

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

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan MILLIS TRANSFER, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN	1b Three-digit plan number (PN) ▶ 002
		1c Effective date of plan 01/01/1993
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) MILLIS TRANSFER, INC. P.O. BOX 550 BLACK RIVER FALLS, WI 54615 121 GEBHART ROAD BLACK RIVER FALLS, WI 54615	2b Employer Identification Number (EIN) 39-0974877 2c Sponsor's telephone number 715-284-4384 2d Business code (see instructions) 484120

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	DAVID MILLIS
	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")

MILLIS TRANSFER, INC.

P.O. BOX 550
BLACK RIVER FALLS, WI 54615**3b** Administrator's EIN

39-0974877

3c Administrator's telephone number

715-284-4384

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

1039

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**

901

b Retired or separated participants receiving benefits.....**6b**

28

c Other retired or separated participants entitled to future benefits.....**6c**

151

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

1080

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

4

f Total. Add lines **6d** and **6e**.....**6f**

1084

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

808

h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

65

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:

2O 2H 2J 2K 2F

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☐**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☐**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	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

<div>A</div> <div>Name of plan</div> <div>MILLIS TRANSFER, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>002</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>MILLIS TRANSFER, INC.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>39-0974877</div>

Part I

Service Provider Information (see instructions)

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

1

Information on Persons Receiving Only Eligible Indirect Compensation

a

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

☐ Yes

☒ No

b

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

(b)

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

(b)

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

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

WIPFLI HEWINS INVESTMENT ADVISORS

400 SOUTH EL CAMINO REAL
SUITE 800
SAN MATEO, CA 94402

94-3367699

(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?
26 27	NONE	46887	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WIPFLI LLP

P.O. BOX 3160
MILWAUKEE, WI 53201

39-0758449

(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	NONE	11230	Yes ☒ No ☐	Yes ☐ No ☒	13051	Yes ☐ No ☒

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

CHARLES SCHWAB TRUST COMPANY

211 MAIN STREET
14TH FLOOR
SAN FRANCISCO, CA 94105

42-1558009

(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?
19	NONE	8955	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
WIPFLI LLP	15	13051
(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.	
CHARLES SCHWAB TRUST COMPANY 211 MAIN STREET 14TH FLOOR SAN FRANCISCO, CA 94105 42-1558009	REBATES OF 12B-1 AND SHAREHOLDER SERVICING FEES	
(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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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 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 <u>MILLIS TRANSFER, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>002</u>
	C Plan sponsor's name as shown on line 2a of Form 5500 <u>MILLIS TRANSFER, INC.</u>
D Employer Identification Number (EIN) <u>39-0974877</u>	

Part I	Asset and Liability Statement
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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	3260	4297
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	20359	20017
(3) Other	1b(3)	7656	7250
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)	1041446	990215
(9) Value of interest in common/collective trusts	1c(9)		
(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)	9960942	12423274
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	533958	407572
(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	11567621	13852625

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	6125	0
i Acquisition indebtedness	1i		
j Other liabilities	1j	423	4657
k Total liabilities (add all amounts in lines 1g through 1j)	1k	6548	4657

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11561073	13847968
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)	1137488	
(C) Others (including rollovers)	2a(1)(C)	12225	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1149713

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)	77771	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		77771

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	250968	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		250968

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-81933	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-81933
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		2315094
c Other income.....	2c		-24
d Total income. Add all income amounts in column (b) and enter total.....	2d		3711589

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1357622	
(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)		1357622
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)	46887	
(4) Other	2i(4)	20185	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		67072
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1424694

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2286895
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MEUWISSEN, FLYGARE, KADRLIK, & ASSO

(2) EIN: 41-1670081

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 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 <u>MILLIS TRANSFER, INC. EMPLOYEE STOCK OWNERSHIP AND SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MILLIS TRANSFER, INC.</u>	D Employer Identification Number (EIN) <u>39-0974877</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-1558009</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ 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): _____

- 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): _____

Millis Transfer, Inc. Employee Stock Ownership and Savings Plan

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008
and Year Ended December 31, 2009

Millis Transfer, Inc. Employee Stock Ownership and Savings Plan

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*Certified Public Accountants & Consultants
Meuwissen, Flygare, Kadrlik & Associates, P.A.*

INDEPENDENT AUDITORS' REPORT

Board of Trustees
Millis Transfer, Inc.
Employee Stock Ownership and Savings Plan
Chippewa Falls, Wisconsin

We have audited the accompanying statement of net assets available for benefits (Form 5500, Schedule H) of the Millis Transfer, Inc. Employee Stock Ownership and Savings Plan as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits (Form 5500, Schedule H) for the year ended December 31, 2009. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audit in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Millis Transfer, Inc. Employee Stock Ownership and Savings Plan as of December 31, 2009 and 2008, and the changes in its net assets available for benefits for the year ended December 31, 2009, in conformity with accounting principles generally accepted in the United States.

Our audit was performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The accompanying supplemental schedule [Form 5500, Schedule H, Part IV, Line 4(i)] as of December 31, 2009, is presented for purposes of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule has been subjected to the auditing procedures applied in our audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

*Meuwissen, Flygare
Kadrlik & Associates, P.A.*
October 7, 2010



America Counts on CPAs

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6400 Flying Cloud Drive, Suite 100
Eden Prairie, MN 55344

Statements of Net Assets Available for Benefits
December 31, 2009 and 2008

<i>Assets</i>	2009	2008
Investments - At fair value:		
Mutual Funds	\$ 12,423,274	\$ 9,960,942
Investment in sponsor company common stock	407,572	533,958
Participant loans	990,215	1,041,446
Total investments	13,821,061	11,536,346
Receivables:		
Participant contributions	20,017	20,359
Loan payments	7,250	7,656
Total receivables	27,267	28,015
Cash and equivalents	4,297	3,260
Total assets	13,852,625	11,567,621
<i>Liabilities</i>		
Fees due trustee	4,657	6,548
Total liabilities	4,657	6,548
NET ASSETS AVAILABLE FOR BENEFITS	\$ 13,847,968	\$ 11,561,073

Millis Transfer, Inc. Employee Stock Ownership and Savings Plan

Statement of Changes in Net Assets Available for Benefits Year Ended December 31, 2009

Additions (subtractions) to net assets attributed to:

Investment income (loss):

Net appreciation in fair value of mutual funds	\$ 2,315,094
Net depreciation in fair value of sponsor company common stock	(81,933)
Interest from money market funds	250,968
Interest from participant loans	77,771
Less - Investment expenses	(46,887)

Net investment income	2,515,013
-----------------------	-----------

Contributions:

Participants	1,137,488
Rollover	12,225

Total contributions	1,149,713
---------------------	-----------

Total additions	3,664,726
-----------------	-----------

Deductions from net assets attributed to:

Benefits paid directly to participants and beneficiaries	1,357,622
Administrative fees	20,185
ESOP Forfeitures	24

Total deductions	1,377,831
------------------	-----------

Net increase	2,286,895
--------------	-----------

Net assets available for benefits:

Beginning of year	11,561,073
-------------------	------------

End of year	\$ 13,847,968
-------------	---------------

Millis Transfer, Inc. Employee Stock Ownership and Savings Plan

Notes to Financial Statements

Note 1

Description of Plan

The following description of the Millis Transfer, Inc. Employee Stock Ownership and Savings Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is an employee stock ownership plan with a 401(k) feature and is designed to comply with sections 401(a) and 4975(e)(7) and the regulations hereunder of the Internal Revenue Code of 1986 (the "Code"), as amended, and is subject to ERISA, as amended. The Plan is administered by Millis Transfer, Inc. (the "Company").

The Plan can purchase Company common shares using the proceeds of debt financing. As the Plan makes payments, an appropriate percentage of stock is allocated to eligible employees' accounts in accordance with the applicable regulations under the Code. Shares are subject to the Plan's vesting schedule. The Plan currently has no outstanding loans for the purchase of Company common stock.

The Plan owns 26,176.73 shares of common stock of Millis Transfer, Inc., the Plan's sponsoring company, at December 31, 2009.

Employees, subject to certain exclusions, are eligible to participate in the 401(k) after three months of service and attaining age 18 or older. Participants are eligible for ESOP contributions after one year of service and attaining age 21. Participants who do not have at least 1,000 hours of service during a plan year or are not employed on the last working day of a plan year are not eligible for an allocation of employer stock contributions for the year.

Contributions

Each year participants may contribute up to 100% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans.

Millis Transfer, Inc. Employee Stock Ownership and Savings Plan

Notes to Financial Statements

Note 1

Description of Plan (Continued)

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Company's contribution, (b) plan earnings, and (c) ESOP forfeitures of terminated participants' nonvested accounts. The Company's contribution and ESOP forfeitures are allocated to the individual participant's account in the ratio which the individual's compensation bears to the total compensation of all participants. Plan earnings are allocated in proportion to the percentage of an individual participant's account balance to the total of all account balances.

Participants have the option of directing their account balance to one or more different investment composites or portfolios. The composite investment options available are Cash Equivalents, Fixed Income, Large Cap Equity, Small Cap Equity, and International Equity. The portfolio investment options available are Short-Term, Medium-Term, Long-Term, and All Equity.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting on the Company's matching and discretionary contribution portion of their accounts plus actual earnings thereon is as follows:

Years of Service	Nonforfeitable Percentage
Less than 2	0
2	20
3	40
4	60
5	80
6 or more	100

Millis Transfer, Inc. Employee Stock Ownership and Savings Plan

Notes to Financial Statements

Note 1

Description of Plan (Continued)

Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 6% to 10 1/4%. Principal and interest are paid ratably through payroll deductions.

Payment of Benefits

The Plan provides for payment of the entire balance in the participant's account upon retirement, death, or disability. The method of payment will generally be in the form of a lump sum or installments.

Forfeitures

In accordance with the Plan, forfeitures are used to reduce employer contributions. Forfeitures are the amounts by which the value of a participant's account exceeds his or her vested interest. Forfeitures in the amount of \$21,630 were used to reduce employer contributions in 2009.

Plan Expenses

The Plan's administrative fees are paid by the Company. The investment advisory, distribution, and loan fees are paid by the Plan.

Note 2

Summary of Accounting Policies

Date of Management Review

Subsequent events were evaluated through October 7, 2010, which is the date the financial statements were available to be issued.

Basis of Accounting

The accounting records of the Plan are maintained on the accrual basis except for interest and dividends on investments, which are reported when received, and benefit payments to retired and terminated participants, which are reported when paid.

Millis Transfer, Inc. Employee Stock Ownership and Savings Plan

Notes to Financial Statements

Note 2

Summary of Accounting Policies (Continued)

Accounting Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the Plan's administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation

The Plan's investments are stated at fair value. See Note 3 for discussion of fair value measurement.

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the 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.

The following tables present fair value measurement information for certain financial instruments. The carrying values of receivables, cash and liabilities included in the accompanying statement of net assets available for benefits approximated fair value at December 31, 2009 and 2008, and are thus not included in the following tables.

	Fair Value	Fair Value Measurements Using:	
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Unobservable Inputs (Level 3)
December 31, 2009			
Mutual funds	\$ 12,423,274	\$ 12,423,274	\$ -
Sponsor company common stock	407,572	-	407,572
Participant loans	990,215	-	990,215
Total	<u>\$ 13,821,061</u>	<u>\$ 12,423,274</u>	<u>\$ 1,397,787</u>
December 31, 2008			
Mutual funds	\$ 9,960,942	\$ 9,960,942	\$ -
Sponsor company common stock	533,958	-	533,958
Participant loans	1,041,446	-	1,041,446
Total	<u>\$ 11,536,346</u>	<u>\$ 9,960,942</u>	<u>\$ 1,575,404</u>

Millis Transfer, Inc. Employee Stock Ownership and Savings Plan

Notes to Financial Statements

Note 3

Fair Value Measurements (Continued)

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs were available to the Plan, and Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

Level 3 Fair Value Measurements

The fair value of the sponsor company common stock is determined by an annual independent appraisal. This appraisal was based on a combination of the market and income valuation methods consistent with prior years. The appraiser took into account historical and projected cash flow and net income, return on assets, return on equity, market comparables, and estimated fair value of company assets and liabilities. The fair value of participant loans approximates the amortized cost of the loans because the loans are secured by each respective participant's account balance. The following table provides further details of the Level 3 fair value measurements.

Note 3

	Sponsor Company Common Stock	Participant Loans	Total
<u>December 31, 2009</u>			
Beginning balance	\$ 533,958	\$ 1,041,446	\$ 1,575,404
Total gains or losses (realized and unrealized) included			
in changes in net assets available for benefits	(81,933)	425,911	343,978
Purchases, sales, issuances and settlements (net)	<u>(44,453)</u>	<u>(477,142)</u>	<u>(521,595)</u>
Ending balance	<u>\$ 407,572</u>	<u>\$ 990,215</u>	<u>\$ 1,397,787</u>

	Sponsor Company Common Stock	Participant Loans	Total
<u>December 31, 2008</u>			
Beginning balance	\$ 662,020	\$ 881,912	\$ 1,543,932
Total gains or losses (realized and unrealized) included			
in changes in net assets available for benefits	(83,663)	567,378	483,715
Purchases, sales, issuances and settlements (net)	<u>(44,399)</u>	<u>(407,844)</u>	<u>(452,243)</u>
Ending balance	<u>\$ 533,958</u>	<u>\$ 1,041,446</u>	<u>\$ 1,575,404</u>

Note 4

The following investments represent 5% or more of the Plan's net assets,

	December 31,	
	2009	2008
Schwab Retirement Money Fund	\$ 2,097,249	\$ 2,162,311
DFA U.S. Small Cap Funds	773,387	575,153
Dodge & Cox Stock Fund	1,331,295	965,780
Aston Montag & Caldwell Growth Fund	697,947	550,197
Schwab Institutional Select S&P 500	774,888	598,581
Pimco Total Return Fund	1,956,060	1,625,068
Participant loans	990,215	1,041,446

Note 5

Information about the net assets and the significant components of the changes in net assets relating to the non-participant-directed investments is as follows:

	December 31,	
	2009	2008
Net assets:		
Mutual fund	\$ -	\$ 59,823
Investment in sponsor company common stock	407,572	533,958
	<u>\$ 407,572</u>	<u>\$ 593,781</u>
Changes in net assets:		
Net depreciation in fair value of company stock	\$ (81,933)	
Benefits paid to participants	(104,276)	
	<u>\$ (186,209)</u>	

Millis Transfer, Inc. Employee Stock Ownership and Savings Plan

Notes to Financial Statements

Note 6 Benefit Obligations

Net assets available for benefits at December 31, 2009 and 2008 include \$1,715,804 and \$1,372,341, respectively, allocated to the accounts of persons who as of, or prior to, that date had withdrawn from participating in the operations of the Plan. The affected participants have elected to defer distribution as allowed by the Plan.

Note 7 Tax Status

The Plan is qualified under Section 401 of the Internal Revenue Code and is exempt from income taxes. The most recent Internal Revenue Service favorable determination letter is dated April 16, 2004, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan's administrator and the Plan's tax counsel believe the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 8 Plan Termination

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

Note 9 Risks and Uncertainties

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

Supplemental Schedule

FEIN: 39-0974877; Plan No. 002

Schedule of Assets Held at End of Year

December 31, 2009

Form 5500, Schedule H, Part IV,

Line 4(i)

(a)	(b)	(c)	(e)
	Issue	Description	Current Value
	Schwab Retirement Funds	Schwab Retirement Advantage Money Fund	2,097,249
	American Funds	Washington Mutual Investors Fund	390,128
	American Funds	Europacific Growth Fund	559,694
	Dimensional Fund Advisors	DFA U.S. Micro Cap Fund	336,852
	Dimensional Fund Advisors	DFA U.S. Small Cap Fund	773,387
	Dodge & Cox Funds	Dodge & Cox Stock Fund	1,331,295
	Artisan Funds	Artisan International Fund	563,654
	ABN-AMRO Funds	Aston Montag & Caldwell Growth Fund	697,947
	TCW Funds	TCW Small Cap Growth	668,995
	Harbor Funds	Harbor Capital Appreciation Fund	667,637
	American Beacon Funds	American Beacon International Equity	463,984
	Schwab Institutional Funds	Schwab Institutional Select S&P 500	774,888
	Pimco Funds	Pimco Total Return Institutional Fund	1,956,060
	Pimco Funds	Pimco High Yield Fund	441,656
	Pimco Funds	Pimco Emerging Markets Bond Fund	141,440
	Pimco Funds	Pimco Foreign Bond Fund	273,438
	SsGa	SsGA Emerging Markets Fund	284,970
**	Millis Transfer, Inc.	Common Stock	407,572
*	Participant loans	Interest rates 6.00% to 10.00%	990,215
Total investments			\$ 13,821,061

* Indicates party-in-interest.

** Indicates exempt party-in-interest.

FEIN: 39-0974877; Plan No. 002

Schedule of Assets Held at End of Year

December 31, 2009

Form 5500, Schedule H, Part IV,

Line 4(i)

(a)	(b)	(c)	(e)
	Issue	Description	Current Value
	Schwab Retirement Funds	Schwab Retirement Advantage Money Fund	2,097,249
	American Funds	Washington Mutual Investors Fund	390,128
	American Funds	Europacific Growth Fund	559,694
	Dimensional Fund Advisors	DFA U.S. Micro Cap Fund	336,852
	Dimensional Fund Advisors	DFA U.S. Small Cap Fund	773,387
	Dodge & Cox Funds	Dodge & Cox Stock Fund	1,331,295
	Artisan Funds	Artisan International Fund	563,654
	ABN-AMRO Funds	Aston Montag & Caldwell Growth Fund	697,947
	TCW Funds	TCW Small Cap Growth	668,995
	Harbor Funds	Harbor Capital Appreciation Fund	667,637
	American Beacon Funds	American Beacon International Equity	463,984
	Schwab Institutional Funds	Schwab Institutional Select S&P 500	774,888
	Pimco Funds	Pimco Total Return Institutional Fund	1,956,060
	Pimco Funds	Pimco High Yield Fund	441,656
	Pimco Funds	Pimco Emerging Markets Bond Fund	141,440
	Pimco Funds	Pimco Foreign Bond Fund	273,438
	SsGa	SsGA Emerging Markets Fund	284,970
**	Millis Transfer, Inc.	Common Stock	407,572
*	Participant loans	Interest rates 6.00% to 10.00%	990,215
Total investments			\$ 13,821,061

* Indicates party-in-interest.

** Indicates exempt party-in-interest.