

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

|                                                                                                                                   |                                                                                                                      |  |                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                    | <b>Basic Plan Information</b> —enter all requested information                                                       |  |                                                                     |
| <b>1a</b> Name of plan                                                                                                            | <u>DADE MOELLER &amp; ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</u>                                                |  | <b>1b</b> Three-digit plan number (PN) ▶ <u>002</u>                 |
|                                                                                                                                   |                                                                                                                      |  | <b>1c</b> Effective date of plan <u>01/01/2001</u>                  |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.) | <u>DADE MOELLER &amp; ASSOCIATES, INC.</u><br><br><u>1835 TERMINAL DRIVE, SUITE 200</u><br><u>RICHLAND, WA 99354</u> |  | <b>2b</b> Employer Identification Number (EIN)<br><u>56-1858650</u> |
|                                                                                                                                   |                                                                                                                      |  | <b>2c</b> Sponsor's telephone number<br><u>509-946-0410</u>         |
|                                                                                                                                   |                                                                                                                      |  | <b>2d</b> Business code (see instructions)<br><u>541600</u>         |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2010 | ELLEN BOWMAN                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2010 | ELLEN BOWMAN                                                 |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2009)  
v.092307.1

|                                                                                                                                                                                        |                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>DADE MOELLER & ASSOCIATES, INC.<br><br>1835 TERMINAL DRIVE, SUITE 200<br>RICHLAND, WA 99354 | <b>3b</b> Administrator's EIN<br>56-1858650<br><br><b>3c</b> Administrator's telephone number<br>509-946-0410 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                | <b>5</b>  | 149 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 148 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 32  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 180 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 180 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 176 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 6   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                   | <b>7</b>  |     |

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

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

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

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

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input checked="" type="checkbox"/> <u>1</u> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                  |                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <div><div><b>SCHEDULE A</b></div><div><b>(Form 5500)</b></div><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div> | <div><b>Insurance Information</b></div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ <b>File as an attachment to Form 5500.</b></div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div> | <div>OMB No. 1210-0110</div> <div><b>2009</b></div> <div><b>This Form is Open to Public Inspection</b></div> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|

|                                                                                                   |                                                             |     |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009        |                                                             |     |
| <b>A</b> Name of plan<br>DADE MOELLER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN               | <b>B</b> Three-digit plan number (PN) ▶                     | 002 |
|                                                                                                   |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500.<br>DADE MOELLER & ASSOCIATES, INC. | <b>D</b> Employer Identification Number (EIN)<br>56-1858650 |     |

|               |                                                                                                                                                                                                                                                     |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b> | <b>Information Concerning Insurance Contract Coverage, Fees, and Commissions</b> Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A. |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                         |
|-------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>NEW YORK LIFE INSURANCE COMPANY |
|-------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 13-5582869 | 66915         | 31501                                 | 176                                                                         | 01/01/2009              | 12/31/2009 |

|                                                                                                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2</b> Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid. |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
| 0                                           | 0                                    |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

|                                                                                                         |
|---------------------------------------------------------------------------------------------------------|
| <b>(a)</b> Name and address of the agent, broker, or other person to whom commissions or fees were paid |
|---------------------------------------------------------------------------------------------------------|

| (b) Amount of sales and base commissions paid | Fees and other commissions paid |             | (e) Organization code |
|-----------------------------------------------|---------------------------------|-------------|-----------------------|
|                                               | (c) Amount                      | (d) Purpose |                       |
|                                               |                                 |             |                       |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

---

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

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**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b> Organization code |
|------------------------------------------------------|---------------------------------|--------------------|------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                              |
|                                                      |                                 |                    |                              |

**Part II Investment and Annuity Contract Information**

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

|                                                                                                        |          |         |
|--------------------------------------------------------------------------------------------------------|----------|---------|
| <b>4</b> Current value of plan's interest under this contract in the general account at year end ..... | <b>4</b> |         |
| <b>5</b> Current value of plan's interest under this contract in separate accounts at year end .....   | <b>5</b> | 1617708 |

**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶

|                                                                                                                                                                                                                |           |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| <b>b</b> Premiums paid to carrier .....                                                                                                                                                                        | <b>6b</b> |  |
| <b>c</b> Premiums due but unpaid at the end of the year .....                                                                                                                                                  | <b>6c</b> |  |
| <b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. ....<br>Specify nature of costs ▶ | <b>6d</b> |  |

**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☐ guaranteed investment (4) ☐ other ▶

|                                                                                             |              |  |
|---------------------------------------------------------------------------------------------|--------------|--|
| <b>b</b> Balance at the end of the previous year .....                                      | <b>7b</b>    |  |
| <b>c</b> Additions: (1) Contributions deposited during the year .....                       | <b>7c(1)</b> |  |
| (2) Dividends and credits .....                                                             | <b>7c(2)</b> |  |
| (3) Interest credited during the year .....                                                 | <b>7c(3)</b> |  |
| (4) Transferred from separate account .....                                                 | <b>7c(4)</b> |  |
| (5) Other (specify below) .....                                                             | <b>7c(5)</b> |  |
| ▶                                                                                           |              |  |
| (6) Total additions .....                                                                   | <b>7c(6)</b> |  |
| <b>d</b> Total of balance and additions (add <b>b</b> and <b>c(6)</b> ). ....               | <b>7d</b>    |  |
| <b>e</b> Deductions:                                                                        |              |  |
| (1) Disbursed from fund to pay benefits or purchase annuities during year .....             | <b>7e(1)</b> |  |
| (2) Administration charge made by carrier .....                                             | <b>7e(2)</b> |  |
| (3) Transferred to separate account .....                                                   | <b>7e(3)</b> |  |
| (4) Other (specify below) .....                                                             | <b>7e(4)</b> |  |
| ▶                                                                                           |              |  |
| (5) Total deductions .....                                                                  | <b>7e(5)</b> |  |
| <b>f</b> Balance at the end of the current year (subtract <b>e(5)</b> from <b>d</b> ) ..... | <b>7f</b>    |  |

**Part III Welfare Benefit Contract Information**

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)     
 **b** ☐ Dental     
 **c** ☐ Vision     
 **d** ☐ Life insurance  
**e** ☐ Temporary disability (accident and sickness)     
 **f** ☐ Long-term disability     
 **g** ☐ Supplemental unemployment     
 **h** ☐ Prescription drug  
**i** ☐ Stop loss (large deductible)     
 **j** ☐ HMO contract     
 **k** ☐ PPO contract     
 **l** ☐ Indemnity contract  
**m** ☐ Other (specify) ▶

**9** Experience-rated contracts:

|                                                                                                                                                   |                 |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|--|
| <b>a</b> Premiums: (1) Amount received.....                                                                                                       | <b>9a(1)</b>    |                 |  |
| (2) Increase (decrease) in amount due but unpaid.....                                                                                             | <b>9a(2)</b>    |                 |  |
| (3) Increase (decrease) in unearned premium reserve.....                                                                                          | <b>9a(3)</b>    |                 |  |
| (4) Earned ((1) + (2) - (3)).....                                                                                                                 |                 | <b>9a(4)</b>    |  |
| <b>b</b> Benefit charges (1) Claims paid.....                                                                                                     | <b>9b(1)</b>    |                 |  |
| (2) Increase (decrease) in claim reserves.....                                                                                                    | <b>9b(2)</b>    |                 |  |
| (3) Incurred claims (add (1) and (2)).....                                                                                                        |                 | <b>9b(3)</b>    |  |
| (4) Claims charged.....                                                                                                                           |                 | <b>9b(4)</b>    |  |
| <b>c</b> Remainder of premium: (1) Retention charges (on an accrual basis) --                                                                     |                 |                 |  |
| (A) Commissions.....                                                                                                                              | <b>9c(1)(A)</b> |                 |  |
| (B) Administrative service or other fees.....                                                                                                     | <b>9c(1)(B)</b> |                 |  |
| (C) Other specific acquisition costs.....                                                                                                         | <b>9c(1)(C)</b> |                 |  |
| (D) Other expenses.....                                                                                                                           | <b>9c(1)(D)</b> |                 |  |
| (E) Taxes.....                                                                                                                                    | <b>9c(1)(E)</b> |                 |  |
| (F) Charges for risks or other contingencies.....                                                                                                 | <b>9c(1)(F)</b> |                 |  |
| (G) Other retention charges.....                                                                                                                  | <b>9c(1)(G)</b> |                 |  |
| (H) Total retention.....                                                                                                                          |                 | <b>9c(1)(H)</b> |  |
| (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.)..... |                 | <b>9c(2)</b>    |  |
| <b>d</b> Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....                                |                 | <b>9d(1)</b>    |  |
| (2) Claim reserves.....                                                                                                                           |                 | <b>9d(2)</b>    |  |
| (3) Other reserves.....                                                                                                                           |                 | <b>9d(3)</b>    |  |
| <b>e</b> Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....                                                 |                 | <b>9e</b>       |  |

**10** Nonexperience-rated contracts:

|                                                                                                                                                                                                                                 |            |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Total premiums or subscription charges paid to carrier.....                                                                                                                                                            | <b>10a</b> |  |
| <b>b</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount. .... | <b>10b</b> |  |

Specify nature of costs ▶

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? ..... ☐ Yes ☐ No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2009</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>DADE MOELLER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                       | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 002                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>DADE MOELLER & ASSOCIATES, INC.                                                                                                                          | <b>D</b> Employer Identification Number (EIN)<br>56-1858650                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| NEW YORK LIFE INVESTMENT MANAGEMENT                                                                               |
| 52-2206685                                                                                                        |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

NEW YORK LIFE INSURANCE COMPANY

1009 NORTH CENTER PARKWAY SUITE 200  
KENNEWICK, WA 99336

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27                     | RETAINED BY EMPLOYER                                                                              | 0                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NEW YORK LIFE INSURANCE COMPANY                         | 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. |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NYLIFE DISTRIBUTORS LLC<br>169 LACKAWANNA AVENUE<br>PARSIPPANY, NJ 07054<br><br>56-2412827 | 25 BASIS POINTS FINDERS FEE                                                                                                                                        |

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes<br>(see instructions) | (c) Enter amount of indirect compensation |
|---------------------------------------------------------|-----------------------------------------|-------------------------------------------|
| NEW YORK LIFE INSURANCE COMPANY                         | 55                                      | 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. |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NYLIFE DISTRIBUTORS LLC<br>169 LACKAWANNA AVENUE<br>PARSIPPANY, NJ 07054<br><br>56-2412827 | 25 BASIS POINTS TRAILING COMMISSION                                                                                                                                |

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

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

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

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

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

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)**a** Name: BLODGETT, MICKELSEN & NAFE, P.S.**c** Position: AUDITOR**d** Address: 8203 W. QUINAULT AVE.  
KENNEWICK, WA 99336**b** EIN: 91-1321048**e** Telephone: 509-735-0379Explanation: CORPORATE DECISION TO CHANGE.**a** Name:**c** Position:**d** Address:**b** EIN:**e** Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                              |  |                                                                                                                                                                                                                                   |  |                                                                                                      |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------|--|
| <div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> |  | <div>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<br>DADE MOELLER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN                                                                                                                 |  |                                                                                                                                                                                                                                   |  | B Three-digit plan number (PN) ▶ 002                                                                 |  |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>DADE MOELLER & ASSOCIATES, INC.                                                                                             |  |                                                                                                                                                                                                                                   |  | D Employer Identification Number (EIN)<br>56-1858650                                                 |  |
| Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs)             |  |                                                                                                                                                                                                                                   |  |                                                                                                      |  |
| a Name of MTIA, CCT, PSA, or 103-12 IE: NEW YORK LIFE ANCHOR ACCOUNT                                                                                                                         |  |                                                                                                                                                                                                                                   |  |                                                                                                      |  |
| b Name of sponsor of entity listed in (a): NEW YORK LIFE INSURANCE COMPANY                                                                                                                   |  |                                                                                                                                                                                                                                   |  |                                                                                                      |  |
| c EIN-PN 13-5582869-125                                                                                                                                                                      |  | d Entity code P                                                                                                                                                                                                                   |  | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1617708 |  |
| 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                                                                                                    |  |

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

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

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

**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN**a** Plan name**b** Name of  
plan sponsor**c** EIN-PN

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

|                                                                                                             |                                                                        |            |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <b>01/01/2009</b> and ending <b>12/31/2009</b>    |                                                                        |            |
| <b>A</b> Name of plan<br><b>DADE MOELLER &amp; ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</b>              | <b>B</b> Three-digit plan number (PN)                                  | <b>002</b> |
|                                                                                                             |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DADE MOELLER &amp; ASSOCIATES, INC.</b> | <b>D</b> Employer Identification Number (EIN)<br><br><b>56-1858650</b> |            |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | 660670                | 449028          |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       | 33220           |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | 121441                | 0               |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | 969347                | 1617708         |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 4975996               | 7876118         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 6727454               | 9976074         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 6727454 | 9976074 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 818186     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 967262     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 53948      |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 1839396   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 25         |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 25        |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 130177     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 130177    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 37222     |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 1664591   |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 3671411   |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 415441 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 415441 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        | 7350   |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |        |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |        |        |
| (4) Other .....                                                                            | <b>2i(4)</b> |        |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 0      |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 422791 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 3248620 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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: BDO USA, LLP

(2) EIN: 13-5381590

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

**5b(1)** Name of plan(s)

**5b(2)** EIN(s)

**5b(3)** PN(s)

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

|                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------|-----|
| <div>SCHEDULE R<br/>(Form 5500)<br/><div>Department of the Treasury<br/>Internal Revenue Service</div><div>Department of Labor<br/>Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>                                                                                                               |  | <div>Retirement Plan Information</div> <div>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).</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<br>DADE MOELLER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                 |  | B Three-digit plan number (PN) ►                                                                | 002 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>DADE MOELLER & ASSOCIATES, INC.                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  | D Employer Identification Number (EIN)<br>56-1858650                                            |     |
| Part I Distributions                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                 |  | 1                                                                                               | 0   |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br>EIN(s): 13-3808042 04-3157927                                                                                           |  |                                                                                                                                                                                                                                                                                                 |  |                                                                                                 |     |
| 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:

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

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

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

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

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

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

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

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

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

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

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

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

**Dade Moeller & Associates, Inc.**  
**401(k) Profit Sharing Plan**

**Financial Statements**  
**(and supplemental schedule)**  
**Years Ended December 31, 2009 and 2008**

**Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan**

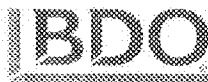
Financial Statements  
(and supplemental schedule)  
Years Ended December 31, 2009 and 2008

**Dade Moeller & Associates, Inc.**  
**401(k) Profit Sharing Plan**

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## Independent Auditors' Report

Dade Moeller & Associates, Inc.  
401(k) Profit Sharing Plan  
Richland, Washington

We were engaged to audit the financial statements and supplemental schedule of Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2009, and for the year then ended as listed in the accompanying contents. These financial statements and supplemental schedule 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 ("ERISA"), 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 the Trustee. Their report, dated October 6, 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 trustees were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 investment information summarized in Note 4, which was certified by State Street Bank and Trust Company and New York Life Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that New York Life Trust Company held the Plan's investment assets and executed investment transactions from October 15, 2009, to December 31, 2009, and that State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2008 and for the period January 1, 2009 to October 14, 2009. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information in the Plans financial statements and supplemental schedule for the period ended December 31, 2009, that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule for the period ended December 31, 2009, 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.

*BDO USA, LLP*

October 11, 2010

BDO USA, LLP, a New York limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

## Financial Statements

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# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Statements of Net Assets Available for Benefits

| <i>December 31,</i>                                                                               | <i>2009</i>          | <i>2008</i>          |
|---------------------------------------------------------------------------------------------------|----------------------|----------------------|
| <b>Assets</b>                                                                                     |                      |                      |
| <b>Investments, at fair value:</b>                                                                |                      |                      |
| Mutual Funds                                                                                      | \$ 7,876,118         | \$ 5,097,437         |
| Pooled Separate Account                                                                           | 1,540,058            | 969,347              |
| <b>Total Investments</b>                                                                          | <b>9,416,176</b>     | <b>6,066,784</b>     |
| <b>Receivables:</b>                                                                               |                      |                      |
| Participant contributions                                                                         | 33,220               | —                    |
| Employer contributions                                                                            | 449,028              | 660,670              |
| <b>Total receivables</b>                                                                          | <b>482,248</b>       | <b>660,670</b>       |
| <br><b>Net assets available for benefits, at fair value</b>                                       | <br><b>9,898,424</b> | <br><b>6,727,454</b> |
| Adjustment from fair value to contract value for fully<br>benefit responsive investment contracts | 77,650               | —                    |
| <b>Net assets available for benefits</b>                                                          | <b>\$ 9,976,074</b>  | <b>\$ 6,727,454</b>  |

*See accompanying independent auditors' report and notes to these financial statements.*

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Statements of Changes in Net Assets Available for Benefits

| <i>Year ended December 31,</i>                                           | 2009             | 2008               |
|--------------------------------------------------------------------------|------------------|--------------------|
| <b>Investment income (loss):</b>                                         |                  |                    |
| Interest and dividend income from investments                            | \$ 140,866       | \$ 164,393         |
| Net appreciation (depreciation) in fair value of investments             | 1,691,149        | (2,639,513)        |
| <b>Total investment income (loss)</b>                                    | <b>1,832,015</b> | <b>(2,475,120)</b> |
| <b>Contributions:</b>                                                    |                  |                    |
| Rollover                                                                 | 53,948           | 23,842             |
| Employer                                                                 | 818,186          | 660,670            |
| Participant                                                              | 967,262          | 893,500            |
| <b>Total contributions</b>                                               | <b>1,839,396</b> | <b>1,578,012</b>   |
| <b>Total investment income (loss) and contributions</b>                  | <b>3,671,411</b> | <b>(897,108)</b>   |
| <b>Benefits paid to participants and beneficiaries</b>                   | <b>422,791</b>   | <b>267,304</b>     |
| <b>Net increase (decrease) in net assets available for plan benefits</b> | <b>3,248,620</b> | <b>(1,164,412)</b> |
| <b>Net assets available for benefits:</b>                                |                  |                    |
| Beginning of year                                                        | 6,727,454        | 7,891,866          |
| End of year                                                              | \$ 9,976,074     | \$ 6,727,454       |

*See accompanying independent auditors' report and notes to these financial statements.*

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

---

### 1. Summary of Accounting Policies

#### *Basis of Accounting*

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

#### *Investment Valuation and Income Recognition*

The Plan's investments in mutual funds are stated at fair value based on quoted market prices of the net asset value of shares held by the Plan at year-end.

The Plan's investment in the New York Life Insurance Company Anchor Account II qualifies as a fully benefit-responsive investment contract. As described in Accounting Standards Codification ("ASC") number 962, *Defined Contribution Pension Plan Investments - Other*, 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 for 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. As required by the ASC, the statement of net assets available for benefits as of December 31, 2009 presents the fair value of the investment contract as well as the adjustment of the fully benefit responsive investment contracts from fair value to contract value. Net assets available for benefits as of December 31, 2008 as shown on the statement of net assets available for benefits presents the contract value of the investment contract which approximates fair value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

The Plan presents in the statements of changes in net assets available for benefits the net appreciation or depreciation in the fair value of its investments, which consists of the realized gains or losses and the net unrealized appreciation or depreciation of those investments. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

#### *Payment of Benefits*

Benefits payments are recorded when paid.

#### *Income Tax Status*

Effective January 1, 2009, The Plan incorporated the provisions of the New York Life Investment Management Defined Contribution Prototype Plan (the prototype plan of New York Life Trust Company upon which the Plan is based upon). The Internal Revenue Service has determined and informed the Dade Moeller & Associates, Inc. (the "Company") by a letter dated July 16, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The related trust, therefore, is not subject to tax under present income tax law.

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

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### *Use of Estimates*

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements and the changes in net assets available for plan benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

### *Risks and Uncertainties*

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

### *Reclassifications*

Certain reclassifications of prior years' information in these financial statements have been made to conform to current year's presentation. These reclassifications had no effect on net assets available as previously reported.

### *Recent Accounting Pronouncements*

In April 2009, the Financial Accounting Standards Board ("FASB") issued additional guidance in determining fair value when the volume and level of activity for the asset or liability have significantly decreased and identifying transactions that are not orderly. Additional disclosures were added relating to valuation techniques and major security types. This guidance became effective for the Plan during the Plan year ended December 31, 2009, and did not have a material impact on the Plan.

In May 2009, the FASB issued guidance on subsequent events that standardizes accounting for and disclosure of events that occur after the balance sheet date but before financial statements are issued or are available to be issued. Refer to Note 7 for subsequent event disclosures.

In June 2009, the FASB issued guidance related to the Accounting Standards Codification (the "Codification") and the hierarchy of U.S. Generally Accepted Accounting Principles ("GAAP"). This guidance formally established the Codification as the single source of authoritative GAAP. The Codification does not change GAAP; instead it reorganizes U.S. GAAP pronouncements into approximately 90 accounting topics and displays all topics using a consistent structure. This guidance became effective for the Plan during the Plan year ended December 31, 2009, and did not have a material impact on the Plan.

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

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In September 2009, the FASB issued additional guidance that allows entities a practical expedient for measuring the fair value of investments in certain entities that calculate net asset value (“NAV”) per unit. The standard also provided guidance on classification of investments measured at NAV within the fair value hierarchy. Refer to Note 5 for fair value measurement disclosures.

In January 2010, the FASB issued updated guidance to improve disclosures regarding fair value measurements. This update requires entities to (i) disclose separately the amounts of significant transfers in and out of Level 1 and Level 2 fair value measurements and describe the reasons for the transfers and (ii) present separately (i.e., on a gross basis rather than as one net number), information about purchases, sales, issuances, and settlements in the roll forward of changes in Level 3 fair value measurements. The update requires fair value disclosures by class of assets and liabilities rather than by major category or line item in the statement of financial position. Disclosures regarding valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements for assets and liabilities in both Level 2 and 3 are also required. For all portions of the update, except the gross presentation of activity in the Level 3 rollforward, this standard is effective for Plan years beginning after December 15, 2009. For gross presentation of activity in the Level 3 rollforward, this guidance is effective for the Plan year beginning after December 15, 2010. Refer to Note 5 for further details on fair value measurements and disclosures.

## 2. Plan Description

### *General*

The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan Agreement for a complete description of the Plan’s provisions.

The Plan is a defined contribution profit-sharing plan, which originally became effective on January 1, 2001. The plan was amended and restated effective January 1, 2009 to comply with the requirements of the Economic Growth and Tax Relief Reconciliation Act of 2001 as well as the requirements of recently issued federal regulations and to make certain other changes. The Plan is designed to cover all full-time and scheduled part-time employees of the Company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan’s asset management, third party administrative duties and trustee responsibilities are performed by New York Life Insurance Company and its subsidiaries. The Company’s human resources department oversees the day-to-day operations of the Plan.

### *Eligibility*

Employees become eligible to participate in the Plan on the later of the employee’s date of hire, or attainment of age 21. Both full time and scheduled part time employees may participate as specified in the Plan Agreement.

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

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### *Contributions*

Participation in the Plan is voluntary. Participants may elect to contribute to the Plan up to 100% of their annual compensation, as defined by the Plan, not exceeding a specific dollar amount determined by applicable law. Participants may also voluntarily elect to contribute to a Roth 401(k) not exceeding a specific dollar amount determined by applicable law. A participating employee's annual pre-tax contribution was limited to \$16,500 in 2009 and \$15,500 in 2008. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions as specified by the IRC. All contributions are invested in various investment options as directed by the participant.

For the Plan year ending December 31, 2009, a discretionary profit sharing contribution was approved by the Company's board of directors equal to 4% of participants' eligible wages, which totaled \$422,282. Also for year ending December 31, 2009, a discretionary employer match contribution was approved by the Company's board of directors equal to 100% of the first 4% of employee deferrals, which totaled \$395,904. For the year ending December 31, 2008, a discretionary profit sharing contribution was approved by the Company's board of directors of 8% of participants' eligible wages, which totaled \$782,134. No discretionary employer match was granted for the Plan year ending December 31, 2008. Additionally, the Company acquired Radiation Safety Academy, Inc. ("RSA") in June 2007, and contributed 2% of eligible gross wages for the acquired RSA participants for the Plan year ending December 31, 2008.

### *Participant Accounts*

Separate accounts are maintained for each participant. Each participant's account is credited with the participant's contributions as well as allocations of Plan earnings, Plan expenses, and the Company's matching and profit sharing contributions. Allocation of earnings and losses of investment income are pro rata based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### *Vesting*

Participants are fully vested in their participant elected contributions at all times. For vesting of the employer match and discretionary employer profit sharing contributions, an employee must complete 1,000 hours of service during a vesting computation period in order to receive credit for one year of service. Employer match and profit sharing contributions vest as follows: 1 year of service - 0%; 2 years - 20%; 3 years - 50%; 4 years 100%. Participants become fully vested at the age of 65, upon the participant's death, or upon permanent disability.

### *Forfeitures*

Forfeitures are the non-vested portion of a participant's account that is lost upon termination of employment as specified in the Plan Agreement. The forfeiture account is available to pay Plan administrative expenses and/or reduce the Company's discretionary contribution. For the years ended December 31, 2009 and 2008, forfeitures of \$3,104 and \$121,465, respectively, were used to reduce the Company's discretionary contribution. The balance in the forfeiture account as of December 31, 2009 and 2008 was zero.

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

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### *Investment Options*

The Plan offers numerous investment options, including various mutual funds and a pooled separate account. In addition, concurrent with the change in the Plan's Trustee to New York Life Trust Company as discussed in Note 4, the Plan began providing the option for participants to investment in self-directed brokerage accounts, which primarily consists of investments in publicly traded common stocks. The balance in self-directed brokerage accounts was zero at December 31, 2009. Participants direct their contributions into any of the available investment options, and may change their investment options at any time.

### *Payment of Benefits*

Upon termination of service due to death, disability, separation or retirement after reaching normal retirement age of 65, a participant may elect to receive a lump-sum payment or elect a direct rollover to another retirement plan. Distributions shall not be made to a participant without their consent (and spouse's consent, if required) if the participant's vested account exceeds \$5,000 and such account is immediately distributable. For participant's whose vested accounts do not exceed \$5,000, the participants entire vested account shall be normally distributed at the request of the participant in a lump-sum payment (either in the form of a rollover into another qualified plan or lump sum payment) as soon as administratively practicable following the date the participant retires, dies, or otherwise terminates from employment. However, in the event of a mandatory distribution to a participant whose vested account is greater than \$1,000, if the participant does not elect to receive a distribution, the plan administrator has the ability to directly rollover the participant's account balance into a separate retirement plan for the individual as designated by the administrator. Additionally, under certain circumstances of financial hardship, the participant is allowed to withdraw funds from the Plan in accordance with the IRC and approval of the Plan's administrator. Following a hardship withdrawal, a participant's elective deferral is suspended for a period of at least six months.

### *Plan Termination*

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

### *Participant Loans*

Loans are not permitted by the Plan.

### *Administrative Expenses*

In 2009 and 2008, all administrative expenses and fees were paid by the Company.

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

### 3. Investments

The fair value of the Plan's investments which exceed 5% of net assets available for benefits as of December 31, 2009 and 2008, are as follows:

| <i>December 31,</i>      | <i>2009</i>  | <i>2008</i> |
|--------------------------|--------------|-------------|
| NYLIC Anchor Account II  | \$ 1,540,058 | \$ 969,347  |
| American Funds Growth R3 | 1,348,501    | 896,842     |
| American Funds Europe R3 | 1,338,102    | 861,760     |
| Mainstay Balanced Fund   | 561,113      | 479,534     |
| Davis NY Venture Fund A  | 504,197      | 320,913     |
| Hotchkis & Wiley         | *            | 337,342     |
| Mainstay Indexed Bond A  | *            | 394,375     |

\* Less than 5% of net assets available for benefits.

### 4. Information Certified by the Plan's Custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate.

| <i>December 31,</i>                       | <i>2009</i>  | <i>2008</i>  |
|-------------------------------------------|--------------|--------------|
| Money market funds                        | \$ —         | \$ 121,440   |
| Mutual funds                              | 7,876,118    | 4,975,997    |
| Pooled separate accounts (contract value) | 1,617,708    | 969,347      |
| Investments, at contract value            | \$ 9,493,826 | \$ 6,066,784 |

During 2009 and 2008, the Plan's investments including gains and losses on investments appreciated (depreciated) in values including gains and losses on investments bought and sold as well as held during the year as follows:

| <i>Year ended December 31,</i>  | <i>2009</i>  | <i>2008</i>    |
|---------------------------------|--------------|----------------|
| Mutual funds                    | \$ 1,662,453 | \$ (2,677,070) |
| Pooled separate accounts        | 28,696       | 37,557         |
| Net appreciation (depreciation) | \$ 1,691,149 | \$ (2,639,513) |

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

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

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During the year ended December 31, 2009, there was a change in trustees for the Plan. Through October 14, 2009, the Plan's investments were held in trust by State Street Bank and Trust Company. Effective October 15, 2009, New York Life Trust Company became the new trustee for the Plan. During the year-ended December 31, 2008, State Street Bank and Trust Company served as the trustee of the Plan.

### 5. Fair Value Measurements

The framework for defining and measuring fair value requires that one of three valuation methods be used to determine fair market value: the market approach, the income approach or the cost approach. To increase consistency and comparability in fair value measurements and related disclosures, the accounting standards also create a fair value hierarchy to prioritize the inputs to these valuation methods into the following three levels:

Basis of Fair Value Measurements:

- Level 1 inputs are a select class of observable inputs, based upon the quoted prices for identical instruments in active markets that are accessible as of the measurement date, and are to be used whenever available.
- Level 2 inputs are other types of observable inputs, such as quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are inactive; or other inputs that are observable or can be derived from or supported by observable market data. Level 2 inputs are to be used whenever Level 1 inputs are not available.
- Level 3 inputs are significantly unobservable, reflecting the reporting entity's own assumptions regarding what market participants would assume when pricing a financial instrument. Level 3 inputs are to only be used when Level 1 and Level 2 inputs are unavailable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the methodologies used at December 31, 2009 and 2008.

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# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

The following table sets forth, by level within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2009 and 2008:

|                                        | Fair Value Measurements at December 31, 2009 |                     |             |                     |
|----------------------------------------|----------------------------------------------|---------------------|-------------|---------------------|
|                                        | Level 1                                      | Level 2             | Level 3     | Total               |
| <b>Mutual funds:</b>                   |                                              |                     |             |                     |
| Blend funds                            | 3,872,528                                    | —                   | —           | 3,872,528           |
| Growth funds                           | 2,018,785                                    | —                   | —           | 2,018,785           |
| Value funds                            | 1,047,731                                    | —                   | —           | 1,047,731           |
| Fixed income funds                     | 937,074                                      | —                   | —           | 937,074             |
| <br>Total mutual funds                 | <br>7,876,118                                | <br>—               | <br>—       | <br>7,876,118       |
| Pooled separate account                | —                                            | 1,540,058           | —           | 1,540,058           |
| <b>Total investments at fair value</b> | <b>\$ 7,876,118</b>                          | <b>\$ 1,540,058</b> | <b>\$ —</b> | <b>\$ 9,416,176</b> |

|                                        | Fair Value Measurements at December 31, 2008 |                   |             |                     |
|----------------------------------------|----------------------------------------------|-------------------|-------------|---------------------|
|                                        | Level 1                                      | Level 2           | Level 3     | Total               |
| Money market funds                     | \$ 121,440                                   | \$ —              | \$ —        | \$ 121,440          |
| <b>Mutual funds:</b>                   |                                              |                   |             |                     |
| Blend funds                            | 2,246,342                                    | —                 | —           | 2,246,342           |
| Growth funds                           | 1,203,465                                    | —                 | —           | 1,203,465           |
| Value funds                            | 816,876                                      | —                 | —           | 816,876             |
| Fixed income funds                     | 709,314                                      | —                 | —           | 709,314             |
| <br>Total mutual funds                 | <br>4,975,997                                | <br>—             | <br>—       | <br>4,975,997       |
| Pooled separate account                | —                                            | 969,347           | —           | 969,347             |
| <b>Total investments at fair value</b> | <b>\$ 5,097,437</b>                          | <b>\$ 969,347</b> | <b>\$ —</b> | <b>\$ 6,066,784</b> |

The fair value of mutual fund investments as of December 31, 2009 and 2008 are determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities and traded on an open market. The mutual funds are traded in an active market and are considered Level 1 inputs in the fair value hierarchy.

Money market funds are a type of mutual fund that is valued using \$1 for the net asset value of the investment as traded on an active market and considered Level 1 inputs.

# **Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan**

## **Notes to Financial Statements**

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The pooled separate account is a group annuity account that is invested primarily in high-quality fixed-income securities. The pooled separate accounts are not available in an open and active market, however, the fair value of this investment is calculated on a net unit basis using a discounting method which considers the average yield to maturity, the crediting interest rate and the duration of the underlying portfolio securities, which are considered Level 2 inputs in the fair value hierarchy.

### **6. Related Party Transactions**

New York Life Investment Management, LLC ("NYLIM") has been the third-party administrator for the Plan for 2009 and 2008. The Plan invests in mutual funds and a pooled separate account managed by NYLIM, therefore, NYLIM is a parties-in-interest as defined by ERISA.

### **7. Subsequent Events**

Plan management has evaluated subsequent events through the issuance of the financial statements on October 11, 2010, and determined that there are no subsequent events that require recognition or disclosure in these financial statements.

## Supplemental Schedule

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# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 56-1858650

Plan Number: 002

| (a) | (b)<br>Identity of Issuer, Borrower<br>Lessor or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or<br>Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | <b>Pooled separate account:</b>                                |                                                                                                                        |             |                      |
|     | * NYLIC Ancor Account II                                       | 1,617,707 units                                                                                                        | **          | \$ 1,540,058         |
|     | <b>Mutual funds:</b>                                           |                                                                                                                        |             |                      |
|     | American Funds Growth R3                                       | 50,074 mutual fund shares                                                                                              | **          | 1,348,501            |
|     | American Funds EuroPacific Growth R3                           | 35,512 mutual fund shares                                                                                              | **          | 1,338,102            |
|     | * Mainstay Balanced Fund R2                                    | 24,270 mutual fund shares                                                                                              | **          | 561,113              |
|     | Davis NY Venture Fund A                                        | 16,275 mutual fund shares                                                                                              | **          | 504,197              |
|     | Hotchkis & Wiley Lg Cap Val                                    | 35,728 mutual fund shares                                                                                              | **          | 486,618              |
|     | Black Rock Lifepath 2020 Fund I                                | 30,056 mutual fund shares                                                                                              | **          | 439,420              |
|     | * Mainstay Indexed Bond A                                      | 38,619 mutual fund shares                                                                                              | **          | 432,535              |
|     | Black Rock Lifepath 2030 Fund I                                | 31,986 mutual fund shares                                                                                              | **          | 425,735              |
|     | Van Kampen Mid Cap Growth Fund A                               | 17,712 mutual fund shares                                                                                              | **          | 413,920              |
|     | PIMCO High Yield Fund A                                        | 34,325 mutual fund shares                                                                                              | **          | 302,056              |
|     | Black Rock Lifepath 2040 Fund I                                | 18,521 mutual fund shares                                                                                              | **          | 297,076              |
|     | Forward Small Cap Equity                                       | 17,741 mutual fund shares                                                                                              | **          | 256,363              |
|     | Goldman Sachs Sm Cap Value A                                   | 7,452 mutual fund shares                                                                                               | **          | 234,281              |
|     | * Mainstay S & P 500 Index A                                   | 8,294 mutual fund shares                                                                                               | **          | 211,334              |
|     | PIMCO Real Return Bond A                                       | 18,766 mutual fund shares                                                                                              | **          | 202,483              |
|     | Perkins Mid Cap Value Fund                                     | 10,189 mutual fund shares                                                                                              | **          | 201,636              |
|     | Black Rock Lifepath Retire Fund I                              | 15,068 mutual fund shares                                                                                              | **          | 162,741              |
|     | Columbia Mid Cap Index Fund A                                  | 6,251 mutual fund shares                                                                                               | **          | 58,007               |
|     | <b>Total mutual funds</b>                                      |                                                                                                                        |             | <b>7,876,118</b>     |
|     | <b>Total investments</b>                                       |                                                                                                                        |             | <b>\$ 9,416,176</b>  |

\*Represents a party-in-interest to the Plan as defined by ERISA.

\*\*The cost of participant-directed investments is not required to be disclosed.

**Dade Moeller & Associates, Inc.**  
**401(k) Profit Sharing Plan**

**Financial Statements**  
**(and supplemental schedule)**  
**Years Ended December 31, 2009 and 2008**

**Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan**

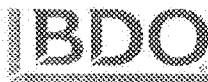
Financial Statements  
(and supplemental schedule)  
Years Ended December 31, 2009 and 2008

**Dade Moeller & Associates, Inc.**  
**401(k) Profit Sharing Plan**

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## Independent Auditors' Report

Dade Moeller & Associates, Inc.  
401(k) Profit Sharing Plan  
Richland, Washington

We were engaged to audit the financial statements and supplemental schedule of Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2009, and for the year then ended as listed in the accompanying contents. These financial statements and supplemental schedule 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 ("ERISA"), 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 the Trustee. Their report, dated October 6, 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 trustees were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 investment information summarized in Note 4, which was certified by State Street Bank and Trust Company and New York Life Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that New York Life Trust Company held the Plan's investment assets and executed investment transactions from October 15, 2009, to December 31, 2009, and that State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2008 and for the period January 1, 2009 to October 14, 2009. The plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the trustees is complete and accurate.

Because of the significance of the information in the Plans financial statements and supplemental schedule for the period ended December 31, 2009, that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule for the period ended December 31, 2009, 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.

*BDO USA, LLP*

October 11, 2010

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## Financial Statements

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# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Statements of Net Assets Available for Benefits

| <i>December 31,</i>                                                                               | <i>2009</i>         | <i>2008</i>         |
|---------------------------------------------------------------------------------------------------|---------------------|---------------------|
| <b>Assets</b>                                                                                     |                     |                     |
| <b>Investments, at fair value:</b>                                                                |                     |                     |
| Mutual Funds                                                                                      | \$ 7,876,118        | \$ 5,097,437        |
| Pooled Separate Account                                                                           | 1,540,058           | 969,347             |
| <b>Total Investments</b>                                                                          | <b>9,416,176</b>    | <b>6,066,784</b>    |
| <b>Receivables:</b>                                                                               |                     |                     |
| Participant contributions                                                                         | 33,220              | —                   |
| Employer contributions                                                                            | 449,028             | 660,670             |
| <b>Total receivables</b>                                                                          | <b>482,248</b>      | <b>660,670</b>      |
| <b>Net assets available for benefits, at fair value</b>                                           | <b>9,898,424</b>    | <b>6,727,454</b>    |
| Adjustment from fair value to contract value for fully<br>benefit responsive investment contracts | 77,650              | —                   |
| <b>Net assets available for benefits</b>                                                          | <b>\$ 9,976,074</b> | <b>\$ 6,727,454</b> |

*See accompanying independent auditors' report and notes to these financial statements.*

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Statements of Changes in Net Assets Available for Benefits

| <i>Year ended December 31,</i>                                           | 2009             | 2008               |
|--------------------------------------------------------------------------|------------------|--------------------|
| <b>Investment income (loss):</b>                                         |                  |                    |
| Interest and dividend income from investments                            | \$ 140,866       | \$ 164,393         |
| Net appreciation (depreciation) in fair value of investments             | 1,691,149        | (2,639,513)        |
| <b>Total investment income (loss)</b>                                    | <b>1,832,015</b> | <b>(2,475,120)</b> |
| <b>Contributions:</b>                                                    |                  |                    |
| Rollover                                                                 | 53,948           | 23,842             |
| Employer                                                                 | 818,186          | 660,670            |
| Participant                                                              | 967,262          | 893,500            |
| <b>Total contributions</b>                                               | <b>1,839,396</b> | <b>1,578,012</b>   |
| <b>Total investment income (loss) and contributions</b>                  | <b>3,671,411</b> | <b>(897,108)</b>   |
| <b>Benefits paid to participants and beneficiaries</b>                   | <b>422,791</b>   | <b>267,304</b>     |
| <b>Net increase (decrease) in net assets available for plan benefits</b> | <b>3,248,620</b> | <b>(1,164,412)</b> |
| <b>Net assets available for benefits:</b>                                |                  |                    |
| Beginning of year                                                        | 6,727,454        | 7,891,866          |
| End of year                                                              | \$ 9,976,074     | \$ 6,727,454       |

*See accompanying independent auditors' report and notes to these financial statements.*

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

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### 1. Summary of Accounting Policies

#### *Basis of Accounting*

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

#### *Investment Valuation and Income Recognition*

The Plan's investments in mutual funds are stated at fair value based on quoted market prices of the net asset value of shares held by the Plan at year-end.

The Plan's investment in the New York Life Insurance Company Anchor Account II qualifies as a fully benefit-responsive investment contract. As described in Accounting Standards Codification ("ASC") number 962, *Defined Contribution Pension Plan Investments - Other*, 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 for 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. As required by the ASC, the statement of net assets available for benefits as of December 31, 2009 presents the fair value of the investment contract as well as the adjustment of the fully benefit responsive investment contracts from fair value to contract value. Net assets available for benefits as of December 31, 2008 as shown on the statement of net assets available for benefits presents the contract value of the investment contract which approximates fair value. The statements of changes in net assets available for benefits are prepared on a contract value basis.

The Plan presents in the statements of changes in net assets available for benefits the net appreciation or depreciation in the fair value of its investments, which consists of the realized gains or losses and the net unrealized appreciation or depreciation of those investments. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date.

#### *Payment of Benefits*

Benefits payments are recorded when paid.

#### *Income Tax Status*

Effective January 1, 2009, The Plan incorporated the provisions of the New York Life Investment Management Defined Contribution Prototype Plan (the prototype plan of New York Life Trust Company upon which the Plan is based upon). The Internal Revenue Service has determined and informed the Dade Moeller & Associates, Inc. (the "Company") by a letter dated July 16, 2010, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The related trust, therefore, is not subject to tax under present income tax law.

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

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### *Use of Estimates*

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for plan benefits at the date of the financial statements and the changes in net assets available for plan benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

### *Risks and Uncertainties*

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

### *Reclassifications*

Certain reclassifications of prior years' information in these financial statements have been made to conform to current year's presentation. These reclassifications had no effect on net assets available as previously reported.

### *Recent Accounting Pronouncements*

In April 2009, the Financial Accounting Standards Board ("FASB") issued additional guidance in determining fair value when the volume and level of activity for the asset or liability have significantly decreased and identifying transactions that are not orderly. Additional disclosures were added relating to valuation techniques and major security types. This guidance became effective for the Plan during the Plan year ended December 31, 2009, and did not have a material impact on the Plan.

In May 2009, the FASB issued guidance on subsequent events that standardizes accounting for and disclosure of events that occur after the balance sheet date but before financial statements are issued or are available to be issued. Refer to Note 7 for subsequent event disclosures.

In June 2009, the FASB issued guidance related to the Accounting Standards Codification (the "Codification") and the hierarchy of U.S. Generally Accepted Accounting Principles ("GAAP"). This guidance formally established the Codification as the single source of authoritative GAAP. The Codification does not change GAAP; instead it reorganizes U.S. GAAP pronouncements into approximately 90 accounting topics and displays all topics using a consistent structure. This guidance became effective for the Plan during the Plan year ended December 31, 2009, and did not have a material impact on the Plan.

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

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In September 2009, the FASB issued additional guidance that allows entities a practical expedient for measuring the fair value of investments in certain entities that calculate net asset value (“NAV”) per unit. The standard also provided guidance on classification of investments measured at NAV within the fair value hierarchy. Refer to Note 5 for fair value measurement disclosures.

In January 2010, the FASB issued updated guidance to improve disclosures regarding fair value measurements. This update requires entities to (i) disclose separately the amounts of significant transfers in and out of Level 1 and Level 2 fair value measurements and describe the reasons for the transfers and (ii) present separately (i.e., on a gross basis rather than as one net number), information about purchases, sales, issuances, and settlements in the roll forward of changes in Level 3 fair value measurements. The update requires fair value disclosures by class of assets and liabilities rather than by major category or line item in the statement of financial position. Disclosures regarding valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements for assets and liabilities in both Level 2 and 3 are also required. For all portions of the update, except the gross presentation of activity in the Level 3 rollforward, this standard is effective for Plan years beginning after December 15, 2009. For gross presentation of activity in the Level 3 rollforward, this guidance is effective for the Plan year beginning after December 15, 2010. Refer to Note 5 for further details on fair value measurements and disclosures.

## 2. Plan Description

### *General*

The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan Agreement for a complete description of the Plan’s provisions.

The Plan is a defined contribution profit-sharing plan, which originally became effective on January 1, 2001. The plan was amended and restated effective January 1, 2009 to comply with the requirements of the Economic Growth and Tax Relief Reconciliation Act of 2001 as well as the requirements of recently issued federal regulations and to make certain other changes. The Plan is designed to cover all full-time and scheduled part-time employees of the Company and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

The Plan’s asset management, third party administrative duties and trustee responsibilities are performed by New York Life Insurance Company and its subsidiaries. The Company’s human resources department oversees the day-to-day operations of the Plan.

### *Eligibility*

Employees become eligible to participate in the Plan on the later of the employee’s date of hire, or attainment of age 21. Both full time and scheduled part time employees may participate as specified in the Plan Agreement.

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

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### *Contributions*

Participation in the Plan is voluntary. Participants may elect to contribute to the Plan up to 100% of their annual compensation, as defined by the Plan, not exceeding a specific dollar amount determined by applicable law. Participants may also voluntarily elect to contribute to a Roth 401(k) not exceeding a specific dollar amount determined by applicable law. A participating employee's annual pre-tax contribution was limited to \$16,500 in 2009 and \$15,500 in 2008. Participants who have attained the age of 50 before the end of the plan year are eligible to make catch-up contributions as specified by the IRC. All contributions are invested in various investment options as directed by the participant.

For the Plan year ending December 31, 2009, a discretionary profit sharing contribution was approved by the Company's board of directors equal to 4% of participants' eligible wages, which totaled \$422,282. Also for year ending December 31, 2009, a discretionary employer match contribution was approved by the Company's board of directors equal to 100% of the first 4% of employee deferrals, which totaled \$395,904. For the year ending December 31, 2008, a discretionary profit sharing contribution was approved by the Company's board of directors of 8% of participants' eligible wages, which totaled \$782,134. No discretionary employer match was granted for the Plan year ending December 31, 2008. Additionally, the Company acquired Radiation Safety Academy, Inc. ("RSA") in June 2007, and contributed 2% of eligible gross wages for the acquired RSA participants for the Plan year ending December 31, 2008.

### *Participant Accounts*

Separate accounts are maintained for each participant. Each participant's account is credited with the participant's contributions as well as allocations of Plan earnings, Plan expenses, and the Company's matching and profit sharing contributions. Allocation of earnings and losses of investment income are pro rata based on participant account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

### *Vesting*

Participants are fully vested in their participant elected contributions at all times. For vesting of the employer match and discretionary employer profit sharing contributions, an employee must complete 1,000 hours of service during a vesting computation period in order to receive credit for one year of service. Employer match and profit sharing contributions vest as follows: 1 year of service - 0%; 2 years - 20%; 3 years - 50%; 4 years 100%. Participants become fully vested at the age of 65, upon the participant's death, or upon permanent disability.

### *Forfeitures*

Forfeitures are the non-vested portion of a participant's account that is lost upon termination of employment as specified in the Plan Agreement. The forfeiture account is available to pay Plan administrative expenses and/or reduce the Company's discretionary contribution. For the years ended December 31, 2009 and 2008, forfeitures of \$3,104 and \$121,465, respectively, were used to reduce the Company's discretionary contribution. The balance in the forfeiture account as of December 31, 2009 and 2008 was zero.

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

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### *Investment Options*

The Plan offers numerous investment options, including various mutual funds and a pooled separate account. In addition, concurrent with the change in the Plan's Trustee to New York Life Trust Company as discussed in Note 4, the Plan began providing the option for participants to investment in self-directed brokerage accounts, which primarily consists of investments in publicly traded common stocks. The balance in self-directed brokerage accounts was zero at December 31, 2009. Participants direct their contributions into any of the available investment options, and may change their investment options at any time.

### *Payment of Benefits*

Upon termination of service due to death, disability, separation or retirement after reaching normal retirement age of 65, a participant may elect to receive a lump-sum payment or elect a direct rollover to another retirement plan. Distributions shall not be made to a participant without their consent (and spouse's consent, if required) if the participant's vested account exceeds \$5,000 and such account is immediately distributable. For participant's whose vested accounts do not exceed \$5,000, the participants entire vested account shall be normally distributed at the request of the participant in a lump-sum payment (either in the form of a rollover into another qualified plan or lump sum payment) as soon as administratively practicable following the date the participant retires, dies, or otherwise terminates from employment. However, in the event of a mandatory distribution to a participant whose vested account is greater than \$1,000, if the participant does not elect to receive a distribution, the plan administrator has the ability to directly rollover the participant's account balance into a separate retirement plan for the individual as designated by the administrator. Additionally, under certain circumstances of financial hardship, the participant is allowed to withdraw funds from the Plan in accordance with the IRC and approval of the Plan's administrator. Following a hardship withdrawal, a participant's elective deferral is suspended for a period of at least six months.

### *Plan Termination*

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

### *Participant Loans*

Loans are not permitted by the Plan.

### *Administrative Expenses*

In 2009 and 2008, all administrative expenses and fees were paid by the Company.

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

### 3. Investments

The fair value of the Plan's investments which exceed 5% of net assets available for benefits as of December 31, 2009 and 2008, are as follows:

| <i>December 31,</i>      | <i>2009</i>  | <i>2008</i> |
|--------------------------|--------------|-------------|
| NYLIC Anchor Account II  | \$ 1,540,058 | \$ 969,347  |
| American Funds Growth R3 | 1,348,501    | 896,842     |
| American Funds Europe R3 | 1,338,102    | 861,760     |
| Mainstay Balanced Fund   | 561,113      | 479,534     |
| Davis NY Venture Fund A  | 504,197      | 320,913     |
| Hotchkis & Wiley         | *            | 337,342     |
| Mainstay Indexed Bond A  | *            | 394,375     |

\* Less than 5% of net assets available for benefits.

### 4. Information Certified by the Plan's Custodian

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting Disclosure under ERISA. Accordingly, the custodian has certified that the following data included in the accompanying financial statements and supplemental schedules are complete and accurate.

| <i>December 31,</i>                       | <i>2009</i>  | <i>2008</i>  |
|-------------------------------------------|--------------|--------------|
| Money market funds                        | \$ —         | \$ 121,440   |
| Mutual funds                              | 7,876,118    | 4,975,997    |
| Pooled separate accounts (contract value) | 1,617,708    | 969,347      |
| Investments, at contract value            | \$ 9,493,826 | \$ 6,066,784 |

During 2009 and 2008, the Plan's investments including gains and losses on investments appreciated (depreciated) in values including gains and losses on investments bought and sold as well as held during the year as follows:

| <i>Year ended December 31,</i>  | <i>2009</i>  | <i>2008</i>    |
|---------------------------------|--------------|----------------|
| Mutual funds                    | \$ 1,662,453 | \$ (2,677,070) |
| Pooled separate accounts        | 28,696       | 37,557         |
| Net appreciation (depreciation) | \$ 1,691,149 | \$ (2,639,513) |

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

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

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During the year ended December 31, 2009, there was a change in trustees for the Plan. Through October 14, 2009, the Plan's investments were held in trust by State Street Bank and Trust Company. Effective October 15, 2009, New York Life Trust Company became the new trustee for the Plan. During the year-ended December 31, 2008, State Street Bank and Trust Company served as the trustee of the Plan.

### 5. Fair Value Measurements

The framework for defining and measuring fair value requires that one of three valuation methods be used to determine fair market value: the market approach, the income approach or the cost approach. To increase consistency and comparability in fair value measurements and related disclosures, the accounting standards also create a fair value hierarchy to prioritize the inputs to these valuation methods into the following three levels:

Basis of Fair Value Measurements:

- Level 1 inputs are a select class of observable inputs, based upon the quoted prices for identical instruments in active markets that are accessible as of the measurement date, and are to be used whenever available.
- Level 2 inputs are other types of observable inputs, such as quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are inactive; or other inputs that are observable or can be derived from or supported by observable market data. Level 2 inputs are to be used whenever Level 1 inputs are not available.
- Level 3 inputs are significantly unobservable, reflecting the reporting entity's own assumptions regarding what market participants would assume when pricing a financial instrument. Level 3 inputs are to only be used when Level 1 and Level 2 inputs are unavailable.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the methodologies used at December 31, 2009 and 2008.

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# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Notes to Financial Statements

The following table sets forth, by level within the fair value hierarchy, the Plan investment assets at fair value, as of December 31, 2009 and 2008:

|                                        | Fair Value Measurements at December 31, 2009 |                     |             |                     |
|----------------------------------------|----------------------------------------------|---------------------|-------------|---------------------|
|                                        | Level 1                                      | Level 2             | Level 3     | Total               |
| <b>Mutual funds:</b>                   |                                              |                     |             |                     |
| Blend funds                            | 3,872,528                                    | —                   | —           | 3,872,528           |
| Growth funds                           | 2,018,785                                    | —                   | —           | 2,018,785           |
| Value funds                            | 1,047,731                                    | —                   | —           | 1,047,731           |
| Fixed income funds                     | 937,074                                      | —                   | —           | 937,074             |
| <br>Total mutual funds                 | <br>7,876,118                                | <br>—               | <br>—       | <br>7,876,118       |
| Pooled separate account                | —                                            | 1,540,058           | —           | 1,540,058           |
| <b>Total investments at fair value</b> | <b>\$ 7,876,118</b>                          | <b>\$ 1,540,058</b> | <b>\$ —</b> | <b>\$ 9,416,176</b> |

|                                        | Fair Value Measurements at December 31, 2008 |                   |             |                     |
|----------------------------------------|----------------------------------------------|-------------------|-------------|---------------------|
|                                        | Level 1                                      | Level 2           | Level 3     | Total               |
| Money market funds                     | \$ 121,440                                   | \$ —              | \$ —        | \$ 121,440          |
| <b>Mutual funds:</b>                   |                                              |                   |             |                     |
| Blend funds                            | 2,246,342                                    | —                 | —           | 2,246,342           |
| Growth funds                           | 1,203,465                                    | —                 | —           | 1,203,465           |
| Value funds                            | 816,876                                      | —                 | —           | 816,876             |
| Fixed income funds                     | 709,314                                      | —                 | —           | 709,314             |
| <br>Total mutual funds                 | <br>4,975,997                                | <br>—             | <br>—       | <br>4,975,997       |
| Pooled separate account                | —                                            | 969,347           | —           | 969,347             |
| <b>Total investments at fair value</b> | <b>\$ 5,097,437</b>                          | <b>\$ 969,347</b> | <b>\$ —</b> | <b>\$ 6,066,784</b> |

The fair value of mutual fund investments as of December 31, 2009 and 2008 are determined by reference to the fund's underlying assets, which are principally marketable equity and fixed income securities and traded on an open market. The mutual funds are traded in an active market and are considered Level 1 inputs in the fair value hierarchy.

Money market funds are a type of mutual fund that is valued using \$1 for the net asset value of the investment as traded on an active market and considered Level 1 inputs.

# **Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan**

## **Notes to Financial Statements**

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The pooled separate account is a group annuity account that is invested primarily in high-quality fixed-income securities. The pooled separate accounts are not available in an open and active market, however, the fair value of this investment is calculated on a net unit basis using a discounting method which considers the average yield to maturity, the crediting interest rate and the duration of the underlying portfolio securities, which are considered Level 2 inputs in the fair value hierarchy.

### **6. Related Party Transactions**

New York Life Investment Management, LLC ("NYLIM") has been the third-party administrator for the Plan for 2009 and 2008. The Plan invests in mutual funds and a pooled separate account managed by NYLIM, therefore, NYLIM is a parties-in-interest as defined by ERISA.

### **7. Subsequent Events**

Plan management has evaluated subsequent events through the issuance of the financial statements on October 11, 2010, and determined that there are no subsequent events that require recognition or disclosure in these financial statements.

## Supplemental Schedule

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# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 56-1858650

Plan Number: 002

| (a) | (b)<br>Identity of Issuer, Borrower<br>Lessor or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or<br>Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|-----|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
|     | <b>Pooled separate account:</b>                                |                                                                                                                        |             |                      |
| *   | NYLIC Ancor Account II                                         | 1,617,707 units                                                                                                        | **          | \$ 1,540,058         |
|     | <b>Mutual funds:</b>                                           |                                                                                                                        |             |                      |
|     | American Funds Growth R3                                       | 50,074 mutual fund shares                                                                                              | **          | 1,348,501            |
|     | American Funds EuroPacific Growth R3                           | 35,512 mutual fund shares                                                                                              | **          | 1,338,102            |
| *   | Mainstay Balanced Fund R2                                      | 24,270 mutual fund shares                                                                                              | **          | 561,113              |
|     | Davis NY Venture Fund A                                        | 16,275 mutual fund shares                                                                                              | **          | 504,197              |
|     | Hotchkis & Wiley Lg Cap Val                                    | 35,728 mutual fund shares                                                                                              | **          | 486,618              |
|     | Black Rock Lifepath 2020 Fund I                                | 30,056 mutual fund shares                                                                                              | **          | 439,420              |
| *   | Mainstay Indexed Bond A                                        | 38,619 mutual fund shares                                                                                              | **          | 432,535              |
|     | Black Rock Lifepath 2030 Fund I                                | 31,986 mutual fund shares                                                                                              | **          | 425,735              |
|     | Van Kampen Mid Cap Growth Fund A                               | 17,712 mutual fund shares                                                                                              | **          | 413,920              |
|     | PIMCO High Yield Fund A                                        | 34,325 mutual fund shares                                                                                              | **          | 302,056              |
|     | Black Rock Lifepath 2040 Fund I                                | 18,521 mutual fund shares                                                                                              | **          | 297,076              |
|     | Forward Small Cap Equity                                       | 17,741 mutual fund shares                                                                                              | **          | 256,363              |
|     | Goldman Sachs Sm Cap Value A                                   | 7,452 mutual fund shares                                                                                               | **          | 234,281              |
| *   | Mainstay S & P 500 Index A                                     | 8,294 mutual fund shares                                                                                               | **          | 211,334              |
|     | PIMCO Real Return Bond A                                       | 18,766 mutual fund shares                                                                                              | **          | 202,483              |
|     | Perkins Mid Cap Value Fund                                     | 10,189 mutual fund shares                                                                                              | **          | 201,636              |
|     | Black Rock Lifepath Retire Fund I                              | 15,068 mutual fund shares                                                                                              | **          | 162,741              |
|     | Columbia Mid Cap Index Fund A                                  | 6,251 mutual fund shares                                                                                               | **          | 58,007               |
|     | <b>Total mutual funds</b>                                      |                                                                                                                        |             | <b>7,876,118</b>     |
|     | <b>Total investments</b>                                       |                                                                                                                        |             | <b>\$ 9,416,176</b>  |

\*Represents a party-in-interest to the Plan as defined by ERISA.

\*\*The cost of participant-directed investments is not required to be disclosed.

# Dade Moeller & Associates, Inc. 401(k) Profit Sharing Plan

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: 56-1858650

Plan Number: 002

| (a)                             | (b)<br>Identity of Issuer, Borrower<br>Lessor or Similar Party | (c)<br>Description of Investment<br>Including Maturity Date, Rate of<br>Interest, Collateral, Par or<br>Maturity Value | (d)<br>Cost | (e)<br>Current Value |
|---------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------|----------------------|
| <b>Pooled separate account:</b> |                                                                |                                                                                                                        |             |                      |
| *                               | NYLIC Ancor Account II                                         | 1,617,707 units                                                                                                        | **          | \$ 1,540,058         |
| <b>Mutual funds:</b>            |                                                                |                                                                                                                        |             |                      |
|                                 | American Funds Growth R3                                       | 50,074 mutual fund shares                                                                                              | **          | 1,348,501            |
|                                 | American Funds EuroPacific Growth R3                           | 35,512 mutual fund shares                                                                                              | **          | 1,338,102            |
| *                               | Mainstay Balanced Fund R2                                      | 24,270 mutual fund shares                                                                                              | **          | 561,113              |
|                                 | Davis NY Venture Fund A                                        | 16,275 mutual fund shares                                                                                              | **          | 504,197              |
|                                 | Hotchkis & Wiley Lg Cap Val                                    | 35,728 mutual fund shares                                                                                              | **          | 486,618              |
|                                 | Black Rock Lifepath 2020 Fund I                                | 30,056 mutual fund shares                                                                                              | **          | 439,420              |
| *                               | Mainstay Indexed Bond A                                        | 38,619 mutual fund shares                                                                                              | **          | 432,535              |
|                                 | Black Rock Lifepath 2030 Fund I                                | 31,986 mutual fund shares                                                                                              | **          | 425,735              |
|                                 | Van Kampen Mid Cap Growth Fund A                               | 17,712 mutual fund shares                                                                                              | **          | 413,920              |
|                                 | PIMCO High Yield Fund A                                        | 34,325 mutual fund shares                                                                                              | **          | 302,056              |
|                                 | Black Rock Lifepath 2040 Fund I                                | 18,521 mutual fund shares                                                                                              | **          | 297,076              |
|                                 | Forward Small Cap Equity                                       | 17,741 mutual fund shares                                                                                              | **          | 256,363              |
|                                 | Goldman Sachs Sm Cap Value A                                   | 7,452 mutual fund shares                                                                                               | **          | 234,281              |
| *                               | Mainstay S & P 500 Index A                                     | 8,294 mutual fund shares                                                                                               | **          | 211,334              |
|                                 | PIMCO Real Return Bond A                                       | 18,766 mutual fund shares                                                                                              | **          | 202,483              |
|                                 | Perkins Mid Cap Value Fund                                     | 10,189 mutual fund shares                                                                                              | **          | 201,636              |
|                                 | Black Rock Lifepath Retire Fund I                              | 15,068 mutual fund shares                                                                                              | **          | 162,741              |
|                                 | Columbia Mid Cap Index Fund A                                  | 6,251 mutual fund shares                                                                                               | **          | 58,007               |
| <b>Total mutual funds</b>       |                                                                |                                                                                                                        |             | <b>7,876,118</b>     |
| <b>Total investments</b>        |                                                                |                                                                                                                        |             | <b>\$ 9,416,176</b>  |

\*Represents a party-in-interest to the Plan as defined by ERISA.

\*\*The cost of participant-directed investments is not required to be disclosed.