included with the investment activity.

Use of Estimates

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

Valuation of assets

Investments are carried at fair market value as determined by fair value measurement (see Note 3). Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Gains and losses (realized and unrealized) are reported in net appreciation (depreciation) in fair value of common or collective trust and mutual funds.

Fully Benefit-Responsive Investment

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the contract at fair value, which approximates the contract value for this investment. The Statement of Changes in Net Assets Available for Benefits also is prepared on fair value with an adjustment to the contract value basis for fully benefit-responsive investment (see Note 3).

Evaluation of Subsequent Events

Subsequent events were evaluated through September 20, 2010, the date that the financial statements were available to be issued, which is the date of the audit report. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The Fair Value Measurements and Disclosures topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) established a fair value hierarchy for reporting that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable units other than quoted prices for identical assets; and Level 3 inputs have the lowest priority.

Level 1 Fair Value Measurements

The fair values of the mutual funds and money market funds are based on quoted net asset values of the shares held by the Plan at year-end. These funds are classified as Level 1 of the valuation hierarchy.

Level 2 Fair Value Measurements

The investment in common or collective trust consists of a single fund, the Fidelity Advisor Stable Value Fund. The fund is accounted for in accordance with the FASB ASC subtopic on Fully Benefit-Responsive Investment Contracts.

The fair value of the common or collective trust is based on redemption prices of the shares as determined by the trustee based on the current market values of the underlying assets. The contract value of the Fidelity Advisor Stable Value Fund represents contributions made plus interest accrued at contract value, less withdrawals. The average yield earned by the Plan for the fully benefit-responsive investment contract was 2.07% and 3.42% for the years ended December 31, 2009 and 2008, respectively. The average yield earned by the Plan for the fully-benefit responsive investment contract, with an adjustment to reflect the actual interest rate credited to the plan participants was 2.06% and 2.83% for the years ended December 31, 2009 and 2008, respectively. The minimum crediting rate under the contract is 0%.

Level 3 Fair Value Measurements

The participants loans are not actively traded and other observable inputs are not available. The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.

The fair value of investments as of December 31, 2009, by level within the fair value hierarchy, were as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Mutual funds	\$ 16,940,869			\$ 16,940,869
Common or collective trust		\$ 1,109,350		1,109,350
Money market fund	375,159			375,159
Participant loans			\$ 75,633	75,633
	<u>\$ 17,316,028</u>	<u>\$ 1,109,350</u>	<u>\$ 75,633</u>	<u>\$ 18,501,011</u>

BARGREEN-ELLINGSON, INC. 401(K) PLAN**NOTES TO FINANCIAL STATEMENTS**

December 31, 2009 and 2008

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The fair value of investments as of December 31, 2008, by level within the fair value hierarchy, were as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Fair Value</u>
Mutual funds	\$ 11,739,725		\$ 11,739,725
Common or collective trust		\$ 944,327	944,327
Money market fund	<u>739,902</u>	<u> </u>	<u>739,902</u>
	<u>\$ 12,479,627</u>	<u>\$ 944,327</u>	<u>\$ 13,423,954</u>

Level 3 Gains and Losses

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

	<u>Level 3</u> <u>Participant Loans</u>
Balance, beginning of year	\$ 0
Purchases, sales, issuances, and settlements (net)	<u>75,633</u>
Balance, end of year	<u>\$ 75,633</u>

NOTE 4 - INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA, the Plan administrator instructed the auditors not to perform any auditing procedures with respect to information which was certified as complete and accurate by the Fidelity Management Trust Company.

The information included in the financial statements and supplemental schedule which was provided and certified by the trustee as complete and accurate includes: (1) investments, at fair value, (2) adjustment of fully benefit-responsive contract from fair value to contract value, (3) net appreciation (depreciation) in fair value of common or collective trust and mutual funds, (4) interest, money market fund, and (5) schedule of assets held at end of year.

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

The Plan investments in shares of investments managed by an affiliate of the trustee, Fidelity Investments. Transactions in such investments qualify as exempt party-in-interest transactions. The following is a summary of the fair market values of investments managed by a related party as of December 31:

	<u>2009</u>	<u>2008</u>
Mutual funds	\$ 9,962,810	\$ 6,369,472
Common or collective trust	1,109,350	944,327
Money market fund	375,159	739,902

NOTE 6 - INVESTMENTS

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

	<u>2009</u>	<u>2008</u>
FA Strat Income	\$ 2,020,895	\$ 1,414,822
WFA Tot Rtn Bd Adm	1,798,479	*
ALL/Bern Intl Gr Adv	1,702,086	1,246,477
FA New Insights I	1,368,947	986,894
VK Small Cap Value	1,164,380	772,296
FA Stable Value (at contract value)	1,110,801	970,224
FA Small Cap Cl T	977,382	*
FA Total Bond	*	1,114,973
Fidelity Prime Bond	*	739,902

* Less than 5% of net assets

NOTE 7 - INCOME TAX STATUS

The Company adopted a Fidelity Prototype 401(k) Plan document in September 2003. The prototype plan obtained its latest opinion letter in October 2003 in which the Internal Revenue Service stated that the plan was in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 8 - PLAN TERMINATION

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

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 18,502,462	\$ 13,454,747
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>(1,451)</u>	<u>(25,897)</u>
Net assets available for benefit per Form 5500, Schedule H, part 1, line F	<u>\$ 18,501,011</u>	<u>\$ 13,428,850</u>

The following is a reconciliation of net increase in net assets per the financial statements to the Form 5500 for the years ended December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Net increase (decrease) in net assets per the financial statements	\$ 5,047,715	\$ (5,144,871)
Change in adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>24,446</u>	<u>(23,692)</u>
Net income (loss) per Form 5500, Schedule H, Part II, line D	<u>\$ 5,072,161</u>	<u>\$ (5,168,563)</u>

NOTE 10 - RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL FINANCIAL INFORMATION

BARGREEN-ELLINGSON, INC. 401(K) PLAN

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

December 31, 2009

EIN: 91-0715309

Plan: 002

(a) * Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	FA Lev Co Stock I	Mutual fund	**	\$ 265,801
*	FA Small Cap Cl T	Mutual fund	**	977,382
*	Fidelity Ret Govt MM	Money Market fund	**	375,161
*	FA Strat Income Cl I	Mutual fund	**	2,020,895
*	FA Stable Value	Common/Collective Trust	**	1,110,801
*	FA Infla Protct BD I	Mutual fund	**	537,808
*	FA Freedom 2010 T	Mutual fund	**	225,945
*	FA Freedom 2020 I	Mutual fund	**	463,259
*	FA Freedom 2030 I	Mutual fund	**	181,552
*	FA Freedom 2040 I	Mutual fund	**	100,892
*	FA Freedom Inc I	Mutual fund	**	114,013
*	FA New Insights I	Mutual fund	**	1,368,947
*	FA Freedom 2005 I	Mutual fund	**	14,392
*	FA Freedom 2015 I	Mutual fund	**	226,592
*	FA Freedom 2025 I	Mutual fund	**	142,616
*	FA Freedom 2035 I	Mutual fund	**	102,252
*	FA Mid CAP II I	Mutual fund	**	772,411
*	FA Intl Discovery I	Mutual fund	**	407,717
*	FA Freedom 2045 I	Mutual fund	**	70,259
*	FA Freedom 2050 I	Mutual fund	**	106,400
*	FA Intl Real Est I	Mutual fund	**	36,717
	Blkrk Intl Opp Inst	Mutual fund	**	518,871
	Blkrk Midcap Val Is	Mutual fund	**	703,505
	ABG LG Cap Val inv	Mutual fund	**	539,892
	All/Bern Intl Gr Adv	Mutual fund	**	1,702,086
	Blkrk Cap App Inst	Mutual fund	**	312,940
	Thornburg Value R5	Mutual fund	**	785,912
	1ST AM Real Estate Y	Mutual fund	**	137,027
	1ST Amer MD Cp Idx Y	Mutual fund	**	198,540
	Drey Basic S&P 500	Mutual fund	**	179,935
	JPM Emrg Mkts EQ Sel	Mutual fund	**	118,915
	VK Small Cap Value	Mutual fund	**	1,164,380
	WFA Tot Rtn Bd Adm	Mutual fund	**	1,798,479
	Mainsty ICap Seleq I	Mutual fund	**	644,535

* *Party in Interest*

** *Participant Directed*

BARGREEN-ELLINGSON, INC. 401(K) PLAN

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

December 31, 2009

EIN: 91-0715309
Plan: 002

(a) * Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Participant Loans	Loans to participants, Maturity dates ranging from April 2010 - January 2015; 6% interest rate	\$0	\$ <u>75,633</u>
	Total			\$ <u>18,502,462</u>

* *Party in Interest*

** *Participant Directed*

BARGREEN-ELLINGSON, INC. 401(K) PLAN

**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT
PARTICIPANT CONTRIBUTIONS**

December 31, 2009

EIN: 91-0715309
Plan: 002

<u>Participant Contributions Transferred Late to Plan</u>	<u>Total that Constitute Nonexempt Prohibited Transactions</u>	
	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside of VFCP</u>
\$ 93 *		\$ 93

** Participant Loan Repayment*

BARGREEN-ELLINGSON, INC.
401(K) PLAN

**Audited Financial Statements and
Supplemental Financial Information**

December 31, 2009 and 2008

BARGREEN-ELLINGSON, INC. 401(K) PLAN

**Audited Financial Statements and
Supplemental Financial Information**

December 31, 2009 and 2008

INDEPENDENT AUDITOR’S REPORT 1-2

AUDITED FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits3

Statement of Changes in Net Assets Available
for Benefits.....4

Notes to Financial Statements..... 5-11

SUPPLEMENTAL FINANCIAL INFORMATION

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)..... 12-13

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions.....14



Doty, Beardsley, Rosengren & Co., P.S.

Certified Public Accountants

Independent Auditor's Report

To the Administrative Committee of
Bargreen-Ellingson, Inc. 401(k) Plan
Fife, Washington

We were engaged to audit the accompanying statement of net assets available for benefits of Bargreen-Ellingson, Inc. 401(k) Plan (the Plan) as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended and the supplemental schedule of assets held at year end and schedule of delinquent participant contributions for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2008 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Fidelity Management Trust Company, the trustee of the Plan. Their report, dated October 9, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were 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.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the 2009 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and schedules that we did not audit, we were unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Doty, Beardsley, Rosengren & Co., P.S.
DOTY, BEARDSLEY, ROSENGREN & CO., P.S.

September 20, 2010

AUDITED FINANCIAL STATEMENTS

BARGREEN-ELLINGSON, INC. 401(K) PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<u>ASSETS</u>		
Investments, at fair value:		
Mutual funds	\$ 16,940,869	\$ 11,739,725
Common or collective trust	1,109,350	944,327
Money market fund	375,159	739,902
Participant loans	<u>75,633</u>	<u> </u>
Total Investments	18,501,011	13,423,954
Receivables:		
Participant contributions		3,042
Employer contributions	<u> </u>	<u>1,854</u>
Net Assets Available for Benefits, at Fair Value	18,501,011	13,428,850
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>1,451</u>	<u>25,897</u>
Net Assets Available for Benefits	<u>\$ 18,502,462</u>	<u>\$ 13,454,747</u>

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

BARGREEN-ELLINGSON, INC. 401(K) PLAN**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of mutual funds	\$ 3,575,528	
Net appreciation in fair value of common or collective trust	21,279	\$ 21,997
Interest, dividends, and capital gain distributions	<u>370,968</u>	<u>27,016</u>
Total Investment Income	3,967,775	49,013
Contributions:		
Participant	1,165,234	1,176,058
Employer	529,622	508,839
Rollovers from qualified plans	<u>39,365</u>	<u>503,564</u>
Total Contributions	<u>1,734,221</u>	<u>2,188,461</u>
Total Additions	5,701,996	2,237,474
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net depreciation in fair value of mutual funds		6,118,331
Benefits paid to participants	601,621	1,263,500
Administrative expenses	<u>52,660</u>	<u>514</u>
Total Deductions	<u>654,281</u>	<u>7,382,345</u>
Net Increase (Decrease)	5,047,715	(5,144,871)
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	<u>13,454,747</u>	<u>18,599,618</u>
Net Assets Available for Benefits at End of Year	\$ <u>18,502,462</u>	\$ <u>13,454,747</u>

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

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Bargreen-Ellingson, Inc. 401(K) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Bargreen-Ellingson, Inc. who have attained the age of 21, completed three months of service by the end of a twelve month period, and are not covered under a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's assets are invested with Fidelity Management Trust Company.

Contributions

Participants may contribute up to 100% of their eligible compensation through salary reductions. Participants direct their contributions to any or all of the investment choices available to them. The Company makes pretax safe harbor matching contributions to the Plan equal to 100% of the employee's salary deferral that do not exceed 3% of their compensation, plus 50% of the employee's salary deferral between 3% and 5% of their compensation. Participants must be 21 years of age and complete 1 year of service by the end of a twelve month period to be eligible for the match. Participants are 100% vested in the safe harbor match. The Plan may also elect to make an annual discretionary employer contribution to participants that have completed 1,000 hours of service and be employed on the last day of the year (unless the participant dies, becomes disabled, or retires during the year).

Participant Accounts

Each participant's account is credited with the participant's contribution, allocation of the Company's contribution and Plan earnings and losses. Allocations are based on participant compensation or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their 401(k) salary reduction contribution and the employer safe harbor matching contribution. Participants become vested in any employer discretionary matching contributions, nonelective contributions, and any earnings thereon based on their years of service, as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Normal Retirement

Normal retirement age is 60.

Payment of Benefits

On termination of service, a participant (or beneficiary) may elect to receive the value of his or her account either as a lump-sum cash distribution, a direct rollover distribution or a combination of the two. Distribution of account balances in excess of \$1,000 may be deferred, but not later than the date under law that minimum required distributions must commence.

Death or Disability

In the event of death of a participant before his or her retirement benefit commences, the participant becomes vested in any unvested balances, and 100% of the participant's account balance will be paid to the named beneficiary. If a participant becomes permanently disabled while a company employee, 100% of his her account will become vested and be distributed in the same manner as if the participant had retired.

Hardship Withdrawals

While still employed by the Company, participants are permitted to withdraw a single lump-sum up to their total vested account balance, under certain conditions. These conditions include unreimbursed medical expenses, the purchase of a participant's principal residence, the payment of post-secondary education tuition, funeral or burial expenses, or to prevent eviction or foreclosure from the participant's principal residence. A participant's right to make pretax deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

Rollovers From Other Qualified Plans

Participants who have an interest in any other qualified employee benefit plan (as described in Section 401(a) of the Internal Revenue Code) may transfer the lump-sum values of their accrued benefits directly into the Plan if such transfer meets the requirements of the Internal Revenue Code.

Participant Loans

Participants may borrow from their fund accounts the lesser of 50% of the Plan participant's vested balance as of the most recent valuation date or \$50,000. The minimum principal amount is \$1,000. Loan repayment terms, including interest rate, and the length of loan are determined at the time the loan is made. The loans are secured by the balance in the participant's account and bear interest at 6% at December 31, 2009. Principal and interest are paid ratably through payroll deductions.

Forfeitures

Forfeitures of matching contributions by nonvested terminated participants are retained by the Plan and are first used to reduce administrative expenses and then used to reduce future employer contributions.

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Income Tax

The Plan is exempt from income taxes under Internal Revenue Code Section 401(k).

Expenses

Administrative expenses not paid by the Plan are paid by the company. During the year ended December 31, 2009, the investments held by Fidelity Management Trust Company changed how the fees were charged, by directly charging the Plan participants. Prior to this change, the fee was included with the investment activity.

Use of Estimates

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

Valuation of assets

Investments are carried at fair market value as determined by fair value measurement (see Note 3). Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Gains and losses (realized and unrealized) are reported in net appreciation (depreciation) in fair value of common or collective trust and mutual funds.

Fully Benefit-Responsive Investment

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the contract at fair value, which approximates the contract value for this investment. The Statement of Changes in Net Assets Available for Benefits also is prepared on fair value with an adjustment to the contract value basis for fully benefit-responsive investment (see Note 3).

Evaluation of Subsequent Events

Subsequent events were evaluated through September 20, 2010, the date that the financial statements were available to be issued, which is the date of the audit report. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The Fair Value Measurements and Disclosures topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) established a fair value hierarchy for reporting that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable units other than quoted prices for identical assets; and Level 3 inputs have the lowest priority.

Level 1 Fair Value Measurements

The fair values of the mutual funds and money market funds are based on quoted net asset values of the shares held by the Plan at year-end. These funds are classified as Level 1 of the valuation hierarchy.

Level 2 Fair Value Measurements

The investment in common or collective trust consists of a single fund, the Fidelity Advisor Stable Value Fund. The fund is accounted for in accordance with the FASB ASC subtopic on Fully Benefit-Responsive Investment Contracts.

The fair value of the common or collective trust is based on redemption prices of the shares as determined by the trustee based on the current market values of the underlying assets. The contract value of the Fidelity Advisor Stable Value Fund represents contributions made plus interest accrued at contract value, less withdrawals. The average yield earned by the Plan for the fully benefit-responsive investment contract was 2.07% and 3.42% for the years ended December 31, 2009 and 2008, respectively. The average yield earned by the Plan for the fully-benefit responsive investment contract, with an adjustment to reflect the actual interest rate credited to the plan participants was 2.06% and 2.83% for the years ended December 31, 2009 and 2008, respectively. The minimum crediting rate under the contract is 0%.

Level 3 Fair Value Measurements

The participants loans are not actively traded and other observable inputs are not available. The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.

The fair value of investments as of December 31, 2009, by level within the fair value hierarchy, were as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Mutual funds	\$ 16,940,869			\$ 16,940,869
Common or collective trust		\$ 1,109,350		1,109,350
Money market fund	375,159			375,159
Participant loans			\$ 75,633	75,633
	<u>\$ 17,316,028</u>	<u>\$ 1,109,350</u>	<u>\$ 75,633</u>	<u>\$ 18,501,011</u>

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The fair value of investments as of December 31, 2008, by level within the fair value hierarchy, were as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Fair Value</u>
Mutual funds	\$ 11,739,725		\$ 11,739,725
Common or collective trust		\$ 944,327	944,327
Money market fund	<u>739,902</u>	<u> </u>	<u>739,902</u>
	\$ <u>12,479,627</u>	\$ <u>944,327</u>	\$ <u>13,423,954</u>

Level 3 Gains and Losses

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

	<u>Level 3</u> <u>Participant Loans</u>
Balance, beginning of year	\$ 0
Purchases, sales, issuances, and settlements (net)	<u>75,633</u>
Balance, end of year	\$ <u>75,633</u>

NOTE 4 - INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA, the Plan administrator instructed the auditors not to perform any auditing procedures with respect to information which was certified as complete and accurate by the Fidelity Management Trust Company.

The information included in the financial statements and supplemental schedule which was provided and certified by the trustee as complete and accurate includes: (1) investments, at fair value, (2) adjustment of fully benefit-responsive contract from fair value to contract value, (3) net appreciation (depreciation) in fair value of common or collective trust and mutual funds, (4) interest, money market fund, and (5) schedule of assets held at end of year.

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

The Plan investments in shares of investments managed by an affiliate of the trustee, Fidelity Investments. Transactions in such investments qualify as exempt party-in-interest transactions. The following is a summary of the fair market values of investments managed by a related party as of December 31:

	<u>2009</u>	<u>2008</u>
Mutual funds	\$ 9,962,810	\$ 6,369,472
Common or collective trust	1,109,350	944,327
Money market fund	375,159	739,902

NOTE 6 - INVESTMENTS

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

	<u>2009</u>	<u>2008</u>
FA Strat Income	\$ 2,020,895	\$ 1,414,822
WFA Tot Rtn Bd Adm	1,798,479	*
ALL/Bern Intl Gr Adv	1,702,086	1,246,477
FA New Insights I	1,368,947	986,894
VK Small Cap Value	1,164,380	772,296
FA Stable Value (at contract value)	1,110,801	970,224
FA Small Cap Cl T	977,382	*
FA Total Bond	*	1,114,973
Fidelity Prime Bond	*	739,902

* Less than 5% of net assets

NOTE 7 - INCOME TAX STATUS

The Company adopted a Fidelity Prototype 401(k) Plan document in September 2003. The prototype plan obtained its latest opinion letter in October 2003 in which the Internal Revenue Service stated that the plan was in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 8 - PLAN TERMINATION

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

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 18,502,462	\$ 13,454,747
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>(1,451)</u>	<u>(25,897)</u>
Net assets available for benefit per Form 5500, Schedule H, part 1, line F	<u>\$ 18,501,011</u>	<u>\$ 13,428,850</u>

The following is a reconciliation of net increase in net assets per the financial statements to the Form 5500 for the years ended December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Net increase (decrease) in net assets per the financial statements	\$ 5,047,715	\$ (5,144,871)
Change in adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>24,446</u>	<u>(23,692)</u>
Net income (loss) per Form 5500, Schedule H, Part II, line D	<u>\$ 5,072,161</u>	<u>\$ (5,168,563)</u>

NOTE 10 - RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL FINANCIAL INFORMATION

BARGREEN-ELLINGSON, INC. 401(K) PLAN

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

December 31, 2009

EIN: 91-0715309

Plan: 002

(a) * Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	FA Lev Co Stock I	Mutual fund	**	\$ 265,801
*	FA Small Cap Cl T	Mutual fund	**	977,382
*	Fidelity Ret Govt MM	Money Market fund	**	375,161
*	FA Strat Income Cl I	Mutual fund	**	2,020,895
*	FA Stable Value	Common/Collective Trust	**	1,110,801
*	FA Infla Protct BD I	Mutual fund	**	537,808
*	FA Freedom 2010 T	Mutual fund	**	225,945
*	FA Freedom 2020 I	Mutual fund	**	463,259
*	FA Freedom 2030 I	Mutual fund	**	181,552
*	FA Freedom 2040 I	Mutual fund	**	100,892
*	FA Freedom Inc I	Mutual fund	**	114,013
*	FA New Insights I	Mutual fund	**	1,368,947
*	FA Freedom 2005 I	Mutual fund	**	14,392
*	FA Freedom 2015 I	Mutual fund	**	226,592
*	FA Freedom 2025 I	Mutual fund	**	142,616
*	FA Freedom 2035 I	Mutual fund	**	102,252
*	FA Mid CAP II I	Mutual fund	**	772,411
*	FA Intl Discovery I	Mutual fund	**	407,717
*	FA Freedom 2045 I	Mutual fund	**	70,259
*	FA Freedom 2050 I	Mutual fund	**	106,400
*	FA Intl Real Est I	Mutual fund	**	36,717
	Blkrk Intl Opp Inst	Mutual fund	**	518,871
	Blkrk Midcap Val Is	Mutual fund	**	703,505
	ABG LG Cap Val inv	Mutual fund	**	539,892
	All/Bern Intl Gr Adv	Mutual fund	**	1,702,086
	Blkrk Cap App Inst	Mutual fund	**	312,940
	Thornburg Value R5	Mutual fund	**	785,912
	1ST AM Real Estate Y	Mutual fund	**	137,027
	1ST Amer MD Cp Idx Y	Mutual fund	**	198,540
	Drey Basic S&P 500	Mutual fund	**	179,935
	JPM Emrg Mkts EQ Sel	Mutual fund	**	118,915
	VK Small Cap Value	Mutual fund	**	1,164,380
	WFA Tot Rtn Bd Adm	Mutual fund	**	1,798,479
	Mainsty ICap Seleg I	Mutual fund	**	644,535

* *Party in Interest*

** *Participant Directed*

BARGREEN-ELLINGSON, INC. 401(K) PLAN

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

December 31, 2009

EIN: 91-0715309
Plan: 002

(a) * Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Participant Loans	Loans to participants, Maturity dates ranging from April 2010 - January 2015; 6% interest rate	\$0	\$ <u>75,633</u>
	Total			\$ <u>18,502,462</u>

* *Party in Interest*

** *Participant Directed*

BARGREEN-ELLINGSON, INC. 401(K) PLAN

**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT
PARTICIPANT CONTRIBUTIONS**

December 31, 2009

EIN: 91-0715309
Plan: 002

<u>Participant Contributions Transferred Late to Plan</u>	<u>Total that Constitute Nonexempt Prohibited Transactions</u>	
	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside of VFCP</u>
\$ 93 *		\$ 93

** Participant Loan Repayment*

BARGREEN-ELLINGSON, INC.
401(K) PLAN

**Audited Financial Statements and
Supplemental Financial Information**

December 31, 2009 and 2008

BARGREEN-ELLINGSON, INC. 401(K) PLAN

**Audited Financial Statements and
Supplemental Financial Information**

December 31, 2009 and 2008

INDEPENDENT AUDITOR’S REPORT 1-2

AUDITED FINANCIAL STATEMENTS

Statements of Net Assets Available for Benefits3

Statement of Changes in Net Assets Available
for Benefits.....4

Notes to Financial Statements..... 5-11

SUPPLEMENTAL FINANCIAL INFORMATION

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)..... 12-13

Schedule H, Line 4a - Schedule of Delinquent Participant Contributions.....14



Doty, Beardsley, Rosengren & Co., P.S.

Certified Public Accountants

Independent Auditor's Report

To the Administrative Committee of
Bargreen-Ellingson, Inc. 401(k) Plan
Fife, Washington

We were engaged to audit the accompanying statement of net assets available for benefits of Bargreen-Ellingson, Inc. 401(k) Plan (the Plan) as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended and the supplemental schedule of assets held at year end and schedule of delinquent participant contributions for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2008 were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by Fidelity Management Trust Company, the trustee of the Plan. Their report, dated October 9, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the Trustee, were 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.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the 2009 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2009 financial statements and schedules that we did not audit, we were unable to, and do not, express an opinion on the accompanying 2009 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Doty, Beardsley, Rosengren & Co., P.S.
DOTY, BEARDSLEY, ROSENGREN & CO., P.S.

September 20, 2010

AUDITED FINANCIAL STATEMENTS

BARGREEN-ELLINGSON, INC. 401(K) PLAN**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
<u>ASSETS</u>		
Investments, at fair value:		
Mutual funds	\$ 16,940,869	\$ 11,739,725
Common or collective trust	1,109,350	944,327
Money market fund	375,159	739,902
Participant loans	<u>75,633</u>	<u> </u>
Total Investments	18,501,011	13,423,954
Receivables:		
Participant contributions		3,042
Employer contributions	<u> </u>	<u>1,854</u>
Net Assets Available for Benefits, at Fair Value	18,501,011	13,428,850
Adjustment from fair value to contract value for fully benefit-responsive investment contract	<u>1,451</u>	<u>25,897</u>
Net Assets Available for Benefits	<u>\$ 18,502,462</u>	<u>\$ 13,454,747</u>

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

BARGREEN-ELLINGSON, INC. 401(K) PLAN**STATEMENT OF CHANGES IN NET ASSETS
AVAILABLE FOR BENEFITS**

Years Ended December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Investment income:		
Net appreciation in fair value of mutual funds	\$ 3,575,528	
Net appreciation in fair value of common or collective trust	21,279	\$ 21,997
Interest, dividends, and capital gain distributions	<u>370,968</u>	<u>27,016</u>
Total Investment Income	3,967,775	49,013
Contributions:		
Participant	1,165,234	1,176,058
Employer	529,622	508,839
Rollovers from qualified plans	<u>39,365</u>	<u>503,564</u>
Total Contributions	<u>1,734,221</u>	<u>2,188,461</u>
Total Additions	5,701,996	2,237,474
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Net depreciation in fair value of mutual funds		6,118,331
Benefits paid to participants	601,621	1,263,500
Administrative expenses	<u>52,660</u>	<u>514</u>
Total Deductions	<u>654,281</u>	<u>7,382,345</u>
Net Increase (Decrease)	5,047,715	(5,144,871)
NET ASSETS AVAILABLE FOR BENEFITS AT BEGINNING OF YEAR	<u>13,454,747</u>	<u>18,599,618</u>
Net Assets Available for Benefits at End of Year	\$ <u>18,502,462</u>	\$ <u>13,454,747</u>

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

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Bargreen-Ellingson, Inc. 401(K) Plan (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of Bargreen-Ellingson, Inc. who have attained the age of 21, completed three months of service by the end of a twelve month period, and are not covered under a collective bargaining agreement. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan's assets are invested with Fidelity Management Trust Company.

Contributions

Participants may contribute up to 100% of their eligible compensation through salary reductions. Participants direct their contributions to any or all of the investment choices available to them. The Company makes pretax safe harbor matching contributions to the Plan equal to 100% of the employee's salary deferral that do not exceed 3% of their compensation, plus 50% of the employee's salary deferral between 3% and 5% of their compensation. Participants must be 21 years of age and complete 1 year of service by the end of a twelve month period to be eligible for the match. Participants are 100% vested in the safe harbor match. The Plan may also elect to make an annual discretionary employer contribution to participants that have completed 1,000 hours of service and be employed on the last day of the year (unless the participant dies, becomes disabled, or retires during the year).

Participant Accounts

Each participant's account is credited with the participant's contribution, allocation of the Company's contribution and Plan earnings and losses. Allocations are based on participant compensation or account balances, as defined in the Plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their 401(k) salary reduction contribution and the employer safe harbor matching contribution. Participants become vested in any employer discretionary matching contributions, nonelective contributions, and any earnings thereon based on their years of service, as follows:

<u>Years of Service</u>	<u>Vesting Percentage</u>
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Normal Retirement

Normal retirement age is 60.

Payment of Benefits

On termination of service, a participant (or beneficiary) may elect to receive the value of his or her account either as a lump-sum cash distribution, a direct rollover distribution or a combination of the two. Distribution of account balances in excess of \$1,000 may be deferred, but not later than the date under law that minimum required distributions must commence.

Death or Disability

In the event of death of a participant before his or her retirement benefit commences, the participant becomes vested in any unvested balances, and 100% of the participant's account balance will be paid to the named beneficiary. If a participant becomes permanently disabled while a company employee, 100% of his her account will become vested and be distributed in the same manner as if the participant had retired.

Hardship Withdrawals

While still employed by the Company, participants are permitted to withdraw a single lump-sum up to their total vested account balance, under certain conditions. These conditions include unreimbursed medical expenses, the purchase of a participant's principal residence, the payment of post-secondary education tuition, funeral or burial expenses, or to prevent eviction or foreclosure from the participant's principal residence. A participant's right to make pretax deferrals to the Plan will be suspended for six months after the receipt of a hardship withdrawal.

Rollovers From Other Qualified Plans

Participants who have an interest in any other qualified employee benefit plan (as described in Section 401(a) of the Internal Revenue Code) may transfer the lump-sum values of their accrued benefits directly into the Plan if such transfer meets the requirements of the Internal Revenue Code.

Participant Loans

Participants may borrow from their fund accounts the lesser of 50% of the Plan participant's vested balance as of the most recent valuation date or \$50,000. The minimum principal amount is \$1,000. Loan repayment terms, including interest rate, and the length of loan are determined at the time the loan is made. The loans are secured by the balance in the participant's account and bear interest at 6% at December 31, 2009. Principal and interest are paid ratably through payroll deductions.

Forfeitures

Forfeitures of matching contributions by nonvested terminated participants are retained by the Plan and are first used to reduce administrative expenses and then used to reduce future employer contributions.

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 2 - SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Income Tax

The Plan is exempt from income taxes under Internal Revenue Code Section 401(k).

Expenses

Administrative expenses not paid by the Plan are paid by the company. During the year ended December 31, 2009, the investments held by Fidelity Management Trust Company changed how the fees were charged, by directly charging the Plan participants. Prior to this change, the fee was included with the investment activity.

Use of Estimates

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

Valuation of assets

Investments are carried at fair market value as determined by fair value measurement (see Note 3). Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Gains and losses (realized and unrealized) are reported in net appreciation (depreciation) in fair value of common or collective trust and mutual funds.

Fully Benefit-Responsive Investment

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statement of Net Assets Available for Benefits presents the contract at fair value, which approximates the contract value for this investment. The Statement of Changes in Net Assets Available for Benefits also is prepared on fair value with an adjustment to the contract value basis for fully benefit-responsive investment (see Note 3).

Evaluation of Subsequent Events

Subsequent events were evaluated through September 20, 2010, the date that the financial statements were available to be issued, which is the date of the audit report. There were no material subsequent events that required recognition or additional disclosure in these financial statements.

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of net assets available for benefits. The Fair Value Measurements and Disclosures topic of the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) established a fair value hierarchy for reporting that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority; Level 2 inputs consist of observable units other than quoted prices for identical assets; and Level 3 inputs have the lowest priority.

Level 1 Fair Value Measurements

The fair values of the mutual funds and money market funds are based on quoted net asset values of the shares held by the Plan at year-end. These funds are classified as Level 1 of the valuation hierarchy.

Level 2 Fair Value Measurements

The investment in common or collective trust consists of a single fund, the Fidelity Advisor Stable Value Fund. The fund is accounted for in accordance with the FASB ASC subtopic on Fully Benefit-Responsive Investment Contracts.

The fair value of the common or collective trust is based on redemption prices of the shares as determined by the trustee based on the current market values of the underlying assets. The contract value of the Fidelity Advisor Stable Value Fund represents contributions made plus interest accrued at contract value, less withdrawals. The average yield earned by the Plan for the fully benefit-responsive investment contract was 2.07% and 3.42% for the years ended December 31, 2009 and 2008, respectively. The average yield earned by the Plan for the fully-benefit responsive investment contract, with an adjustment to reflect the actual interest rate credited to the plan participants was 2.06% and 2.83% for the years ended December 31, 2009 and 2008, respectively. The minimum crediting rate under the contract is 0%.

Level 3 Fair Value Measurements

The participants loans are not actively traded and other observable inputs are not available. The fair value of participant loans is equal to the amortized cost of the loans because the loans are secured by each respective participant's account balance.

The fair value of investments as of December 31, 2009, by level within the fair value hierarchy, were as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Fair Value</u>
Mutual funds	\$ 16,940,869			\$ 16,940,869
Common or collective trust		\$ 1,109,350		1,109,350
Money market fund	375,159			375,159
Participant loans			\$ 75,633	75,633
	<u>\$ 17,316,028</u>	<u>\$ 1,109,350</u>	<u>\$ 75,633</u>	<u>\$ 18,501,011</u>

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 3 - FAIR VALUE MEASUREMENTS (Continued)

The fair value of investments as of December 31, 2008, by level within the fair value hierarchy, were as follows:

	<u>Level 1</u>	<u>Level 2</u>	<u>Fair Value</u>
Mutual funds	\$ 11,739,725		\$ 11,739,725
Common or collective trust		\$ 944,327	944,327
Money market fund	<u>739,902</u>	<u> </u>	<u>739,902</u>
	\$ <u>12,479,627</u>	\$ <u>944,327</u>	\$ <u>13,423,954</u>

Level 3 Gains and Losses

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

	<u>Level 3</u> <u>Participant Loans</u>
Balance, beginning of year	\$ 0
Purchases, sales, issuances, and settlements (net)	<u>75,633</u>
Balance, end of year	\$ <u>75,633</u>

NOTE 4 - INFORMATION PREPARED AND CERTIFIED BY THE TRUSTEE

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA, the Plan administrator instructed the auditors not to perform any auditing procedures with respect to information which was certified as complete and accurate by the Fidelity Management Trust Company.

The information included in the financial statements and supplemental schedule which was provided and certified by the trustee as complete and accurate includes: (1) investments, at fair value, (2) adjustment of fully benefit-responsive contract from fair value to contract value, (3) net appreciation (depreciation) in fair value of common or collective trust and mutual funds, (4) interest, money market fund, and (5) schedule of assets held at end of year.

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 5 - PARTY-IN-INTEREST TRANSACTIONS

The Plan investments in shares of investments managed by an affiliate of the trustee, Fidelity Investments. Transactions in such investments qualify as exempt party-in-interest transactions. The following is a summary of the fair market values of investments managed by a related party as of December 31:

	<u>2009</u>	<u>2008</u>
Mutual funds	\$ 9,962,810	\$ 6,369,472
Common or collective trust	1,109,350	944,327
Money market fund	375,159	739,902

NOTE 6 - INVESTMENTS

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

	<u>2009</u>	<u>2008</u>
FA Strat Income	\$ 2,020,895	\$ 1,414,822
WFA Tot Rtn Bd Adm	1,798,479	*
ALL/Bern Intl Gr Adv	1,702,086	1,246,477
FA New Insights I	1,368,947	986,894
VK Small Cap Value	1,164,380	772,296
FA Stable Value (at contract value)	1,110,801	970,224
FA Small Cap Cl T	977,382	*
FA Total Bond	*	1,114,973
Fidelity Prime Bond	*	739,902

* Less than 5% of net assets

NOTE 7 - INCOME TAX STATUS

The Company adopted a Fidelity Prototype 401(k) Plan document in September 2003. The prototype plan obtained its latest opinion letter in October 2003 in which the Internal Revenue Service stated that the plan was in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

BARGREEN-ELLINGSON, INC. 401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE 8 - PLAN TERMINATION

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

NOTE 9 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Net assets available for benefits per the financial statements	\$ 18,502,462	\$ 13,454,747
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>(1,451)</u>	<u>(25,897)</u>
Net assets available for benefit per Form 5500, Schedule H, part 1, line F	<u>\$ 18,501,011</u>	<u>\$ 13,428,850</u>

The following is a reconciliation of net increase in net assets per the financial statements to the Form 5500 for the years ended December 31, 2009 and 2008:

	<u>2009</u>	<u>2008</u>
Net increase (decrease) in net assets per the financial statements	\$ 5,047,715	\$ (5,144,871)
Change in adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>24,446</u>	<u>(23,692)</u>
Net income (loss) per Form 5500, Schedule H, Part II, line D	<u>\$ 5,072,161</u>	<u>\$ (5,168,563)</u>

NOTE 10 - RISKS AND UNCERTAINTIES

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

SUPPLEMENTAL FINANCIAL INFORMATION

BARGREEN-ELLINGSON, INC. 401(K) PLAN

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

December 31, 2009

EIN: 91-0715309

Plan: 002

(a) * Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	FA Lev Co Stock I	Mutual fund	**	\$ 265,801
*	FA Small Cap Cl T	Mutual fund	**	977,382
*	Fidelity Ret Govt MM	Money Market fund	**	375,161
*	FA Strat Income Cl I	Mutual fund	**	2,020,895
*	FA Stable Value	Common/Collective Trust	**	1,110,801
*	FA Infla Protct BD I	Mutual fund	**	537,808
*	FA Freedom 2010 T	Mutual fund	**	225,945
*	FA Freedom 2020 I	Mutual fund	**	463,259
*	FA Freedom 2030 I	Mutual fund	**	181,552
*	FA Freedom 2040 I	Mutual fund	**	100,892
*	FA Freedom Inc I	Mutual fund	**	114,013
*	FA New Insights I	Mutual fund	**	1,368,947
*	FA Freedom 2005 I	Mutual fund	**	14,392
*	FA Freedom 2015 I	Mutual fund	**	226,592
*	FA Freedom 2025 I	Mutual fund	**	142,616
*	FA Freedom 2035 I	Mutual fund	**	102,252
*	FA Mid CAP II I	Mutual fund	**	772,411
*	FA Intl Discovery I	Mutual fund	**	407,717
*	FA Freedom 2045 I	Mutual fund	**	70,259
*	FA Freedom 2050 I	Mutual fund	**	106,400
*	FA Intl Real Est I	Mutual fund	**	36,717
	Blkrk Intl Opp Inst	Mutual fund	**	518,871
	Blkrk Midcap Val Is	Mutual fund	**	703,505
	ABG LG Cap Val inv	Mutual fund	**	539,892
	All/Bern Intl Gr Adv	Mutual fund	**	1,702,086
	Blkrk Cap App Inst	Mutual fund	**	312,940
	Thornburg Value R5	Mutual fund	**	785,912
	1ST AM Real Estate Y	Mutual fund	**	137,027
	1ST Amer MD Cp Idx Y	Mutual fund	**	198,540
	Drey Basic S&P 500	Mutual fund	**	179,935
	JPM Emrg Mkts EQ Sel	Mutual fund	**	118,915
	VK Small Cap Value	Mutual fund	**	1,164,380
	WFA Tot Rtn Bd Adm	Mutual fund	**	1,798,479
	Mainsty ICap Seleg I	Mutual fund	**	644,535

* *Party in Interest*

** *Participant Directed*

BARGREEN-ELLINGSON, INC. 401(K) PLAN

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

December 31, 2009

EIN: 91-0715309
Plan: 002

(a) * Party in Interest	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	Participant Loans	Loans to participants, Maturity dates ranging from April 2010 - January 2015; 6% interest rate	\$0	\$ <u>75,633</u>
	Total			\$ <u>18,502,462</u>

* *Party in Interest*

** *Participant Directed*

BARGREEN-ELLINGSON, INC. 401(K) PLAN

**SCHEDULE H, LINE 4a - SCHEDULE OF DELINQUENT
PARTICIPANT CONTRIBUTIONS**

December 31, 2009

EIN: 91-0715309
Plan: 002

<u>Participant Contributions Transferred Late to Plan</u>	<u>Total that Constitute Nonexempt Prohibited Transactions</u>	
	<u>Contributions Not Corrected</u>	<u>Contributions Corrected Outside of VFCP</u>
\$ 93 *		\$ 93

** Participant Loan Repayment*