#### Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee Benefit Plan** 

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

2009

OMB Nos. 1210-0110 1210-0089

P	ension Benefit Guaranty Corporation	<ul> <li>Complete all entries in accor</li> </ul>	dance wit	h the instructions to the Form 550	0-SF.		
		entification Information					
For	calendar plan year 2009 or fiscal	plan year beginning 07/01/200	9	and ending 0	)4/30/2	2010	
Α.	This return/report is for:	single-employer plan	multiple-e	employer plan (not multiemployer)		one-participa	nt plan
В	This return/report is for:	first return/report	final retur	n/report		_	
		an amended return/report	short plar	n year return/report (less than 12 mo	nths)		
С	Check box if filing under:	Form 5558	automatic	extension		DFVC progra	m
		special extension (enter description	on)				
Ps	rt II Basic Plan Inform	nation—enter all requested inform					
	Name of plan	ation—enter all requested inform	iation		1h	Three-digit	
	IE RECOGNITION DEFINED BE	NEFIT PENSION PLAN				plan number	
						(PN) <b>•</b>	003
					1c	Effective date of	
						07/01/2	000
	•	ss (employer, if for single-employer	plan)		2b	Employer Identif	
PKIIV	IE RECOGNITION				20	(EIN) 94-3207	elephone number
2182	7 NE 137TH STREET		20	425-895			
WOC	DINVILLE, WA 98077				2d	Business code (	see instructions)
						334110	
	Plan administrator's name and a IE RECOGNITION	iddress (if same as Plan sponsor, e 21827 NE 13			3b	Administrator's 8	
1 IXIIV	L KECOGNITION	WOODINVIL			30		elephone number
						425-895	
	•	sponsor has changed since the la		port filed for this plan, enter the	4b	EIN	
1	name, EIN, and the plan number	from the last return/report. Sponso	or's name		4c	DNI	
5a	Total number of participants at t	the heginning of the plan year			5a	FIN	2
b		the end of the plan year			<b></b>		3
	·	h account balances as of the end o			5b		0
С					5c		
6a	Were all of the plan's assets du	ring the plan year invested in eligib	ole assets?	(See instructions.)			X Yes No
	Are you claiming a waiver of the	e annual examination and report of	an indeper	ndent qualified public accountant (IQ	PA)		
				ions.)			X Yes   No
Da			orm 5500-	SF and must instead use Form 55	00.		
	rt III   Financial Informa	tion		T			
7	Plan Assets and Liabilities			(a) Beginning of Year	_	(b) End	
	Total plan assets		. 7a	986540			0
b	·				)		0
<u></u>		o from line 7a)	. 7с	986540	J		0
8	Income, Expenses, and Transfe			(a) Amount		(b) T	otal
а	Contributions received or receiv  (1) Employers	able from:	. 8a(1)				
	., . ,			(	5		
				(			
b	, , ,		` '	32150			
C	` ,	a(2), 8a(3), and 8b)					32150
d		ollovers and insurance premiums					
	to provide benefits)	·	. 8d	1018669	5		
е	Certain deemed and/or corrective	ve distributions (see instructions)	. 8e	(	2		
f	Administrative service providers	s (salaries, fees, commissions)	. 8f	(	2		
g	Other expenses		. 8g	25	5		
h	Total expenses (add lines 8d, 8d	e, 8f, and 8g)	. 8h				1018690
i	Net income (loss) (subtract line	8h from line 8c)	. 8i				-986540
i	Transfers to (from) the plan (see	e instructions)	. 8i		)		

Part IV	Plan	Characteristics	c
railiv i	ГІАП	CHALACLEH SUC:	

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

1A 1H 3D

SIGN HERE

Signature of employer/plan sponsor

b	If th	e plan provides welfare benefits, enter the applicable welfare featur	re codes from the l	_ist of Plan Charact	terist	ic Cod	des in	the instructi	ons:
Part	٧	Compliance Questions							
10	Du	ring the plan year:				Yes	No		Amount
а		s there a failure to transmit to the plan any participant contributions CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary			10a		Χ		
b		re there any nonexempt transactions with any party-in-interest? (Doline 10a.)			10b		Χ		
С	Wa	as the plan covered by a fidelity bond?			10c	Χ			100000
d		the plan have a loss, whether or not reimbursed by the plan's fideliidishonesty?			10d		X		
е	ins	re any fees or commissions paid to any brokers, agents, or other peurance service or other organization that provides some or all of the tructions.)	benefits under the	plan? (See	10e		X		
f	Ha	s the plan failed to provide any benefit when due under the plan?			10f		X		
g	Did	the plan have any participant loans? (If "Yes," enter amount as of y	ear end.)		10g		X		
h		nis is an individual account plan, was there a blackout period? (See 20.101-3.)	) CFR	10h					
i		Oh was answered "Yes," check the box if you either provided the receptions to providing the notice applied under 29 CFR 2520.101-3	•		10i				
Part '	VI	Pension Funding Compliance							
		nis a defined benefit plan subject to minimum funding requirements?							X Yes No
12	ls t	his a defined contribution plan subject to the minimum funding requi	irements of section	n 412 of the Code of	or se	ction 3	802 of	ERISA?	Yes X No
		Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.							
		waiver of the minimum funding standard for a prior year is being an							
	-	nting the waivercomplete lines 3, 9, and 10 of Schedule MB			١		Day		rear
		er the minimum required contribution for this plan year		-			12b		
		er the amount contributed by the employer to the plan for this plan y				1	12c		
	Sub	otract the amount in line 12c from the amount in line 12b. Enter the rative amount)	result (enter a minu	us sign to the left of	fa		12d		
е	Will	the minimum funding amount reported on line 12d be met by the fu	unding deadline?			<u> </u>		Yes	No N/A
Part '	VII	Plan Terminations and Transfers of Assets							
13a	Has	s a resolution to terminate the plan been adopted during the plan yea	ar or any prior yea	r?					X Yes No
	lf "۱	'es," enter the amount of any plan assets that reverted to the emplo	yer this year				13a		0
-	We	re all the plan assets distributed to participants or beneficiaries, tran					ntrol 		X Yes No
С		uring this plan year, any assets or liabilities were transferred from th ch assets or liabilities were transferred. (See instructions.)	nis plan to another	plan(s), identify the	e plar	n(s) to			+
1:	3c(1	) Name of plan(s):				130	(2) El	N(s)	<b>13c(3)</b> PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report w	will be assessed ι	ınless reasonable	cau	se is	establ	lished.	_1
Under SB or	r pe Sch	nalties of perjury and other penalties set forth in the instructions, I de nedule MB completed and signed by an enrolled actuary, as well as true, correct, and complete.	eclare that I have e	examined this return	n/rep	ort, in	cludin	g, if applical	
SIGN	, F	iled with authorized/valid electronic signature.	02/10/2011	BECKY KONG					
HERI		Signature of plan administrator	Date	Enter name of ind	dividu	al sig	ning as	s plan admir	nistrator

Date

Enter name of individual signing as employer or plan sponsor

#### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

#### Single-Employer Defined Benefit Plan **Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2009

								ment to Forn	1 5500 or	5500-						
For	cale	ndar p	olan year 2009	or fiscal plan y	ea	r beginning 07	7/01/2009	)			and end	ing 04/3	0/201	0		
•	Rour	nd off	amounts to r	nearest dollar.												
•	Caut	ion: A	penalty of \$1	,000 will be ass	es	sed for late filing o	of this repo	ort unless reas	onable ca	use is	s establishe	ed.				
<b>A</b>	lame	of pla	an							В	Three-dig	git				
PRI	ME R	ECO	GNITION DEF	INED BENEFIT	Р	ENSION PLAN					plan num	ber (PN)		•	003	
~						·	22.05			_					(EINI)	
			or's name as s GNITION	hown on line 2	a o	f Form 5500 or 55	00-SF			D	Employer	Identificat	ion N	umber	(EIN)	
1 10	VIL IX	LOOK	SINITION							94-	-3207389					
_			V a: :	П	_			<b>-</b>	. 5	/		П		1		
	ype c	of plan	: X Single	Multiple-A		Multiple-B	ı	F Prior year p	an size: /	100	or fewer	101-5	)0	More	than 500	
Pa	art I	В	asic Inforn	nation												
1	Ent	er the	valuation date	e: N	Лο	nth <u>07</u> [	Day <u>01</u>	Year	2009	_						
2	Ass	ets:														
	а	Mark	ket value									2a				986540
	b	Actu	arial value									2b				986540
3	Fur	ding t	target/participa	ant count break	do	wn			<b>(1)</b> N	lumbe	er of partici	pants		(2)	Funding Targe	t
	а	For	retired particip	ants and benef	icia	aries receiving pay	ment	3a				0				0
	b	For	terminated ves	sted participant	s			3b				0				0
	С	For	active participa	ants:												
		(1)	Non-vested b	enefits				3c(1)	1							0
		(2)	Vested benef	fits				- :-:	1							842619
		` '										3				842619
	d	` '										3				842619
4	If th					omplete items (a) a				.П						
•	а	•	•			ed at-risk assumpt	` '			ш		4a				
	b		0 0	0 0.		mptions, but disre										
	D					e years and disre						4b				
5	Effe											5				6.56 %
6	Tar	get no	ormal cost									6				0
Stat	emei	nt by	Enrolled Actu	ıary												
						this schedule and accominion, each other assum										
				ite of anticipated exp			plion is reasc	oriable (taking into	account the e	xperier	ice of the plan	and reasons	inie evt	Decialions	and such other ass	umptions, in
5	ign	J														
	ERI													08/23/2	2010	
				Signa	tur	e of actuary				_	-			Date		
HER	BER'	T NAE	DLER,M.A.A.A	•		o or actuary								08-013	334	
				Type or pr	int	name of actuary				_	•	Most re	ecent	enrollm	nent number	-
CON	ISUL <sup>*</sup>	TING	ACTUARY	туро от рг		name or actuary						Wiooti		12-534		
					irn	n name				_	Т.	alenhone			uding area code	<u></u>
			STREET			THAITIC					10	Бісріїопс	IIIIII	ici (illicii	dding area cod	<i>-</i> )
NEV	/ YOF	κ, N	Y 10028-1060													
										_						
				Addı	es	s of the firm										
		-	as not fully refle	ected any regul	ati	on or ruling promu	Igated und	der the statute	in comple	eting t	his schedu	ıle, check	the b	ox and	see	П
ınstrı	ıction	S														_

	Page	2-	1	
--	------	----	---	--

Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances								
	•						<b>(a)</b> C	arryover balance		(b) l	Prefundi	ng balance		
7		_	•		cable adjustments (Item 13				78			0		
8	Portion (	used to	offset prior year's	funding re	quirement (Item 35 from prio	r year)			0			0		
9	Amount	remainir	ng (Item 7 minus i	tem 8)					78	78				
10	Interest	on item	9 using prior year	s actual re	eturn of%				0			0		
11					d to prefunding balance:									
	•				year)							111258		
	<b>b</b> Interes	est on (a	a) using prior year	's effective	e rate of%							0		
					year to add to prefunding bala							111258		
	<b>d</b> Porti	on of (c)	to be added to pr	efunding b	palance							0		
12	Reduction	n in bal	ances due to elec	tions or de	emed elections				0			0		
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)								78			0			
P	art III	Fun	ding percenta	iges										
14	Funding	target a	ttainment percent	age							14	117.07 %		
15	<ul> <li>14 Funding target attainment percentage</li></ul>									15	117.07 %			
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.										16	125.10 %			
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage									17	%				
P	art IV	Con	tributions and	d liquidi	tv shortfalls						I.			
					rear by employer(s) and emp	olovees:								
	(a) Date		(b) Amount pa		(c) Amount paid by	(a) Da	ate	(b) Amount pa	aid by	(0	c) Amou	nt paid by		
(M	M-DD-YY	YYY)	employer(	(s)	employees	(MM-DD-	YYYY)	employer(	s)		emplo	oyees		
							1				1			
						Totals ▶	18(b)		0	18(c)		0		
19	Discount	ted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation d	ate after th	e beginning of the	e year:					
	<b>a</b> Contri	butions	allocated toward u	ınpaid mir	imum required contribution	from prior yea	ars		19a			0		
	<b>b</b> Contri	butions	made to avoid res	trictions a	djusted to valuation date				19b			0		
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date													
20	Quarterly contributions and liquidity shortfalls:													
	a Did th	e plan h	ave a "funding sh	ortfall" for	the prior year?							Yes X No		
	<b>b</b> If 20a	is "Yes,	" were required qu	uarterly ins	stallments for the current year	ar made in a t	timely manı	ner?				Yes No		
	<b>C</b> If 20a	is "Yes,	" see instructions	and comp	ete the following table as ap	plicable:								
			,		Liquidity shortfall as of er	nd of Quarter								
		(1) 1s	st		(2) 2nd		(3)	3rd		(4) 4th				

Pa	rt V Assumptio	ns used to determ	nine f	unding target and ta	arget n	ormal cost					
21	Discount rate:										
	<b>a</b> Segment rates:	1st segment: 6.07 %		2nd segment: 6.55 %		3rd segment: 6.59 %		N/A, full yield curve used			
	<b>b</b> Applicable month	(enter code)					21b	1			
22	Weighted average ret	tirement age					22	65			
23	Mortality table(s) (see	e instructions)	Pre	scribed - combined	X Pres	cribed - separate	Substitut	e			
Pa	rt VI Miscellane	ous items									
24	_			uarial assumptions for the		•					
25	Has a method change	e been made for the cur	rent pla	an year? If "Yes," see instr	uctions r	egarding required attac	hment	Yes X No			
26	Is the plan required to	provide a Schedule of	Active	Participants? If "Yes," see	instructi	ons regarding required	attachment	X Yes No			
27	, ,	` ",		ding rules, enter applicable			27				
Pa	rt VII Reconcilia	ation of unpaid mi	nimu	m required contribu	ıtions	for prior vears					
28		•		ears			28	0			
29	· · · · · · · · · · · · · · · · · · ·			unpaid minimum required			29				
	(item 19a)						29	0			
30	Remaining amount of	funpaid minimum requir	ed con	tributions (item 28 minus it	tem 29)		30	0			
Pa	rt VIII Minimum	required contribu	tion f	or current year							
31	Target normal cost, a	djusted, if applicable (se	e instr	uctions)			31	0			
32	Amortization installme	ents:				Outstanding Bala	g Balance Installment				
	a Net shortfall amorti	ization installment					0	0			
	<b>b</b> Waiver amortization	on installment					0	0			
33				er the date of the ruling let			33				
34	• •	•	•	r/prefunding balances (iter			34	0			
				Carryover balance	!	Prefunding balar	nce	Total balance			
35	Balances used to offs	set funding requirement			0		0	0			
36	Additional cash requir	rement (item 34 minus it	em 35)	)			36	0			
37		ed toward minimum requ		37	0						
38	Interest-adjusted exce	ess contributions for cur		38	0						
39	Unpaid minimum requ	uired contribution for cur	rent ye	ear (excess, if any, of item	36 over i	tem 37)	39	39 0			
40	Unpaid minimum requ	uired contribution for all	years				40				

#### Form 5500-SF

Department of the Transury Informal Revenue Service

Department of Labor Employee Berretite Security Administration Punsion Benefit Gueranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement income Security Act of 1974 (ERISA), and section 6058(s) of the Internal Revenue Code (the Code).

► Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2009

Annual Report Identification Inform				
or the calendar plan year 2009 or fiscal plan year beginnle		_	galbre ba	04/30/2010
This return/report is for:		-employer p≀an (not m	uitiemployer)	one-participant plan
This return/report is for:	<u>x</u> final retu	im/report		
an amended return/rep	ort 🔀 short pla	ın year returrvireport (l	ess than 12 months)	
Check box if filing under: 🔀 Form 5558	automat	dc extension		DFVC program
special extension (enter	r description)			
Basic Plan Information enter all red	wested information.			
R Name of plan			1	b Three-digit
PRIME RECOGNITION DEFINED BENEFIT PENS	ION PLAN			plan number (PN) ► 003
			ব	C Effective date of plan
				07/01/2000
Plan sponsor's name and address (employer, if for single-	employer plan)		2	b Employer Identification Number
PRIME RECOGNITION			<del>-</del> 2	(EIN) 94-3207389
21827 NE 137TH STREET		`	•	C Plan sponsor's telephone number (425) 895-0550
			2	d Business code (see instructions)
WOODINVIIIE WA 98077  Plan administrator's name and address (If same as plan e	malauer anier an	an\		334110 b Administrator's EIN
Same	MANAGE OF STREET	• ,	3	P. MILINIARDION & CIM
			3	C Administrator's telephone number
If the name and/or EIN of the plan sponsor has changed a name. EIN and the plan number from the last return/repor	lince the last return/re	eport filed for this plan	enter the 4	b EIN
Titalite, Circ with the pinns realizable recent tipe most forminare ex-			44	C PN
Total number of participants at the beginning of the plan y	ear	, , <i>,</i> , , , ,		
Total number of participants at the end of the plan year.				b
<ul> <li>Total number of participants with account balances as of the complete this item)</li> </ul>		•		•
Were all of the plan's assets during the plan year invested				·l
Are you claiming a waiver of the annual examination and r				
under 29 CFR 2520.104-467 (Sea instructions on waiver a				
If you answered "No" to either 6a or 6b, the plan canno	<u>/t use Form 5500-81</u>	end must instead u	se rom bouv.	
Financial Information		(a) Region	ing of Year	(b) End of Year
Plan Assets and Liabilities	7.0	(a) reduit		0
Total plan assets	7a 7b	_	986,540	0
. , , , , , , , , , , , , , , , , , , ,	76		986,540	0
Net plen assets (subtract line 7b from line 7a)	/6	(n) A		
Income, Expenses, and Transfers for this Plan Year	2000	(a) Am		(b) Total
Contributions received or receivable from: (1) Employers			٥	
(2) Participants	8a(2)		_ 0	
(3) Others (including rollovers).			0	
Other Income (loss)	8b		32,150	
Total Income(add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			32,150
Benefits paid (including direct rollovers and insurance pren	niums			
to provide benefits)	91		1,018,665	
Certain deemed and/or corrective distributions (see instruc			0	不是的人名英格兰人姓氏克克斯
Administrative service providers (salaries, fees, commissio			0 6	
	I .	<del></del>		
Other expenses	ns)	212 110 222 22 24	25	
Other expenses				1,018,690
				1,018,690 (986,540)

Page 2-	

Form	5500-8F	(2009
FUIII	99VV~9F	(CYVE

#### Plan Characteristics

- If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
- 13, 18 3D

  if the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the Instructions:

Ť	Compliance Questions				_		_		
1	During the plan year:				Yes	No		Amount	
a	Was there a failure to transmit to the plan any participant contribution 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	n within the time perior	d described in	10a		x			
b	Were there any nonexempt transactions with any party-in-interest? ( on line 10a.)	Do not include transa	ctions reported	10b		x			
C	Was the plan covered by a fidelity bond?			10c	x		_		100,000
ď	Did the plan have a loss, whether or not reimbursed by the plan's fld or dishonesty?	elity bond, that was co	aused by fraud	104		x			
8	Were any fees or commissions paid to any brokers, agents, or other plasurance services or other organization that provides some or all of instructions.)			1De		x			
f	Has the plan falled to provide any benefit when due under the plan?			10f		x			
g	Did the plan have any participant loans? (if "Yes," enter smount as o			10g		x			
h	If this is an individual account plan, was there a blackout period? (Se 2520.101-3.)			10h					
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.101-3	required notice or one	of the	101					
7.7	Pension Funding Compliance				_				
-	Is this a defined benefit plan subject to minimum funding requirement 5500))	its? (if "Yes," see instr	uctions and comple	te Sc	hedul	e \$B (	Form	X Yes	□No
:	is this a defined contribution plan subject to the minimum funding rec (if "Yes," complete 12e or 12b, 12c, 12d, and 12e below, as applicab		412 of the Code or	sectio	n 302	of ER	ISA? .	Yes	<b></b> IN₀
	If a waiver of the minimum funding standard for a prior year is being granting the waiver		Mor	<b>ns</b> , er th	nd ent	er the Day	dete of the l	etter ruling Year	
, b	Enter the minimum required contribution for this plan year				. [	12b			
C	Enter the amount contributed by the employer to the plan for this plan				. [	12c			
ď	Subtract the amount in line 12c from the amount in line 12b. Enter the negative amount)	e result (enter a minu	s aign to the left of		. [	12d			
8	Will the minimum funding amount reported on line 12d be met by the	funding deadline? .	<u></u>				Yes	No	□N/A
1	Plan Terminations and Transfers of Assets	· · · · · · · · · · · · · · · · · · ·			_				
a	Has a resolution to terminate the plan been adopted during the plan	year or any prior year:	?	٠.	٠,		<u></u>	X Yes	L_No
	if "Yes," enter the amount of any plan assets that reverted to the emp					13a			0
	Were all the plan assets distributed to participants or beneficiaries, to of the PBGC?		<i>.</i>			rol 		Yes	□No
c 	if during this plan year, any assets or liabilities were transferred from which assets or liabilities were transferred. (See instructions.)	this plan to another pl	an(s), identify the p	ian(s)				<del>,</del>	
_1:	c(1) Name of plan(s):				13	c(2) E	N(s)	13c(3)	PN(s)
_									
	n: A penalty for the late or incomplete filling of this return/report	will be essessed unit	ess ressonable ca	use is	este	bliane	d.		
ter or :	penalties of perjury and other penalties set forth in the instructions, i conclude MB completed and signed by an enrolled actuary, as well as	lectore that I have exa	mined this return/n	eport.	Includ	fing, If	applicable, (	Schedule ledge and	
01, <b>32</b> 33	is true, correct, and complete.	12/8/11	Kenn Dahl						
噩		Date	Enter name of ind	ividua	l sioni	ng sa	olan admini	strator	
	Signature of plan administrator	2/8///	Kenn Dahl						<del></del>
	X T	<u>r. ,</u>					antalores co	nlan coocc	~
	Signature of employer/plan sponsor	Date	Enter name of Ind	NICIUS	<b>Hgr</b> l	IN 52	insproyer or	PIREL SPOUR	Ur .

#### **SCHEDULE SB** (Form 5500)

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

### Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

OMB No. 1210-0110

2009

► File a	is an attachment to F	orm 5500 or 5500.	-\$F.	-
For calendar plan year 2009 or fiscal plan year beginning	07/01/2009	and -	ending 04/3	00/2010
Round off amounts to nearest dollar.				
<ul> <li>Caution: A penalty of \$1,000 will be assessed for late filing of</li> </ul>	this report unless reas	onable cause is es	tablished.	
A Name of plan			<b>B</b> Three-digit	
PRIME RECOGNITION DEFINED BENEFIT PEN	SION PLAN		plan numbe	r (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 550	)0-EZ		D Employer Id	lentification Number (£tN)
PRIME RECOGNITION			94-32073	89
E Type of plan: X Single  Multiple-A  Multiple	-B F Prior y	ear plan size: 🗶 1	00 or fewer 1	01-500 More than 500
Basic Information			-	
1 Enter the valuation date: Month 07	Day01	Year 2009	<del></del>	
-	-			Effectively and the first section of
2 Assets:				
a Market value			2a	986,540
<b>b</b> Actuarial value			2Ł	986,540
3 Funding target/participant count breakdown		(1) Nu	ımber of participants	s (2) Funding Target
a For retired participants and beneficiaries receiving paym	ent	3a	0	0
<b>b</b> For terminated vested participants		3b	0	0
C For active participants:		1000	<b>"特别"表示</b>	A MARIELLAND CONTRACTOR
(1) Non-vested benefits		3c(1)		0
(2) Vested benefits		3c(2)		842,619
(3) Total active		3c(3)	3	842,619
cd Total		3d	3	842,619
4 If the plan is at-risk, check the box and complete lines a and		<u> </u>	1	And the second of the second
Funding target disregarding prescribed at-risk assumption				
b Funding target reflecting at-risk assumptions, but disreg-		r plans that have b	een	
at-risk for fewer than five consecutive years and disrega			4k	o
5 Effective interest rate			5	5.56 6,56
6 Target normal cost			6	0
Statement by Enrolled Actuary				•
To the best of my knowledge, the information supplied in this schedule and accompanying accordance with applicable law and regulations. In my option, each other assumption is re-				
combination, offer my best estimate of enticipated experience under the plan	THE RESERVE OF THE PERSON OF T	Apericaco or the plan and ret	scottants exhausticated and an	GI GIRRI BOSHII ROOM, OI
				<b>.</b>
Herbert Nadler	<u>/</u>		<u>August 25</u>	<u>, 2010</u>
Signature of actuary			•	Date
HERBERT NADLER, M. A.A.A., A.S.A., B.A.				8-01334
Type or print name of actuar	y		Most recent	enrollment number
CONSULTING ACTUARY			(212) 53	4-7986
Firm name			Telephone number	er (including area code)
49 BAST 86TH STREET				
US NEW YORK NY 10028-1060				
Address of the firm				
If the actuary has not fully reflected any regulation or ruling promul	gated under the statute	In completing this	schedule, check the	e box and see
instructions				

Part II Beginn	ning of year carryover a	nd prefunding balances						
		(a)	Carryover balance	(b) Pre	(b) Prefunding balance			
7 Balance at be	ginning of prior year after a			1				
		<u> </u>	<b> </b>	78				0
		requirement (item 35 from prior year		0				0
				78				0
		Il return of%		0				0
		ded to prefunding balance:						_
-		or year)		,			111	, 258
	(a) using prior year's effect		I	,				0
		plan year to add to prefunding balan		*			111,	, 258
		unding balance						0
		deemed elections		0	0 0			
		n 9 + item 10 + item 11d - item 12).		78				0
	ling percentages		•					
						14	117.07	%
		ntage				15	117.07	
		ses of determining whether carryove						
-	-					16	125.10	%
		an is less than 70 percent of the fund				17		%
	ributions and liquidity							
		e plan year by employer(s) and emplo	ovees.					
(a) Date	(b) Amount paid by	(c) Amount paid by	(a) Date	(b) Amount paid by		(c) Amo	ount paid by	
(MM-DD-YYYY)	employer(s)	employees	(MM-DD-YYYY)	employer(s)		employees		
				_				
		* -	Totals ► 18(b)		0 18(	c)		
19 Discounted er	nplover contributions see	instructions for small plan with a val-			,			
		minimum required contribution from			19a			
	·				19b			o
	b Contributions made to avoid restrictions adjusted to valuation date							
	tributions and liquidity short			-				
	, ,	for the prior year?				Tyes	X No	
a Did the plan have a "funding shortfall" for the prior year?  b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  No								
		emplete the following table as applica					,	
U II AUGIS I	es, ace manachons and co	Liquidity shortfall as of en		is plan vear				
	(1) 1st	(2) 2nd	(3) 3rd		(4) 4th			

Assur	nptions used to determine f	unding target and target nor	nal cost				
21 Discount rate: a Segment rates	4-4	2nd segment 6.55 %	3rd segment 6.59 %		□N/A, full yield curve used		
<b>b</b> Applicable mo	21b	<b>b</b> 1					
22 Weighted aver	rage retirement age			22	65		
		Prescribed combined X	Prescribed separate		Substitute		
Misc	ellaneous items				·		
24 Has a change attachment	•	d actuarial assumptions for the cu			<u> </u>		
25 Has a method	change been made for the curre	nt plan year? If "Yes," see instruct	ons regarding required atta-	chm	ent Yes X No		
26 is the plan req	uired to provide a Schedule of A	ctive Participants? If "Yes," see ins	structions regarding required	atta	chment X Yes No		
27 if the plan is el regarding attac		e funding rules, enter applicable o		27			
Reco	nciliation of unpaid minimu	m required contributions for	prior years		-		
28 Unpaid minimu	um required contribution for all pr	ior years		28	0		
29 Discounted en	ployer contributions allocated to	ward unpaid minimum required co	ntributions from prior years				
(item 19a)		<u> </u>		29	0		
30 Remaining am	ount of unpaid minimum required	d contributions (item 28 minus iten	n 29)	30	0		
Minin Minin	num required contribution f	or current year					
31 Target normal	cost, adjusted, if applicable (see	instructions)	<i></i>	31	0		
32 Amortization in	nstallments:		Outstanding Balance		Instailment		
a Net shortfall ar	nortization installment			0	0		
b Waiver amortiz		0	0				
33 If a waiver has (Month		r, enter the date of the ruling letter r) and the waived a	• •	33			
34 Total funding r	equirement before reflecting carr	yover/prefunding balances					
(item 31 + item	, . , <u>.</u>	34	0				
		Carryover balance	Prefunding Balance		Total balance		
35 Balances used	to offset funding requirement	0		0			
36 Additional cast	36						
37 Contributions a	allocated toward minimum require	ed contribution for current year ad	usted to valuation date				
		<u>, , , , , , , , , , , , , , ,</u>		37	0		
		nt year (see instructions)		38			
39 Unpaid minimu	ım required contribution for curre	nt year (excess, if any, of item 36		39			
40 Unpaid minimu	ım required contribution for all ye	ears	<u> </u>	40			

#### Prime Recognition Defined Benefit Pension Plan 94-3207389 / 003

For the plan year 7/1/2009 through 6/30/2010

Prime Recognition Employer:

Type of Entity - C-Corporation

EIN: 94-3207389

TIN: 91-2089032

Plan #: 003

Dates:

Effective - 7/1/2000

Year end - 6/30/2010

Top Heavy Years - 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009

Eliaibility:

All employees excluding non-resident aliens, members of an excluded class and union

Minimum age - 21

Months of service - 12

Hours Required for - Eligibility - 1000

Benefit accrual - 1000

Vesting - 1000

Plan Entry - Anniversary date nearest eligibility satisfaction

Retirement:

Normal - Attainment of age 65 and completion of 5 years of participation

Early - Not provided

**Average Compensation:** 

Highest 5 consecutive years of the last 99 years of participation

Top Heavy Minimum Benefit - Highest 5 consecutive top heavy years of participation

Plan Benefits:

Retirement - 0% of average monthly compensation per year of participation limited to 99 year(s)

Accrued Benefit - Pro-rata based on participation

Minimum Benefit - None Maximum Benefit - None

Maximum allowable distribution is tump sum equivalent of normal form not to exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or

b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Death Benefit -

Top Heavy Minimum:

2% of average compensation per top heavy year of participation excluding years prior to the adoption date of

the plan and 1984 (if earlier), limited to 10 years

**IRS Limitations:** 

415 Limits -

Percent: 100

Dollar: \$195,000

Maximum 401(a)(17) compensation - \$245,000

Normal Form:

Life Annuity

Optional Forms:

Lump Sum

Life Annuity Guaranteed for 10 Years Joint with 50%, 75% or 100% Survivor Benefit

Vesting Schedule:

Years Percent 0-1 0% 2 20% 3 40% 4 60% 5 80% 6 100%

Service is calculated using all years of service

## Schedule SB, Part V Summary of Plan Provisions

#### Prime Recognition Defined Benefit Pension Plan 94-3207389 / 003

For the plan year 7/1/2009 through 6/30/2010

Present Value of Accrued Benefit: Based on the greater of 417(e) or Actuarial Equivalence

#### 417(e):

Interest Rates -

Segment #	Years	Rate %
Segment 1	0-5	4.39
Segment 2	6 - 20	4.93
Segment 3	> 20	4.93

Mortality Table - 09E - 2009 Applicable Mortality Table for 417(e) (unisex)

#### Actuarial Equivalence:

Pre-Retirement - Interest - 7%

Mortality Table - None

Post-Retirement - Interest - 5%

Mortality Table - 183M - 1983 Individual Annuity (male)

#### Actuarial Assumptions and Methods

#### Prime Recognition Defined Benefit Pension Plan

For the plan year 7/1/2009 through 6/30/2010

Valuation Date:

7/1/2009

Funding Method:

As prescribed in IRC Section 430

Age - Eligibility age at nearest birthday and other ages at nearest birthday

New participants are included in current year's valuation

Prospective Compensation - Highest 5 consecutive years of participation

Form of Payment - Assumed form of payment for funding is lump sum equivalent of normal form. Funding Target for lump sum is the greater of the present value of accrued benefit computed using funding segment rates and 417(e) Applicable Mortality Table or lump sum at the assumed retirement date of accrued benefit using plan actuarial equivalence discounted using appropriate segment rate. Lump sum on plan actuarial equivalence rates will not exceed 415 maximum allowable distribution, which is the lesser amount computed using a) 5.5% interest and the Applicable Mortality Table or b) the greater of plan actuarial equivalence interest and mortality or 417(e) Minimum

Interest Rates -

Segment rates for the First Month Prior to Val Date as permitted under IRC 430(h)(2)(C)

Segment #	Year	Rate %
Segment 1	0 - 5	6.07
Segment 2	6 - 20	6.55
Segment 3	> 20	6.59

Pre-Retirement - Mortality Table -None

> None None

Turnover/Disability -Salary Scale -

Expense Load -None

Ancillary Ben Load -None

Post-Retirement - Mortality Table -

09A - 2009 Funding Target - Annuitant - IRC 430(h)(3)(A)

Cost of Living -

None

Lump Sum -

183M - 1983 Individual Annuity (male) at 5%

09E - 2009 Applicable Mortality Table for 417(e) (unisex)

Asset Valuation Method:

Fair market value of assets adjusted for contributions under IRC 430(g)(4)

#### <u>Discrimination Test Assumptions:</u>

HCE Determination - Based on all employees

Otherwise Excludable - Otherwise Excludable HCEs are included with the Not Otherwise Excludable employees

#### 410(b)/401(a)(4) Testing:

Pre-Retirement - Interest -

8.5%

Post-Retirement - Interest -

8.5%

Mortality Table -

183M - 1983 Individual Annuity (male)

Permissively Aggregated Plans - Tested as a Single Plan

Compensation - Use current compensation to calculate the benefit accrual rate (annual method)

Testing Age - Normal retirement age or attained age, if older

Normal Form for MVAR - Joint with 50% Survivor Benefits

PRIM2009

## Schedule SB, line 22 - Description of Weighted Average Retirement Age

#### Prime Recognition Defined Benefit Pension Plan 94-3207389 / 003

For the plan year 7/1/2009 through 6/30/2010

The age reported is the average of the assumed retirement ages for all active participants as of the valuation date rounded up to the next full age. For an active late retiree, the assumed retirement age may be later than the Plan's normal retirement age. Each participant's rate of retirement is assumed to be 100% of his/her assumed retirement age.

# Schedule SB, line 26 - Schedule of Active Participant Data Prime Recognition Defined Benefit Pension Plan 94-3207389/003

For the plan year 7/1/2009 through 6/30/2010

#### Years of Credited Service

Attained	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Age	No.	No.	No.	No.	Na.	Na	No.	No.	No.	No.
Under									_	
25	ĺ									
25 to 29										
30 to 34										
35 to 39										
40 to 44			1							
45 to 49			1							
50 to 54			1							
55 to 59										
60 to 64										
65 to 69										
70 & up										