# 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
TUFF SHED, INC. EMPLOYEE 401(K) PLAN

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

**1c** Effective date of plan 12/17/1993

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

1777 S HARRISON STREET--SUITE 600
DENVER, CO 80210

**2b** Employer Identification Number (EIN) 84-1108665

**2c** Sponsor's telephone number 303-753-8833

**2d** Business code (see instructions) 321900

**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 | DENNIS KUPER |
| | **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")<br>TUFF SHED, INC.<br>1777 S HARRISON STREET--SUITE 600<br>DENVER, CO 80210 | **3b** Administrator's EIN<br>84-1108665<br>**3c** Administrator's telephone number<br>303-753-8833 |

| | | | |
|---|---|---|---|
| **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: | | **4b** EIN |
| **a** | Sponsor's name | | **4c** PN |
| **5** | Total number of participants at the beginning of the plan year | **5** | 1155 |
| **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** | 682 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 182 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 864 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 0 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 864 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 566 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 45 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D 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) | | **9b** Plan benefit arrangement (check all that apply) | |
|---|---|---|---|
| **(1)** | Insurance | **(1)** | Insurance |
| **(2)** | Code section 412(e)(3) insurance contracts | **(2)** | Code section 412(e)(3) insurance contracts |
| **(3)** X | Trust | **(3)** X | Trust |
| **(4)** | General assets of the sponsor | **(4)** | General assets of the sponsor |

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

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

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

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

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| TUFF SHED, INC. EMPLOYEE 401(K) PLAN | | 001 |

| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
|---|---|
| TUFF SHED, INC. | 84-1108665 |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

ARTIO GLOBAL

13-6174048

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

ARTISAN

39-1811840

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

MFS

04-2747644

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

MORGAN STANLEY

36-3145972

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

T. ROWE PRICE

52-2264646

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

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

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

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

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

WELLS FARGO BANK, N.A.

94-1347393

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 19 21 37 38 59 60 63 | SERVICE PROV | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

WELLS FARGO BANK, N.A.

94-1347393

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 19 21 37 38 50 | BUNDLED SERV | 5175 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

WELLS FARGO BANK, N.A.

94-1347393

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 15 19 21 37 38 62 | SERVICE PROV | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 0 | Yes [ ] No [X] |

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

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

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

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

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

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

## 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 |
|---|---|---|
| | | |

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

# DFE/Participating Plan Information

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

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

OMB No. 1210-0110

**2009**

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

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

**A** Name of plan
TUFF SHED, INC. EMPLOYEE 401(K) PLAN

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

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
TUFF SHED, INC.

**D** Employer Identification Number (EIN)
84-1108665

## 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: WELLS FARGO COLL STABLE RETURN N6

**b** Name of sponsor of entity listed in (a): WELLS FARGO BANK, N.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) |
|---|---|---|
| 52-2251407-001 | C | 1650833 |

**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) |
|---|---|---|

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

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

**a** Plan name

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

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

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

**A** Name of plan
TUFF SHED, INC. EMPLOYEE 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
TUFF SHED, INC.

**D** Employer Identification Number (EIN)
84-1108665

## 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) | 36 | 220 |
| **(2)** Participant contributions | 1b(2) | 45 | 341 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(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) | 729127 | 767656 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 1518479 | 1650833 |
| **(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) | 6015775 | 8123421 |
| **(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 | 8263462 | 10542471 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 0 | 0 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 8263462 | 10542471 |

## 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) | 467399 | |
| | **(B)** Participants | 2a(1)(B) | 805149 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1272548 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | | |
| | **(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) | 44830 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 44830 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | 162588 | |
| | **(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) | | 162588 |
| | **(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) | | 133338 |
| (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) | | 1597047 |
| **c** Other income | 2c | | 3189 |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3213540 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 929356 | |
| (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) | | 929356 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 5175 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 5175 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 934531 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 2279009 |
| **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: DELOITTE & TOUCHE (2) EIN: 13-3891517

**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 | | 3000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

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

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

OMB No. 1210-0110

**2009**

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

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

**A** Name of plan
TUFF SHED, INC. EMPLOYEE 401(K) PLAN

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

**C** Plan sponsor's name as shown on line 2a of Form 5500
TUFF SHED, INC.

**D** Employer Identification Number (EIN)
84-1108665

## 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): 41-6257133

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part III Amendments

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

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

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

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

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

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

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

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

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# Tuff Shed, Inc.
# Employee 401(k) Plan

Financial Statements as of December 31, 2009 and 2008, and for the Year Ended December 31, 2009, Supplemental Schedule as of December 31, 2009, and Independent Auditors' Report

# TUFF SHED, INC. EMPLOYEE 401(k) PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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## INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants in the
Tuff Shed, Inc. Employee 401(k) Plan:

We were engaged to audit the financial statements and supplemental schedule of the Tuff Shed, Inc. Employee 401(k) Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by Section 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 8, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 certifications from the trustee that the information as of December 31, 2009 and 2008, and for the year ended December 31, 2009, 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 express, 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, 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.

Deloitte & Touche LLP

October 12, 2010

# TUFF SHED, INC. EMPLOYEE 401(k) PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
## AS OF DECEMBER 31, 2009 AND 2008

| | 2009 | 2008 |
|---|---|---|
| ASSETS: | | |
| Participant-directed investments — at fair value | $ 10,541,910 | $ 8,263,381 |
| Receivables: | | |
| Employer contribution | 220 | 36 |
| Participant contributions | 341 | 45 |
| Total receivables | 561 | 81 |
| NET ASSETS AVAILABLE FOR BENEFITS — At fair value | 10,542,471 | 8,263,462 |
| ADJUSTMENTS FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE STABLE RETURN FUND | (3,295) | 85,035 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 10,539,176 | $ 8,348,497 |

See notes to financial statements.

# TUFF SHED, INC. EMPLOYEE 401(k) PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
## FOR THE YEAR ENDED DECEMBER 31, 2009

| | |
|---|---|
| CONTRIBUTIONS: | |
| Employer | $ 467,399 |
| Participant | 805,149 |
| Total contributions | 1,272,548 |
| INVESTMENT INCOME: | |
| Net appreciation in fair value of investments | 1,642,055 |
| Interest and dividends | 207,418 |
| Net investment income | 1,849,473 |
| OTHER INCOME | 3,189 |
| DEDUCTIONS: | |
| Benefits and distributions paid to participants | 929,356 |
| Administrative expenses | 5,175 |
| Total deductions | 934,531 |
| INCREASE IN NET ASSETS | 2,190,679 |
| NET ASSETS AVAILABLE FOR BENEFITS: | |
| Beginning of year | 8,348,497 |
| End of year | $ 10,539,176 |

See notes to financial statements.

## 1. SUMMARY DESCRIPTION OF THE PLAN

The following description of the Tuff Shed, Inc. Employee 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General** — The Plan is a defined contribution plan that is sponsored by Tuff Shed, Inc. (the "Company"). Wells Fargo Bank, N.A. (Wells Fargo Bank) serves as trustee of the Plan (the "Trustee"). The Plan is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA), as amended. Employees are eligible for participation in the Plan if they are at least 21 years of age and have completed one year of service. One year of service is credited when employees have at least 1,000 hours at the end of the first 12 consecutive months of employment. Eligible employees may begin participation in the Plan the first day following the date they complete their eligibility requirements.

**Contributions** — Each year, participants may contribute up to 100% of annual pretax compensation, as defined by the Plan, up to the Internal Revenue Code (IRC) Section 402(g) limit of $16,500 in 2009. A participant who is age 50 or older can make a catch-up deferral contribution of $5,500 in 2009. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company contributes a matching contribution equal to 100% for the first 3% of participant's contributed salary and 50% matching for contributions in excess of 3%, but not exceeding 6% of the participant's salary. The Plan limits the employer's matching contribution to 50% of the current-year annual contribution limit as set forth by the Internal Revenue Service (IRS). The Company may also elect to make discretionary contributions to the Plan, which are allocated based on a proportionate share of the total compensation paid during the year to all participants in the Plan. The Company elected to make no discretionary contributions to the Plan for the year ended December 31, 2009. Total employer and participant contributions must not exceed the annual limits set forth by IRC Section 415.

Upon enrollment in the Plan, a participant may direct his or her contributions to any of the various investment options, which are sponsored by the Trustee. Participants may change their investment choices and their contribution percentages at any time.

**Participant Accounts** — Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contributions, employer contributions, and an allocation of investment earnings, and charged with withdrawals and an allocation of investment losses. Investment income (loss) is allocated to participant accounts on a pro-rata basis based on 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 immediately vested in their elective contributions and safe harbor contributions plus actual earnings thereon, as well as any rollover contributions. Vesting in the remainder of their accounts is based on years of continuous service. A participant becomes 100% vested after six years of credited service. A participant's account also becomes fully vested in the event of total disability or death, or upon reaching the normal retirement age.

**Participant Loans** — Participants may borrow from their fund accounts a minimum of $1,000 and a maximum of 50% of their vested account balance or $50,000. The loans are secured by the balance in the participant's account and bear interest at prime plus 1%. Principal and interest are paid ratably through regular payroll deductions.

**Payment of Benefits** — Benefits are recorded when paid. A participant's account balance may be distributed when the participant terminates from service, retires, or dies. If the vested balance of the accounts exceeds $5,000, the Plan will commence distribution of the vested balance within a reasonable time frame after the participant terminates employment and consents to the distribution. If the vested balance does not exceed $5,000, the Plan will distribute the vested portion of the account in a lump sum immediately after termination.

Distributions from amounts attributable to salary deferrals are permitted before termination of employment only in the following circumstances: (1) upon attainment of age 59½, (2) upon becoming disabled under the terms of the Plan, or (3) upon proven financial hardship.

**Forfeited Accounts** — As of December 31, 2009 and 2008, forfeited nonvested accounts totaled $1,306 and $700, respectively. All forfeitures of employer contributions are used to reduce the amount that the Company must contribute as a matching contribution. During the year ended December 31, 2009, $2,724 in forfeited nonvested accounts was used to offset employer contributions.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

**Use of Estimates** — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Risks and Uncertainties** — The Plan invests primarily in mutual funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

**Investment Valuation and Income Recognition** — The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. The stable return fund is stated at fair value and then adjusted to contract value as described below. Fair value of the stable return fund is the net asset value of its underlying investments, and contract value is principal plus accrued interest. Participant loans are valued at amortized cost, which approximates fair value.

The Wells Fargo Bank Stable Return Fund is a collective trust fund for employee benefit plans. The fund may invest in fixed interest insurance investment contracts, money market funds, corporate and government bonds, mortgage-backed securities, bond funds, and other fixed income securities. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals.

In accordance with GAAP, the statements of net assets available for benefits present an investment contract at fair value, as well as an additional line item showing an adjustment of the fully benefit-responsive contract from fair value to contract value. The statement of changes in net assets available for benefits is presented on a contract value basis and is not affected. Fair value of the contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Management fees and operating expenses charged to the Plan for investments in the mutual funds and the stable return fund are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

**New Accounting Standards Adopted** — The accounting standards initially adopted in the 2009 financial statements described below affected certain note disclosures but did not impact the statements of net assets available for benefits or the statement of changes of net assets available for benefits.

**Accounting Standards Codification** — The Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC) became effective on July 1, 2009. At that date, the ASC became FASB's official source of authoritative U.S. generally accepted accounting principles (GAAP) applicable to all public and nonpublic nongovernmental entities, superseding existing guidance issued by the FASB, the American Institute of Certified Public Accountants (AICPA), the Emerging Issues Task Force (EITF) and other related literature. The FASB also issues Accounting Standards Updates (ASU). An ASU communicates amendments to the ASC. An ASU also provides information to help a user of GAAP understand how and why GAAP is changing and when the changes will be effective.

**Subsequent Events** — In May 2009, the FASB issued ASC 855 (originally issued as FASB Statement No. 165, *Subsequent Events*) to establish general standards of accounting for and disclosing events that occur after the balance sheet date, but prior to the issuance of financial statements. ASC 855 provides guidance on when financial statements should be adjusted for subsequent events and requires companies to disclose subsequent events and the date through which subsequent events have been evaluated. ASC 855 is effective for periods ending after June 15, 2009.

For the year ended December 31, 2009, subsequent events were evaluated through October 12, 2010, the date the financial statements were available to be issued. Effective January 1, 2010, the Company suspended the matching contribution for the 2010 Plan year.

**Updates to Fair Value Measurements and Disclosures** — In 2009, FASB Staff Position 157-4, *Disclosures 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* (FSP), was issued prospectively and later codified into ASC 820, which expanded disclosures and

required that major category for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments.

In September 2009, the FASB issued ASU No. 2009-12, *Fair Value Measurements and Disclosures: Investments in Certain Entities That Calculate Net Asset per Share (or Its Equivalent)* ("ASU 2009-12"), which amended ASC Subtopic 820-10, *Fair Value Measurements and Disclosures — Overall*. ASU No. 2009-12 is effective for the first reporting period ending after December 15, 2009. ASU No. 2009-12 expands the required disclosures for certain investments with a reported net asset value (NAV). ASU No. 2009-12 permits, as a practical expedient, an entity holding investments in certain entities that calculate net asset value per share or its equivalent for which the fair value is not readily determinable, to measure the fair value of such investments on the basis of that net asset value per share or its equivalent without adjustment. The ASU requires enhanced disclosures about the nature and risks of investments within its scope. Such disclosures include the nature of any restrictions on an investor's ability to redeem its investments at the measurement date, any unfunded commitments, and the investment strategies of the investee. The Plan has adopted ASU No. 2009-12 on a prospective basis for the year ended December 31, 2009. Adoption did not have a material impact on the fair value determination and disclosure of applicable investments. The effect of the adoption of the ASU had no impact on the statements of net assets available for benefits and statement of changes in net assets available for benefits.

**New Accounting Standard to Be Adopted — ASU No. 2010-06, Fair Value Measurements and Disclosures —** In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures* (ASU No. 2010-06), which amends ASC 820 (originally issued as FASB Statement No. 157, *Fair Value Measurements*), adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan is currently evaluating the impact ASU No. 2010-06 will have on the financial statements.

**Administrative Expenses** — Administrative expenses relate to loan origination fees paid by participants when they request a loan. Certain administrative expenses are paid by the Company as provided in the Plan document.

## 3. INVESTMENTS

The Plan's investments that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2009 and 2008, are as follows:

| | 2009 | 2008 |
|---|---|---|
| Wells Fargo Collective Stable Return Fund (contract value), 36,971 and 36,966 shares, respectively | $ 1,647,538 | $ 1,603,514 |
| Artio International Equity Fund, 37,531 and 35,411 shares, respectively | 1,034,735 | 850,946 |
| Wells Fargo Advantage Government Securities Fund, 75,901 and 68,200 shares, respectively | 810,620 | 736,562 |
| Morgan Stanley Mid Cap Growth Portfolio Fund, 35,751 and 36,571 shares, respectively | 976,364 | 625,365 |
| T. Rowe Price Growth Stock Fund, 29,390 and 32,289 shares, respectively | 803,218 | 617,361 |
| Participant loans | 767,656 | 729,127 |
| Artisan Mid Cap Value Fund, 38,819 and 43,220 shares, respectively | 697,959 | 560,127 |
| Wells Fargo Advantage Index Fund, 16,751 and 17,230 shares, respectively | 680,596 | 562,738 |
| Wells Fargo Advantage Capital Growth Fund, 38,174 and 42,735 shares, respectively | 530,617 | 440,602 |
| Wells Fargo Advantage Small Cap Value Fund, | 552,882 | * |

* Investment was not 5% or more of the Plan's net assets available for benefits in the respective year

During the year ended December 31, 2009, the Plan's mutual fund investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

| | |
|---|---|
| Mutual funds | $ 1,642,055 |

## 4. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, established a single authoritative definition of fair value, set a framework for measuring fair value, and requires additional disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily

available; and Level 3, which refers to securities valued based on significant unobservable inputs. Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis as of December 31, 2009 and 2008.

| | Fair Value Measurements as of December 31, 2009, Using | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
| Mutual funds: | | | | |
| Domestic stock funds: | | | | |
| Small cap funds | $ 794,172 | $ - | $ - | $ 794,172 |
| Mid cap funds | 1,674,323 | | | 1,674,323 |
| Large cap funds | 2,343,231 | | | 2,343,231 |
| Balanced funds | 415,840 | | | 415,840 |
| Target date funds | 1,050,500 | | | 1,050,500 |
| International stock fund | 1,034,735 | | | 1,034,735 |
| U.S. Government bond fund | 810,620 | | | 810,620 |
| Total mutual funds | 8,123,421 | | | 8,123,421 |
| Stable value fund | | 1,650,833 | | 1,650,833 |
| Participant loans | | 767,656 | | 767,656 |
| Total | $ 8,123,421 | $ 2,418,489 | $ - | $ 10,541,910 |

| | Fair Value Measurements as of December 31, 2008, Using | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
| Mutual funds | $ 6,015,775 | $ - | $ - | $ 6,015,775 |
| Stable return fund | | 1,518,479 | | 1,518,479 |
| Participant loans | | 729,127 | | 729,127 |
| Total | $ 6,015,775 | $ 2,247,606 | $ - | $ 8,263,381 |

The valuation methods described in Note 2 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although a plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

## 5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds and units of a stable return fund managed by the Trustee; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

## 6. 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 set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts, unless the nonvested portion was forfeited prior to the termination date.

## 7. FEDERAL INCOME TAX STATUS

The Plan uses a nonstandardized prototype plan document. The prototype plan has received an opinion letter from the IRS dated March 31, 2008, which states that the prototype document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. As permitted under IRS guidance, the Plan's management relies on the favorable opinion letter of the prototype plan sponsor. The Plan has been amended since the opinion letter; however, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## 8. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by the Trustee, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

| | 2009 | 2008 |
|---|---|---|
| Statements of net assets — participant-directed investments at fair value: | | |
| Wells Fargo Bank Stable Return Fund (contract value) | $ 1,647,538 | $ 1,603,514 |
| Mutual funds | 8,123,421 | 6,015,775 |
| Participant loans | 767,656 | 729,127 |
| Statement of changes in net assets — investment income: | | |
| Net appreciation in fair value of investments | $ 1,642,055 | |
| Interest and dividends | 207,418 | |

Supplemental schedule — all investment balances and information included in the supplemental schedule of assets (held at end of year), except for the Wells Fargo Stable Return Fund which is stated at fair value.

Note 3: All investment balances and investment information in the note.
Note 4: All investment balances in the note, except for the Wells Fargo Stable Return Fund which is stated at fair value.

## 9. RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

| | 2009 | 2008 |
|---|---|---|
| Statements of net assets available for benefits: | | |
| Net assets available for benefits per the financial statements | $ 10,539,176 | $ 8,348,497 |
| Adjustment from contract value to fair value for fully benefit-responsive stable return fund | 3,295 | (85,035) |
| Net assets available for benefits per the Form 5500 — at fair value | $ 10,542,471 | $ 8,263,462 |
| Increase in net assets per the financial statements | $ 2,190,679 | |
| Adjustment from contract value to fair value for fully benefit-responsive stable return fund 2008 | 85,035 | |
| Adjustment from contract value to fair value for fully benefit-responsive stable return fund 2009 | 3,295 | |
| Net income per Form 5500 — at fair value | $ 2,279,009 | |

* * * * * *

# SUPPLEMENTAL SCHEDULE

# TUFF SHED, INC. EMPLOYEE 401(k) PLAN

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2009**
**EIN 84-1108665**
**PLAN NUMBER 001**

| | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value |
|---|---|---|---|---|
| * | Wells Fargo Bank | Wells Fargo Collective Stable Return Fund | ** | $ 1,650,833 |
| | Artio | Artio International Equity Fund | ** | 1,034,735 |
| * | Wells Fargo Bank | Wells Fargo Advantage Government Securities Fund | ** | 810,620 |
| | Morgan Stanley | Morgan Stanley Mid Cap Growth Portfolio Fund | ** | 976,364 |
| | T. Rowe Price | T. Rowe Price Growth Stock Fund | ** | 803,218 |
| * | Wells Fargo Bank | Wells Fargo Advantage Index Fund | ** | 680,596 |
| | Artisan | Artisan Mid Cap Value Fund | ** | 697,959 |
| * | Wells Fargo Bank | Wells Fargo Advantage Capital Growth Fund | ** | 530,617 |
| * | Wells Fargo Bank | Wells Fargo Advantage Growth Balanced Fund | ** | 415,840 |
| * | Wells Fargo Bank | Wells Fargo Advantage Small Cap Value Fund | ** | 552,882 |
| | MFS | MFS Value Fund | ** | 328,801 |
| * | Wells Fargo Bank | Wells Fargo Advantage Dow Jones Target 2020 Fund | ** | 341,858 |
| * | Wells Fargo Bank | Wells Fargo Advantage Dow Jones Target 2030 Fund | ** | 219,524 |
| * | Wells Fargo Bank | Wells Fargo Advantage Dow Jones Target 2040 Fund | ** | 220,714 |
| * | Wells Fargo Bank | Wells Fargo Advantage Dow Jones Target 2010 Fund | ** | 89,914 |
| * | Wells Fargo Bank | Wells Fargo Advantage Dow Jones Target 2050 Fund | ** | 124,002 |
| * | Wells Fargo Bank | Wells Fargo Advantage Small Cap Growth Fund | ** | 241,290 |
| * | Wells Fargo Bank | Wells Fargo Advantage Dow Jones Target Today Fund | ** | 54,487 |
| * | Participant loans | Interest rates ranging from 4.25% to 9.25% and maturity dates ranging from 2010 to June 2018 | | 767,656 |
| | | | | $ 10,541,910 |

* Exempt party-in-interest (Note 5).
** Cost information is not required for participant-directed investments and therefore is not included.

See accompanying Independent Auditor's Report.

Schedule H Line 4i--Schedule of Assets Held for Investment Purposes at End of Year
For plan year ending December 31, 2009

DENNIS KUPER
TUFF SHED, INC.
EMPLOYEE 401(K) PLAN

EIN:841108665
PLAN #:001

| (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 | (e) Current value |
|---|---|---|---|
| * | WF COLL STABLE RETURN (N6) | Common/Collective Fund | 1,650,833.00 |
| * | WF ADVTG GOV SECURITIES-INV | Registered Investment Company | 810,619.76 |
| * | WF ADVTG GROWTH BALANCED-ADM | Registered Investment Company | 415,839.93 |
| | MFS Value R3 | Registered Investment Company | 328,800.67 |
| * | WF ADVANTAGE INDEX - ADMIN | Registered Investment Company | 680,596.35 |
| * | WF ADVTG CAPITAL GROWTH - ADM | Registered Investment Company | 530,616.60 |
| | T ROWE PRICE GROWTH STOCK | Registered Investment Company | 803,218.29 |
| | ARTISAN MID CAP VALUE | Registered Investment Company | 697,958.94 |
| * | WF ADVTG SMALL CAP VALUE - INV | Registered Investment Company | 552,882.21 |
| | MORGAN STANLEY MID CAP GROWTH | Registered Investment Company | 976,364.22 |
| * | WF ADVTG SMALL CAP GROWTH | Registered Investment Company | 241,290.38 |
| | ARTIO INTERNATIONAL EQUITY A | Registered Investment Company | 1,034,735.47 |
| * | WF ADVTG DOW JONES TRGT TODAY | Registered Investment Company | 54,486.66 |
| * | WF ADVTG DOW JONES TRGT 2010 | Registered Investment Company | 89,913.98 |
| * | WF ADVTG DOW JONES TRGT 2020 | Registered Investment Company | 341,858.40 |
| * | WF ADVTG DOW JONES TRGT 2030 | Registered Investment Company | 219,523.73 |
| * | WF ADVTG DOW JONES TRGT 2040 | Registered Investment Company | 220,714.56 |
| * | WF ADVTG DOW JONES TRGT 2050 | Registered Investment Company | 124,001.59 |
| | LOAN FUND | Various Int Rates and Mat Dates | 767,655.75 |
| | Total assets held for investment purposes | | 10,541,910.49 |

*Represents a party in interest to the plan

# Tuff Shed, Inc.
# Employee 401(k) Plan

Financial Statements as of December 31, 2009 and 2008, and for the Year Ended December 31, 2009, Supplemental Schedule as of December 31, 2009, and Independent Auditors' Report

# TUFF SHED, INC. EMPLOYEE 401(k) PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

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## INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants in the
Tuff Shed, Inc. Employee 401(k) Plan:

We were engaged to audit the financial statements and supplemental schedule of the Tuff Shed, Inc. Employee 401(k) Plan (the "Plan") as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by Section 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 8, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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 certifications from the trustee that the information as of December 31, 2009 and 2008, and for the year ended December 31, 2009, 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 express, 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, 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.

Deloitte & Touche LLP

October 12, 2010

# TUFF SHED, INC. EMPLOYEE 401(k) PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
## AS OF DECEMBER 31, 2009 AND 2008

| | 2009 | 2008 |
|---|---|---|
| ASSETS: | | |
| Participant-directed investments — at fair value | $ 10,541,910 | $ 8,263,381 |
| Receivables: | | |
| Employer contribution | 220 | 36 |
| Participant contributions | 341 | 45 |
| Total receivables | 561 | 81 |
| NET ASSETS AVAILABLE FOR BENEFITS — At fair value | 10,542,471 | 8,263,462 |
| ADJUSTMENTS FROM FAIR VALUE TO CONTRACT VALUE FOR FULLY BENEFIT-RESPONSIVE STABLE RETURN FUND | (3,295) | 85,035 |
| NET ASSETS AVAILABLE FOR BENEFITS | $ 10,539,176 | $ 8,348,497 |

See notes to financial statements.

# TUFF SHED, INC. EMPLOYEE 401(k) PLAN

## STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
## FOR THE YEAR ENDED DECEMBER 31, 2009

| | |
|---|---|
| CONTRIBUTIONS: | |
| Employer | $ 467,399 |
| Participant | 805,149 |
| Total contributions | 1,272,548 |
| INVESTMENT INCOME: | |
| Net appreciation in fair value of investments | 1,642,055 |
| Interest and dividends | 207,418 |
| Net investment income | 1,849,473 |
| OTHER INCOME | 3,189 |
| DEDUCTIONS: | |
| Benefits and distributions paid to participants | 929,356 |
| Administrative expenses | 5,175 |
| Total deductions | 934,531 |
| INCREASE IN NET ASSETS | 2,190,679 |
| NET ASSETS AVAILABLE FOR BENEFITS: | |
| Beginning of year | 8,348,497 |
| End of year | $ 10,539,176 |

See notes to financial statements.

## 1. SUMMARY DESCRIPTION OF THE PLAN

The following description of the Tuff Shed, Inc. Employee 401(k) Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General** — The Plan is a defined contribution plan that is sponsored by Tuff Shed, Inc. (the "Company"). Wells Fargo Bank, N.A. (Wells Fargo Bank) serves as trustee of the Plan (the "Trustee"). The Plan is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA), as amended. Employees are eligible for participation in the Plan if they are at least 21 years of age and have completed one year of service. One year of service is credited when employees have at least 1,000 hours at the end of the first 12 consecutive months of employment. Eligible employees may begin participation in the Plan the first day following the date they complete their eligibility requirements.

**Contributions** — Each year, participants may contribute up to 100% of annual pretax compensation, as defined by the Plan, up to the Internal Revenue Code (IRC) Section 402(g) limit of $16,500 in 2009. A participant who is age 50 or older can make a catch-up deferral contribution of $5,500 in 2009. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

The Company contributes a matching contribution equal to 100% for the first 3% of participant's contributed salary and 50% matching for contributions in excess of 3%, but not exceeding 6% of the participant's salary. The Plan limits the employer's matching contribution to 50% of the current-year annual contribution limit as set forth by the Internal Revenue Service (IRS). The Company may also elect to make discretionary contributions to the Plan, which are allocated based on a proportionate share of the total compensation paid during the year to all participants in the Plan. The Company elected to make no discretionary contributions to the Plan for the year ended December 31, 2009. Total employer and participant contributions must not exceed the annual limits set forth by IRC Section 415.

Upon enrollment in the Plan, a participant may direct his or her contributions to any of the various investment options, which are sponsored by the Trustee. Participants may change their investment choices and their contribution percentages at any time.

**Participant Accounts** — Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contributions, employer contributions, and an allocation of investment earnings, and charged with withdrawals and an allocation of investment losses. Investment income (loss) is allocated to participant accounts on a pro-rata basis based on 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 immediately vested in their elective contributions and safe harbor contributions plus actual earnings thereon, as well as any rollover contributions. Vesting in the remainder of their accounts is based on years of continuous service. A participant becomes 100% vested after six years of credited service. A participant's account also becomes fully vested in the event of total disability or death, or upon reaching the normal retirement age.

**Participant Loans** — Participants may borrow from their fund accounts a minimum of $1,000 and a maximum of 50% of their vested account balance or $50,000. The loans are secured by the balance in the participant's account and bear interest at prime plus 1%. Principal and interest are paid ratably through regular payroll deductions.

**Payment of Benefits** — Benefits are recorded when paid. A participant's account balance may be distributed when the participant terminates from service, retires, or dies. If the vested balance of the accounts exceeds $5,000, the Plan will commence distribution of the vested balance within a reasonable time frame after the participant terminates employment and consents to the distribution. If the vested balance does not exceed $5,000, the Plan will distribute the vested portion of the account in a lump sum immediately after termination.

Distributions from amounts attributable to salary deferrals are permitted before termination of employment only in the following circumstances: (1) upon attainment of age 59½, (2) upon becoming disabled under the terms of the Plan, or (3) upon proven financial hardship.

**Forfeited Accounts** — As of December 31, 2009 and 2008, forfeited nonvested accounts totaled $1,306 and $700, respectively. All forfeitures of employer contributions are used to reduce the amount that the Company must contribute as a matching contribution. During the year ended December 31, 2009, $2,724 in forfeited nonvested accounts was used to offset employer contributions.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Basis of Accounting** — The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (GAAP).

**Use of Estimates** — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**Risks and Uncertainties** — The Plan invests primarily in mutual funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

**Investment Valuation and Income Recognition** — The Plan's investments are stated at fair value. Fair value of a financial instrument is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Shares of mutual funds are valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end. The stable return fund is stated at fair value and then adjusted to contract value as described below. Fair value of the stable return fund is the net asset value of its underlying investments, and contract value is principal plus accrued interest. Participant loans are valued at amortized cost, which approximates fair value.

The Wells Fargo Bank Stable Return Fund is a collective trust fund for employee benefit plans. The fund may invest in fixed interest insurance investment contracts, money market funds, corporate and government bonds, mortgage-backed securities, bond funds, and other fixed income securities. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. Contract value represents contributions made to the fund, plus earnings, less participant withdrawals.

In accordance with GAAP, the statements of net assets available for benefits present an investment contract at fair value, as well as an additional line item showing an adjustment of the fully benefit-responsive contract from fair value to contract value. The statement of changes in net assets available for benefits is presented on a contract value basis and is not affected. Fair value of the contract is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Management fees and operating expenses charged to the Plan for investments in the mutual funds and the stable return fund are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

**New Accounting Standards Adopted** — The accounting standards initially adopted in the 2009 financial statements described below affected certain note disclosures but did not impact the statements of net assets available for benefits or the statement of changes of net assets available for benefits.

**Accounting Standards Codification** — The Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC) became effective on July 1, 2009. At that date, the ASC became FASB's official source of authoritative U.S. generally accepted accounting principles (GAAP) applicable to all public and nonpublic nongovernmental entities, superseding existing guidance issued by the FASB, the American Institute of Certified Public Accountants (AICPA), the Emerging Issues Task Force (EITF) and other related literature. The FASB also issues Accounting Standards Updates (ASU). An ASU communicates amendments to the ASC. An ASU also provides information to help a user of GAAP understand how and why GAAP is changing and when the changes will be effective.

**Subsequent Events** — In May 2009, the FASB issued ASC 855 (originally issued as FASB Statement No. 165, *Subsequent Events*) to establish general standards of accounting for and disclosing events that occur after the balance sheet date, but prior to the issuance of financial statements. ASC 855 provides guidance on when financial statements should be adjusted for subsequent events and requires companies to disclose subsequent events and the date through which subsequent events have been evaluated. ASC 855 is effective for periods ending after June 15, 2009.

For the year ended December 31, 2009, subsequent events were evaluated through October 12, 2010, the date the financial statements were available to be issued. Effective January 1, 2010, the Company suspended the matching contribution for the 2010 Plan year.

**Updates to Fair Value Measurements and Disclosures** — In 2009, FASB Staff Position 157-4, *Disclosures 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* (FSP), was issued prospectively and later codified into ASC 820, which expanded disclosures and

required that major category for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments.

In September 2009, the FASB issued ASU No. 2009-12, *Fair Value Measurements and Disclosures: Investments in Certain Entities That Calculate Net Asset per Share (or Its Equivalent)* ("ASU 2009-12"), which amended ASC Subtopic 820-10, *Fair Value Measurements and Disclosures — Overall*. ASU No. 2009-12 is effective for the first reporting period ending after December 15, 2009. ASU No. 2009-12 expands the required disclosures for certain investments with a reported net asset value (NAV). ASU No. 2009-12 permits, as a practical expedient, an entity holding investments in certain entities that calculate net asset value per share or its equivalent for which the fair value is not readily determinable, to measure the fair value of such investments on the basis of that net asset value per share or its equivalent without adjustment. The ASU requires enhanced disclosures about the nature and risks of investments within its scope. Such disclosures include the nature of any restrictions on an investor's ability to redeem its investments at the measurement date, any unfunded commitments, and the investment strategies of the investee. The Plan has adopted ASU No. 2009-12 on a prospective basis for the year ended December 31, 2009. Adoption did not have a material impact on the fair value determination and disclosure of applicable investments. The effect of the adoption of the ASU had no impact on the statements of net assets available for benefits and statement of changes in net assets available for benefits.

**New Accounting Standard to Be Adopted — ASU No. 2010-06, Fair Value Measurements and Disclosures —** In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures* (ASU No. 2010-06), which amends ASC 820 (originally issued as FASB Statement No. 157, *Fair Value Measurements*), adding new disclosure requirements for Levels 1 and 2, separate disclosures of purchases, sales, issuances, and settlements relating to Level 3 measurements and clarification of existing fair value disclosures. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan is currently evaluating the impact ASU No. 2010-06 will have on the financial statements.

**Administrative Expenses** — Administrative expenses relate to loan origination fees paid by participants when they request a loan. Certain administrative expenses are paid by the Company as provided in the Plan document.

## 3. INVESTMENTS

The Plan's investments that represented 5% or more of the Plan's net assets available for benefits as of December 31, 2009 and 2008, are as follows:

| | 2009 | 2008 |
|---|---|---|
| Wells Fargo Collective Stable Return Fund (contract value), 36,971 and 36,966 shares, respectively | $ 1,647,538 | $ 1,603,514 |
| Artio International Equity Fund, 37,531 and 35,411 shares, respectively | 1,034,735 | 850,946 |
| Wells Fargo Advantage Government Securities Fund, 75,901 and 68,200 shares, respectively | 810,620 | 736,562 |
| Morgan Stanley Mid Cap Growth Portfolio Fund, 35,751 and 36,571 shares, respectively | 976,364 | 625,365 |
| T. Rowe Price Growth Stock Fund, 29,390 and 32,289 shares, respectively | 803,218 | 617,361 |
| Participant loans | 767,656 | 729,127 |
| Artisan Mid Cap Value Fund, 38,819 and 43,220 shares, respectively | 697,959 | 560,127 |
| Wells Fargo Advantage Index Fund, 16,751 and 17,230 shares, respectively | 680,596 | 562,738 |
| Wells Fargo Advantage Capital Growth Fund, 38,174 and 42,735 shares, respectively | 530,617 | 440,602 |
| Wells Fargo Advantage Small Cap Value Fund, | 552,882 | * |

* Investment was not 5% or more of the Plan's net assets available for benefits in the respective year

During the year ended December 31, 2009, the Plan's mutual fund investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

| | |
|---|---|
| Mutual funds | $ 1,642,055 |

## 4. FAIR VALUE MEASUREMENTS

ASC 820, *Fair Value Measurements and Disclosures*, established a single authoritative definition of fair value, set a framework for measuring fair value, and requires additional disclosures about fair value measurements. In accordance with ASC 820, the Plan classifies its investments into Level 1, which refers to securities valued using quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily

available; and Level 3, which refers to securities valued based on significant unobservable inputs. Investments are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following tables set forth by level within the fair value hierarchy a summary of the Plan's investments measured at fair value on a recurring basis as of December 31, 2009 and 2008.

| | Fair Value Measurements as of December 31, 2009, Using | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
| Mutual funds: | | | | |
| Domestic stock funds: | | | | |
| Small cap funds | $ 794,172 | $ - | $ - | $ 794,172 |
| Mid cap funds | 1,674,323 | | | 1,674,323 |
| Large cap funds | 2,343,231 | | | 2,343,231 |
| Balanced funds | 415,840 | | | 415,840 |
| Target date funds | 1,050,500 | | | 1,050,500 |
| International stock fund | 1,034,735 | | | 1,034,735 |
| U.S. Government bond fund | 810,620 | | | 810,620 |
| Total mutual funds | 8,123,421 | | | 8,123,421 |
| Stable value fund | | 1,650,833 | | 1,650,833 |
| Participant loans | | 767,656 | | 767,656 |
| Total | $ 8,123,421 | $ 2,418,489 | $ - | $ 10,541,910 |

| | Fair Value Measurements as of December 31, 2008, Using | | | |
|---|---|---|---|---|
| | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) | Total |
| Mutual funds | $ 6,015,775 | $ - | $ - | $ 6,015,775 |
| Stable return fund | | 1,518,479 | | 1,518,479 |
| Participant loans | | 729,127 | | 729,127 |
| Total | $ 6,015,775 | $ 2,247,606 | $ - | $ 8,263,381 |

The valuation methods described in Note 2 may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although a plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

## 5. EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of mutual funds and units of a stable return fund managed by the Trustee; therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund.

## 6. 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 set forth in ERISA. In the event that the Plan is terminated, participants would become 100% vested in their accounts, unless the nonvested portion was forfeited prior to the termination date.

## 7. FEDERAL INCOME TAX STATUS

The Plan uses a nonstandardized prototype plan document. The prototype plan has received an opinion letter from the IRS dated March 31, 2008, which states that the prototype document satisfies the applicable provisions of the IRC. The Plan itself has not received a determination letter from the IRS. As permitted under IRS guidance, the Plan's management relies on the favorable opinion letter of the prototype plan sponsor. The Plan has been amended since the opinion letter; however, the Plan's management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC, and the Plan and related trust continue to be tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## 8. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, included in the Plan's financial statements and supplemental schedule, that was prepared by or derived from information prepared by the Trustee, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information is complete and accurate.

| | 2009 | 2008 |
|---|---|---|
| Statements of net assets — participant-directed investments at fair value: | | |
| Wells Fargo Bank Stable Return Fund (contract value) | $ 1,647,538 | $ 1,603,514 |
| Mutual funds | 8,123,421 | 6,015,775 |
| Participant loans | 767,656 | 729,127 |
| Statement of changes in net assets — investment income: | | |
| Net appreciation in fair value of investments | $ 1,642,055 | |
| Interest and dividends | 207,418 | |

Supplemental schedule — all investment balances and information included in the supplemental schedule of assets (held at end of year), except for the Wells Fargo Stable Return Fund which is stated at fair value.

Note 3: All investment balances and investment information in the note.
Note 4: All investment balances in the note, except for the Wells Fargo Stable Return Fund which is stated at fair value.

## 9. RECONCILIATION OF FINANCIAL STATEMENTS TO THE FORM 5500

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

| | 2009 | 2008 |
|---|---|---|
| Statements of net assets available for benefits: | | |
| Net assets available for benefits per the financial statements | $ 10,539,176 | $ 8,348,497 |
| Adjustment from contract value to fair value for fully benefit-responsive stable return fund | 3,295 | (85,035) |
| Net assets available for benefits per the Form 5500 — at fair value | $ 10,542,471 | $ 8,263,462 |
| Increase in net assets per the financial statements | $ 2,190,679 | |
| Adjustment from contract value to fair value for fully benefit-responsive stable return fund 2008 | 85,035 | |
| Adjustment from contract value to fair value for fully benefit-responsive stable return fund 2009 | 3,295 | |
| Net income per Form 5500 — at fair value | $ 2,279,009 | |

* * * * * *

# SUPPLEMENTAL SCHEDULE

# TUFF SHED, INC. EMPLOYEE 401(k) PLAN

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2009**
**EIN 84-1108665**
**PLAN NUMBER 001**

| | Identity of Issue, Borrower, Lessor, or Similar Party | Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value | Cost | Current Value |
|---|---|---|---|---|
| * | Wells Fargo Bank | Wells Fargo Collective Stable Return Fund | ** | $ 1,650,833 |
| | Artio | Artio International Equity Fund | ** | 1,034,735 |
| * | Wells Fargo Bank | Wells Fargo Advantage Government Securities Fund | ** | 810,620 |
| | Morgan Stanley | Morgan Stanley Mid Cap Growth Portfolio Fund | ** | 976,364 |
| | T. Rowe Price | T. Rowe Price Growth Stock Fund | ** | 803,218 |
| * | Wells Fargo Bank | Wells Fargo Advantage Index Fund | ** | 680,596 |
| | Artisan | Artisan Mid Cap Value Fund | ** | 697,959 |
| * | Wells Fargo Bank | Wells Fargo Advantage Capital Growth Fund | ** | 530,617 |
| * | Wells Fargo Bank | Wells Fargo Advantage Growth Balanced Fund | ** | 415,840 |
| * | Wells Fargo Bank | Wells Fargo Advantage Small Cap Value Fund | ** | 552,882 |
| | MFS | MFS Value Fund | ** | 328,801 |
| * | Wells Fargo Bank | Wells Fargo Advantage Dow Jones Target 2020 Fund | ** | 341,858 |
| * | Wells Fargo Bank | Wells Fargo Advantage Dow Jones Target 2030 Fund | ** | 219,524 |
| * | Wells Fargo Bank | Wells Fargo Advantage Dow Jones Target 2040 Fund | ** | 220,714 |
| * | Wells Fargo Bank | Wells Fargo Advantage Dow Jones Target 2010 Fund | ** | 89,914 |
| * | Wells Fargo Bank | Wells Fargo Advantage Dow Jones Target 2050 Fund | ** | 124,002 |
| * | Wells Fargo Bank | Wells Fargo Advantage Small Cap Growth Fund | ** | 241,290 |
| * | Wells Fargo Bank | Wells Fargo Advantage Dow Jones Target Today Fund | ** | 54,487 |
| * | Participant loans | Interest rates ranging from 4.25% to 9.25% and maturity dates ranging from 2010 to June 2018 | | 767,656 |
| | | | | $ 10,541,910 |

* Exempt party-in-interest (Note 5).
** Cost information is not required for participant-directed investments and therefore is not included.

See accompanying Independent Auditor's Report.