Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SAM LEMAN I, LLC NADART SALARY DEF 401K PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1990

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
SAM LEMAN I, LLC

161 DETROIT AVE
MORTON, IL 61550

2b Employer Identification Number (EIN) 74-2939491

2c Sponsor's telephone number 309-263-2345

2d Business code (see instructions) 441110

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	ALAN B. SVEDLOW
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
ALAN B. SVEDLOW, ADMINISTRATOR NADART

P.O. BOX 9200
MCLEAN, VA 22102

3b Administrator's EIN
31-1255362

3c Administrator's telephone number
800-462-3278

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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	253
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	247
b	Retired or separated participants receiving benefits	**6b**	5
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	271
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	271
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	187
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	14
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

A Name of plan
SAM LEMAN I, LLC NADART SALARY DEF 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAM LEMAN I, LLC

D Employer Identification Number (EIN)
74-2939491

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

NADART

PO BOX 9200
MCLEAN, VA 22102

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	RETIREMENT PLAN	14509	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
SAM LEMAN I, LLC NADART SALARY DEF 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SAM LEMAN I, LLC

D Employer Identification Number (EIN)
74-2939491

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

a Name of MTIA, CCT, PSA, or 103-12 IE: NATIONAL AUTOMOBILE DEALERS ASSOCIA

b Name of sponsor of entity listed in (a): NATIONAL AUTOMOBILE DEALERS ASSOCIATION

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)
56-2505985-001	C	4954454

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

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-462	C	95870

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT INCOME SL SE

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-563	C	39845

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2010 SECURIT

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-564	C	133318

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2015 SL SERI

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-618	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2020 SECURIT

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-560	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2025 SL SERI

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-619	C	12918

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2030 SECURIT

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-0025081-561	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2035 SL SERI

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-0025081-620	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 382

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2040 SECURIT

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-0025081-562	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2045 SL SERI

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-0025081-621	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13408

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA TARGET RETIREMENT 2050 SL SERI

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-0025081-659	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8503

a Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL 2000 SMALL CAP FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-0025081-086	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 77841

a Name of MTIA, CCT, PSA, or 103-12 IE: S AND P 400 MID CAP FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-0025081-079	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54001

a Name of MTIA, CCT, PSA, or 103-12 IE: S AND P 500 LARGE CAP FUND

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

c EIN-PN 04-0025081-085	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 121409

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
SAM LEMAN I, LLC NADART SALARY DEF 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAM LEMAN I, LLC

D Employer Identification Number (EIN)
74-2939491

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	36402	0
(2) Participant contributions	1b(2)	1629	1209
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	4540951	5511949
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	64731	108415
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	4643713	5621573
	Liabilities			
g	Benefit claims payable	1g	3193	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	3193	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	4640520	5621573

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	359628	
	(C) Others (including rollovers)	2a(1)(C)	0	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		359628
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2567	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)	0	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2567
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		864580
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		26332
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1253107
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	257545	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		257545
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	14509	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		14509
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		272054
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		981053
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WOODWARD AND ASSOCIATES INC. (2) EIN: 37-1378349

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
SAM LEMAN I, LLC NADART SALARY DEF 401K PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SAM LEMAN I, LLC

D Employer Identification Number (EIN)
74-2939491

Part I Distributions

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

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

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

EIN(s): 51-0210613

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** 21

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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** 0

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SAM LEMAN I, LLC
NADART SALARY DEFERRAL
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2009 AND 2008

Woodward & Associates, Inc.
Certified Public Accountants
1707 Clearwater Ave. • P.O. Box 1584 • Bloomington, Illinois 61702
Phone (309) 662-8797 • Fax (309) 662-9438

SAM LEMAN I, LLC.
SALARY DEFERRAL 401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

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Woodward & Associates, Inc.

Certified Public Accountants
Phone (309) 662-8797 • Fax (309) 662-9438

Carl S. Woodward, CPA
Philip C. Wegeng, CPA
Karen E. Wilson, Principal

INDEPENDENT AUDITORS' REPORT

To the Plan Management of Sam Leman I, LLC 401(k) Plan

We were engaged to audit the financial statements of the Sam Leman I, LLC Salary Deferral 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedules as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note H, which was certified by Cardinal Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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

Woodward & Associates, Inc.

Woodward & Associates, Inc.
Bloomington, IL 61702

October 12, 2010

Sam Leman I, LLC. Salary Deferral 401(k) Profit Sharing Plan
Statement of Net Assets Available for Benefits

	December 31, 2009	2008
ASSETS		
Investments (at fair value):	$5,620,364	$4,605,682
Receivables:		
Employers' contribution	-	36,402
Participants' contribution	1,209	1,629
	1,209	38,031
TOTAL ASSETS	5,621,573	4,643,713
LIABILITIES		
Excess contributions payable	-	3,193
TOTAL LIABILITIES	-	3,193
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	5,621,573	4,640,520
Adjustment to contract value for Income Fund	(73,343)	245,543
NET ASSETS AVAILABLE FOR BENEFITS	$5,548,230	$4,886,063

See accompanying notes.

Sam Leman I, LLC. Salary Deferral 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits

	Year ended December 31, 2009	2008
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net realized and unrealized appreciation in fair value	$ 572,026	$ (774,118)
Interest and Dividends	324	27,866
Investment fee rebate	2,243	
TOTAL INVESTMENT INCOME	574,593	(746,252)
Contributions:		
Employer	-	149,432
Participant	359,628	491,264
Rollovers	-	-
	359,628	640,696
TOTAL ADDITIONS	934,221	(105,556)
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	257,545	792,435
Refunds of excess contributions	-	3,193
Administrative expenses	14,509	10,528
TOTAL DEDUCTIONS	272,054	806,156
NET INCREASE	662,167	(911,712)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	4,886,063	5,797,775
END OF YEAR	$ 5,548,230	$ 4,886,063

See accompanying notes.

Sam Leman I, LLC. Salary Deferral 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2009 and 2008

NOTE A – DESCRIPTION OF PLAN

The following description of the Sam Leman I, LLC NADART Salary Deferral 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Sam Leman I, LLC NADART Salary Deferral 401(k) Plan was established to provide retirement benefits for employees of Sam Leman I, LLC (the Company). Employees become eligible to participate in the Plan following 12 months of service and attainment of age 21, as defined in the Plan Agreement. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participant contributions consist of pre-tax elective deferrals. Participants may contribute pre-tax elective deferrals up to the dollar limitation contained in section 402(g) of the Internal Revenue Code in effect at the beginning of the year. Employer contributions include matching contributions, discretionary contributions and discretionary matching contributions. Contributions are subject to certain limitations.

Effective January 1, 2009, the Plan was amended to discontinue the Company's matching contribution.

Employer discretionary contributions are allocated to participants employed on the last day of the Plan year. The allocation is based on a ratio of each participant's compensation to all participants' compensation as described in the Plan Agreement. Employer discretionary matching contributions made to the Plan are allocated as of the last day of the Plan year to the account of each participant who elects to have deferred cash contributions made under the Plan, and who is employed with the employer on the last day of the Plan year.

Participant Accounts

Each participant's account is credited with the participant's contributions, the employer's contributions and an allocation of the Plan's earnings, and charged with an allocation of investment expenses. The Plan's earnings and investment expenses are allocated according to participants' relative account balances in the investment options. Certain participant fees, if applicable, are also charged to participant accounts.

Net assets available for benefits include the accounts of active participants, as well as certain separated, vested and retired participants who have elected to receive their benefits in installment payments, or elected to defer receipt of their benefit to a later date (Installment/Deferred). These participants share in the earnings of the investments.

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. That portion of the participant's account attributable to employer matching contributions and employer discretionary contributions is fully vested after completion of six years of service. Vesting is accrued as outlined in the Plan Agreement. Participants' accounts become fully vested upon attainment of the normal retirement age of 65, early retirement as defined in the Plan Agreement, or in the event of death or total disability.

Participant Loans

Participant loans are not permitted by the Plan at this time.

Payment of Benefits

Benefits are recorded when paid. Amounts credited to an individual participant's account are distributed at termination of employment as a lump-sum, in installments, or, if qualified, as an annuity. Distributions may be deferred until the participant reaches the age of 70 ½ if the value of the distribution is not less than $5,000. However, the Plan Agreement stipulates that distributions must commence no later than April 1 of the year following the year in which the participant reaches the age of 70 ½.

In certain hardship situations, as described in the Plan Agreement, participants may withdraw part of their account balances while actively employed, but such withdrawals are limited to the amount dictated by the hardship. Participants' withdrawals are limited to pre-tax elective deferrals and may not include any earnings thereon.

Forfeited Accounts

At December 31, 2009 and 2008 forfeited nonvested accounts totaled $3,348 and $3,956, respectively. These amounts will be used to pay administrative expenses for the plan year. Any remaining amounts will be used to reduce future employer contributions. In 2009, $5,053 was used to pay administrative expenses and employer contributions were reduced by $2,736 from forfeited nonvested accounts.

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Plan Expenses and Administration

Investment management fees are charged to participants based on their investment elections. All bank common/collective trusts return to NADART approximately 45 basis points and 35 basis points prior to June 1, 2009, for recordkeeping services, which accumulated to $9,484,839 for all NADART plans in 2009. Participants that use the Vanguard Growth Index Fund and/or the Longleaf Partners Fund are charged 45 basis points and 35 basis points prior to June 1, 2009, against their account for that fund. These charges are credited to NADART for recordkeeping services, which accumulated to $139,455 in 2009 for the holdings in these funds for all NADART plans.

Certain administrative fees including a base rate per plan, a charge per participant, service fees, and audit fees are paid by the Companies.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimate and assumptions that affect the amounts reported in the financial statements and accompanying notes. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Participants may invest their contributions and any Company contributions in any of 27 mutual funds and bank common/collective trusts. The Plan's investments in mutual funds are stated at fair market value, based upon quoted market prices. Participant loans are valued at their unpaid balances, which approximate fair value.

The common/collective trusts are valued using the net asset value (NAV) provided by Cardinal Bank, the Trustee of the Plan. The NAV for most CCTs is quoted on a private market that is not active; however, the unit price is based on quoted market prices of the underlying investments which are traded on an active market.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

The Income fund is the only CCT that contains synthetic guaranteed investment contracts (GIC). The fair value of a synthetic GIC is calculated by valuing each component of the structure separately. The fixed income securities component in the underlying account are valued at quoted market prices. The value of the wrapper contract component is determined by the issuer using a standard discounted replacement cost methodology, using the duration and period end yields of the issuer's comparable sector credit curve as valuation inputs.

In 2009, the Plan received a rebate of Plan fee's previously charged against investment income. The Trustee of the Plan, has certified as to the completeness and accuracy of all investments reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008, all of the investment activity reflected on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009, and all investment information in the supplemental schedule which is summarized as follows:

	2009	2008
Investments, at fair value	$ 5,620,364	$ 4,605,682
Adjustments to contract value for Income Fund	(73,343)	245,543
Interest and dividends	324	-
Net appreciation/depreciation in fair value of investments	572,026	-

Net Appreciation

For the year ended December 31, 2009, the Plan's investments (including investments bought, sold and held during the year) appreciated in value as follows:

Fair value as determined by quoted market prices, or by the Trustee:	
Common/collective trusts	$ 545,694
Mutual funds	26,332
Net appreciation in fair value of investments	$ 572,026

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Significant Investments

The following investments represented more than 5% of the Plan's net assets as of December 31, 2009 and 2008:

	2009	2008
Income Fund at contract value	$ 2,965,727	$ 3,012,036
NADART Fund	1,187,768	798,349

Adjustment to Contract Value for Income Fund

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 attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Income Fund investment held by the Plan contains underlying investment contracts that are subject to the requirements of FSP. As required by the FSP, the Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008 present the fair value of the Income Fund as well as the adjustment of the Income Fund from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Payment of Benefits

Benefits are recorded when paid.

NOTE C – FAIR VALUE MEASUREMENTS

Statement of Financial Accounting Standards No. 157 (SFAS 157), (currently known as ASC 820), establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under SFAS 157, (ASC 820), are described below:

NOTE C – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.
Level 2	Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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.

The fair value of assets as of December 31, 2009 is as follows:

	Fair Value Measurements Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Common/collective trusts	$ 0	$ 5,511,949	$ 5,511,949
Mutual funds	108,415	0	108,415
Total	$ 108,415	$ 5,511,949	$ 5,620,364

The fair value of assets as of December 31, 2008 is as follows:

	Fair Value Measurements Using		
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Total
Common/collective trusts	$ 0	$ 4,540,951	$ 4,540,951
Mutual funds	64,731	0	64,731
Total	$ 64,731	$ 4,540,951	$ 4,605,682

NOTE D – PLAN AMENDMENTS

Effective January 1, 2009, the Plan was amended to discontinue the Company's matching contributions.

NOTE E – PLAN TERMINATION

Although it has not expressed any intent to do so, the Companies have the right to terminate the Plan at any time subject to the provisions of ERISA. In the event of Plan termination, the respective participant's interest, net of any termination fees, will become fully vested and will be distributed to each participant in accordance with the Plan Agreement.

NOTE F – TAX STATUS

The NADART master prototype documents were amended to comply with the statutory requirements of the Economic Growth and Tax Relief Reconciliation Act (EGTRRA) of 2001 and received favorable opinion letters from the Internal Revenue Service on March 31, 2008. The Plan Agreement has been restated to reflect the EGTRRA plan changes. The Plan's restated adoption agreement is effective December 31, 2008. In accordance with Revenue Procedure 2002-6, the Plan Administrator has chosen to rely on the current opinion letter that has been issued to the prototype. Once qualified, the Plan is required to operate in conformity with the Internal Revenue Code ("IRC") to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax exempt.

NOTE G – EXCESS CONTRIBUTIONS

NADART distributes excess contributions in accordance with IRS Code 401(m) and 401(k).

NOTE H – INVESTMENTS

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 Regulation for Reporting and Disclosure under ERISA. Accordingly, the trustee, Cardinal Bank, has certified that the following data included in the accompanying statements and supplemental schedules is complete and accurate.

NOTE I – RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

NOTE J – SUBSEQUENT EVENTS

Management has evaluated the subsequent events for disclosure in these financial statements through October 12, 2010, which is the date the financial statements are available to be issued.

Effective July 1, 2010 the Plan was amended to implement the Company's matching contributions equal to 50% of the first 4% of compensation that a participant contributes. In addition, the Plan was amended to provide that forfeitures will be used to offset employer matching contributions.

NOTE K – RECONCILIATION TO FORM 5500

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

	2009	2008
Net assets available for benefits per audited financial statements	$ 5,548,230	$ 4,886,063
Adjustment to fair value for Income Fund	73,343	(245,543)
Net assets per Form 5500	$ 5,621,573	$ 4,640,520

The following is a reconciliation of investment income per the financial statements to the Form 5500:

	2009
Total investment income(loss) per the financial statements	$ 574,593
Change in adjustment to fair value for Income Fund	318,886
Total investment income(loss) per Form 5500	$ 893,479

SUPPLEMENTAL INFORMATION

Sam Leman I, LLC. Salary Deferral 401(k) Profit Sharing Plan
Schedule of Assets Held for Investment Purposes
For the Year Ended December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	International Investors Fund	Common/Collective Trust	**	$ 93,785
*	Gabelli Small Cap Growth	Common/Collective Trust	**	50,572
*	Income Fund	Common/Collective Trust	**	3,039,070
	International Fund	Common/Collective Trust	**	95,870
*	Janus Enterprise	Common/Collective Trust	**	98,219
*	Legg Mason Growth Trust	Common/Collective Trust	**	47,492
*	NADART Fund	Common/Collective Trust	**	1,187,768
*	NADART Large Cap Growth Fund	Common/Collective Trust	**	25,148
*	PIMCO All Asset Fund	Common/Collective Trust	**	14,047
*	PIMCO Total Return Fund	Common/Collective Trust	**	265,303
	Russell 2000 Small Cap Fund	Common/Collective Trust	**	77,841
	S&P 400 Mid Cap Fund	Common/Collective Trust	**	54,001
	S&P 500 Large Cap Fund	Common/Collective Trust	**	121,409
	SSgA Retirement Income Strategy	Common/Collective Trust	**	39,845
	SSgA 2010 Strategy	Common/Collective Trust	**	133,318
	SSgA 2025 Strategy	Common/Collective Trust	**	12,918
	SSgA 2035 Strategy	Common/Collective Trust	**	382
	SSgA 2045 Strategy	Common/Collective Trust	**	13,408
	SSgA 2050 Strategy	Common/Collective Trust	**	8,503
*	Turner Mid Cap Growth	Common/Collective Trust	**	81,851
*	T. Rowe Price Equity Income	Common/Collective Trust	**	51,199
	Longleaf Partners Fund	Common/Collective Trust	**	79,495
	Vanguard Growth Index Fund	Common/Collective Trust	**	28,920

* Denotes investments with parties-in-interest.
** All investments are participant directed so cost information is note required.

See Independent Auditors' Report.

Sam Leman I, LLC
NADART Salary Deferral 401(k) Plan
EIN 74-2939491 Plan ID 001
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2009

(a)	(b) Identity of Issue, Borrower, Lessor Or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
*	International Investors Fund	Common / Collective Trust	N/R	$ 93,785
*	Gabelli Small Cap Growth	Common / Collective Trust	N/R	50,572
*	Income Fund	Common / Collective Trust	N/R	3,039,070
	International Fund	Common / Collective Trust	N/R	95,870
*	Janus Enterprise	Common / Collective Trust	N/R	98,219
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*	NADART Fund	Common / Collective Trust	N/R	1,187,768
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	SSgA 2050 Strategy	Common / Collective Trust	N/R	8,503
*	Turner Mid Cap Growth	Common / Collective Trust	N/R	81,851
*	T. Rowe Price Equity Income	Common / Collective Trust	N/R	51,199
	Common / Collective Trust Total			5,511,949
	Longleaf Partners Fund	Mutual Fund	N/R	79,495
	Vanguard Growth Index Fund	Mutual Fund	N/R	28,920
	Mutual Fund Total			108,415
	Total Investments			$ 5,620,364

* A party-in-interest as defined by ERISA

N/R Historical cost is not required to be presented for participant-directed investments

SAM LEMAN I, LLC
NADART SALARY DEFERRAL
401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

DECEMBER 31, 2009 AND 2008

Woodward & Associates, Inc.
Certified Public Accountants
1707 Clearwater Ave. • P.O. Box 1584 • Bloomington, Illinois 61702
Phone (309) 662-8797 • Fax (309) 662-9438

SAM LEMAN I, LLC.
SALARY DEFERRAL 401(K) PROFIT SHARING PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION

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Woodward & Associates, Inc.

Certified Public Accountants
Phone (309) 662-8797 • Fax (309) 662-9438

Carl S. Woodward, CPA
Philip C. Wegeng, CPA
Karen E. Wilson, Principal

INDEPENDENT AUDITORS' REPORT

To the Plan Management of Sam Leman I, LLC 401(k) Plan

We were engaged to audit the financial statements of the Sam Leman I, LLC Salary Deferral 401(k) Profit Sharing Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, and the supplemental schedules as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note H, which was certified by Cardinal Bank, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the trustee is complete and accurate.

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

Woodward & Associates, Inc.

Woodward & Associates, Inc.
Bloomington, IL 61702

October 12, 2010

Sam Leman I, LLC. Salary Deferral 401(k) Profit Sharing Plan
Statement of Net Assets Available for Benefits

	December 31, 2009	2008
ASSETS		
Investments (at fair value):	$5,620,364	$4,605,682
Receivables:		
Employers' contribution	-	36,402
Participants' contribution	1,209	1,629
	1,209	38,031
TOTAL ASSETS	5,621,573	4,643,713
LIABILITIES		
Excess contributions payable	-	3,193
TOTAL LIABILITIES	-	3,193
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	5,621,573	4,640,520
Adjustment to contract value for Income Fund	(73,343)	245,543
NET ASSETS AVAILABLE FOR BENEFITS	$5,548,230	$4,886,063

See accompanying notes.

Sam Leman I, LLC. Salary Deferral 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits

	Year ended December 31, 2009	2008
ADDITIONS		
Additions to net assets attributed to:		
Investment income:		
Net realized and unrealized appreciation in fair value	$ 572,026	$ (774,118)
Interest and Dividends	324	27,866
Investment fee rebate	2,243	
TOTAL INVESTMENT INCOME	574,593	(746,252)
Contributions:		
Employer	-	149,432
Participant	359,628	491,264
Rollovers	-	-
	359,628	640,696
TOTAL ADDITIONS	934,221	(105,556)
DEDUCTIONS		
Deductions from net assets attributed to:		
Benefits paid to participants	257,545	792,435
Refunds of excess contributions	-	3,193
Administrative expenses	14,509	10,528
TOTAL DEDUCTIONS	272,054	806,156
NET INCREASE	662,167	(911,712)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	4,886,063	5,797,775
END OF YEAR	$ 5,548,230	$ 4,886,063

See accompanying notes.

Sam Leman I, LLC. Salary Deferral 401(k) Profit Sharing Plan
Notes to Financial Statements
December 31, 2009 and 2008

NOTE A – DESCRIPTION OF PLAN

The following description of the Sam Leman I, LLC NADART Salary Deferral 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

General

The Sam Leman I, LLC NADART Salary Deferral 401(k) Plan was established to provide retirement benefits for employees of Sam Leman I, LLC (the Company). Employees become eligible to participate in the Plan following 12 months of service and attainment of age 21, as defined in the Plan Agreement. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participant contributions consist of pre-tax elective deferrals. Participants may contribute pre-tax elective deferrals up to the dollar limitation contained in section 402(g) of the Internal Revenue Code in effect at the beginning of the year. Employer contributions include matching contributions, discretionary contributions and discretionary matching contributions. Contributions are subject to certain limitations.

Effective January 1, 2009, the Plan was amended to discontinue the Company's matching contribution.

Employer discretionary contributions are allocated to participants employed on the last day of the Plan year. The allocation is based on a ratio of each participant's compensation to all participants' compensation as described in the Plan Agreement. Employer discretionary matching contributions made to the Plan are allocated as of the last day of the Plan year to the account of each participant who elects to have deferred cash contributions made under the Plan, and who is employed with the employer on the last day of the Plan year.

Participant Accounts

Each participant's account is credited with the participant's contributions, the employer's contributions and an allocation of the Plan's earnings, and charged with an allocation of investment expenses. The Plan's earnings and investment expenses are allocated according to participants' relative account balances in the investment options. Certain participant fees, if applicable, are also charged to participant accounts.

Net assets available for benefits include the accounts of active participants, as well as certain separated, vested and retired participants who have elected to receive their benefits in installment payments, or elected to defer receipt of their benefit to a later date (Installment/Deferred). These participants share in the earnings of the investments.

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. That portion of the participant's account attributable to employer matching contributions and employer discretionary contributions is fully vested after completion of six years of service. Vesting is accrued as outlined in the Plan Agreement. Participants' accounts become fully vested upon attainment of the normal retirement age of 65, early retirement as defined in the Plan Agreement, or in the event of death or total disability.

Participant Loans

Participant loans are not permitted by the Plan at this time.

Payment of Benefits

Benefits are recorded when paid. Amounts credited to an individual participant's account are distributed at termination of employment as a lump-sum, in installments, or, if qualified, as an annuity. Distributions may be deferred until the participant reaches the age of 70 ½ if the value of the distribution is not less than $5,000. However, the Plan Agreement stipulates that distributions must commence no later than April 1 of the year following the year in which the participant reaches the age of 70 ½.

In certain hardship situations, as described in the Plan Agreement, participants may withdraw part of their account balances while actively employed, but such withdrawals are limited to the amount dictated by the hardship. Participants' withdrawals are limited to pre-tax elective deferrals and may not include any earnings thereon.

Forfeited Accounts

At December 31, 2009 and 2008 forfeited nonvested accounts totaled $3,348 and $3,956, respectively. These amounts will be used to pay administrative expenses for the plan year. Any remaining amounts will be used to reduce future employer contributions. In 2009, $5,053 was used to pay administrative expenses and employer contributions were reduced by $2,736 from forfeited nonvested accounts.

NOTE A – DESCRIPTION OF PLAN (CONTINUED)

Plan Expenses and Administration

Investment management fees are charged to participants based on their investment elections. All bank common/collective trusts return to NADART approximately 45 basis points and 35 basis points prior to June 1, 2009, for recordkeeping services, which accumulated to $9,484,839 for all NADART plans in 2009. Participants that use the Vanguard Growth Index Fund and/or the Longleaf Partners Fund are charged 45 basis points and 35 basis points prior to June 1, 2009, against their account for that fund. These charges are credited to NADART for recordkeeping services, which accumulated to $139,455 in 2009 for the holdings in these funds for all NADART plans.

Certain administrative fees including a base rate per plan, a charge per participant, service fees, and audit fees are paid by the Companies.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make estimate and assumptions that affect the amounts reported in the financial statements and accompanying notes. Accordingly, actual results could differ from those estimates.

Investment Valuation and Income Recognition

Participants may invest their contributions and any Company contributions in any of 27 mutual funds and bank common/collective trusts. The Plan's investments in mutual funds are stated at fair market value, based upon quoted market prices. Participant loans are valued at their unpaid balances, which approximate fair value.

The common/collective trusts are valued using the net asset value (NAV) provided by Cardinal Bank, the Trustee of the Plan. The NAV for most CCTs is quoted on a private market that is not active; however, the unit price is based on quoted market prices of the underlying investments which are traded on an active market.

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition (Continued)

The Income fund is the only CCT that contains synthetic guaranteed investment contracts (GIC). The fair value of a synthetic GIC is calculated by valuing each component of the structure separately. The fixed income securities component in the underlying account are valued at quoted market prices. The value of the wrapper contract component is determined by the issuer using a standard discounted replacement cost methodology, using the duration and period end yields of the issuer's comparable sector credit curve as valuation inputs.

In 2009, the Plan received a rebate of Plan fee's previously charged against investment income. The Trustee of the Plan, has certified as to the completeness and accuracy of all investments reflected on the accompanying Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008, all of the investment activity reflected on the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2009, and all investment information in the supplemental schedule which is summarized as follows:

	2009	2008
Investments, at fair value	$ 5,620,364	$ 4,605,682
Adjustments to contract value for Income Fund	(73,343)	245,543
Interest and dividends	324	-
Net appreciation/depreciation in fair value of investments	572,026	-

Net Appreciation

For the year ended December 31, 2009, the Plan's investments (including investments bought, sold and held during the year) appreciated in value as follows:

Fair value as determined by quoted market prices, or by the Trustee:	
Common/collective trusts	$ 545,694
Mutual funds	26,332
Net appreciation in fair value of investments	$ 572,026

NOTE B – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Significant Investments

The following investments represented more than 5% of the Plan's net assets as of December 31, 2009 and 2008:

	2009	2008
Income Fund at contract value	$ 2,965,727	$ 3,012,036
NADART Fund	1,187,768	798,349

Adjustment to Contract Value for Income Fund

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 attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The Income Fund investment held by the Plan contains underlying investment contracts that are subject to the requirements of FSP. As required by the FSP, the Statements of Net Assets Available for Benefits as of December 31, 2009 and 2008 present the fair value of the Income Fund as well as the adjustment of the Income Fund from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

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Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets.
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Common/collective trusts	$ 0	$ 4,540,951	$ 4,540,951
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For the Year Ended December 31, 2009

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	SSgA 2050 Strategy	Common/Collective Trust	**	8,503
*	Turner Mid Cap Growth	Common/Collective Trust	**	81,851
*	T. Rowe Price Equity Income	Common/Collective Trust	**	51,199
	Longleaf Partners Fund	Common/Collective Trust	**	79,495
	Vanguard Growth Index Fund	Common/Collective Trust	**	28,920

* Denotes investments with parties-in-interest.
** All investments are participant directed so cost information is note required.

See Independent Auditors' Report.