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).

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

2010

OMB Nos. 1210-0110 1210-0089

This Form is Open to Public Inspection

	art I Annual Report Identification Information				
For	calendar plan year 2010 or fiscal plan year beginning 01/01/201	0	and ending	12/31/2	2010
Α	This return/report is for: single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plar	year return/report (less than 12 m	onths)	
С	Check box if filing under: Form 5558	automatic	extension		DFVC program
	special extension (enter description	on)			_
Pa	art II Basic Plan Information—enter all requested inform	ation			
1a	Name of plan			1b	Three-digit
ALTE	EK, INC. DEFINED BENEFIT PENSION PLAN				plan number 001
				10	(PN) Effective date of plan
				10	01/01/2007
	Plan sponsor's name and address (employer, if for single-employer	plan)		2b	Employer Identification Number
ALTE	EK, INC.				(EIN) 26-4726671
1012	9 MAIN ST, #407			2C	Plan sponsor's telephone number 206-579-4603
BELI	EVUE, WA 98004			2d	Business code (see instructions)
					541990
	Plan administrator's name and address (if same as Plan sponsor, e EK, INC. 10129 MAIN		e")	3b	Administrator's EIN 26-4726671
	BELLEVUE,			3c	Administrator's telephone number
					206-579-4603
	f the name and/or EIN of the plan sponsor has changed since the last name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	name, Env, and the plan number from the last return/report. Sponso	or s name		4c	PN
5a	Total number of participants at the beginning of the plan year			- 5a	1
b	Total number of participants at the end of the plan year			5b	1
С	Total number of participants with account balances as of the end of	f the plan y	rear (defined benefit plans do not		
	complete this item)			. 5c	
-	Were all of the plan's assets during the plan year invested in eligib		,		Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes ☐ No
	If you answered "No" to either 6a or 6b, the plan cannot use F		•		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	7267		126529
b	Total plan liabilities	7b		0	0
С	Net plan assets (subtract line 7b from line 7a)	7c	7267	2	126529
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	5470	00	
	(2) Participants				
	(3) Others (including rollovers)	8a(3)			
b	Other income (loss)	8b	-84	13	
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			53857
d	Benefits paid (including direct rollovers and insurance premiums				
	to provide benefits)	8d		_	
e	Certain deemed and/or corrective distributions (see instructions)	. 8e		_	
f	Administrative service providers (salaries, fees, commissions)	. 8f			
g	Other expenses				0
h :	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			53857
!	Net income (loss) (subtract line 8h from line 8c) Transfers to (from) the plan (see instructions)	8i			
i					

Form 5500-SF 2010	Page 2-

Part IV	Plan	Charac	teristics
гант	г ган	Gilaiau	

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

1A 3D 9a

b	If th	he plan provides welfare benefits, enter the applicable welfare feature codes from the List of Pla	an Character	istic Co	odes in	the instru	ctions:		
art	: V	Compliance Questions							
0	Du	uring the plan year:		Yes	No		Amo	unt	
а	Wa	as there a failure to transmit to the plan any participant contributions within the time period desc 9 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		a	X				
b		ere there any nonexempt transactions with any party-in-interest? (Do not include transactions re		5	X				
С	W	/as the plan covered by a fidelity bond?	10	:	X				
d		d the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by dishonesty?		d	X				
е	ins	ere any fees or commissions paid to any brokers, agents, or other persons by an insurance carr surance service or other organization that provides some or all of the benefits under the plan? (Structions.)	See	9	X				
f	На	as the plan failed to provide any benefit when due under the plan?	10	f	X				
g	Die	d the plan have any participant loans? (If "Yes," enter amount as of year end.)	10	9	X				
h		this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 520.101-3.)	10	1					
i		10h was answered "Yes," check the box if you either provided the required notice or one of the acceptions to providing the notice applied under 29 CFR 2520.101-3	10	i					
art									
11	ls t	this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions (00))					X	Yes	No
2		this a defined contribution plan subject to the minimum funding requirements of section 412 of t						Yes	X No
	(If '	"Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) a waiver of the minimum funding standard for a prior year is being amortized in this plan year, se	ee instruction	s, and	enter tl	ne date of	the le		
lf y	you	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to	line 13.	T		Т			
b	En	nter the minimum required contribution for this plan year			12b				
С	En	nter the amount contributed by the employer to the plan for this plan year			12c				
d		ubtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to gative amount)			12d				7
е	Wi	ill the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	١	10	N/A
art	VII	Plan Terminations and Transfers of Assets							
3а	На	as a resolution to terminate the plan been adopted during the plan year or any prior year?						Yes	X No
	lf "	Yes," enter the amount of any plan assets that reverted to the employer this year			13a				
b		ere all the plan assets distributed to participants or beneficiaries, transferred to another plan, or l the PBGC?	•	er the c	ontrol			Yes	X No
С		during this plan year, any assets or liabilities were transferred from this plan to another plan(s), in this plan to another plan to ano	dentify the p	an(s) t	0				
1	3c((1) Name of plan(s):		1:	3c(2) E	IN(s)		13c(3)	PN(s)
Caut	ion:	: A penalty for the late or incomplete filing of this return/report will be assessed unless re	easonable c	ause is	estab	lished.	1		
Jnde SB o	er pe r Sc	enalties of perjury and other penalties set forth in the instructions, I declare that I have examined chedule MB completed and signed by an enrolled actuary, as well as the electronic version of this is true, correct, and complete.	this return/ı	eport, i	ncludin	ıg, if applio	,		
CI C'		Filed with authorized/valid electronic signature. 03/06/2011 JEROME	PRISMAN	AS					
Sigi	N								

SIGN	Filed with authorized/valid electronic signature.	03/06/2011	JEROME PRISMANTAS
HERE	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

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).

2010

OMB No. 1210-0110

This Form is Open to Public Inspection

								File as a	an attac	hme	nt to Form	5500 or	5500-	SF.							
For	cale	ndar p	lan y	ear 2010	or fiso	cal plan ye	ear	beginning 0°	1/01/201	0				and en	ding	12/31/2	010				
•	Rour	nd off	amo	unts to i	neares	st dollar.															
•	Caut	ion: A	pen	alty of \$1	,000 v	vill be ass	es	sed for late filing o	f this rep	ort u	nless reas	onable ca	iuse is	s establisl	hed.						
		of pla		IED BEN	IEFIT I	PENSION	Pl	LAN					В	Three-d plan nur	•	(PN)	•		00	01	
	lon o	nono	r'o n	omo oo o	shown	on line 2e		f Form 5500 or 55	00.85				D	Employe	r Ido	otification	Nlum	hor (E	EINI\		
ALT			<i>,</i> 1311	anie as s	SHOWIT	OII IIIIC Zo	i O	11 01111 3300 01 33	00-31					4726671	i idei	illication	rivaiii	ibei (L	-114)		
Ет	ype c	of plan	X	Single	М	ultiple-A	П	Multiple-B		FP	rior year pla	n size:	100	or fewer	П	101-500	Пм	fore th	an 500		
		Ė			Ш		<u> </u>				,				Ш.						
	rt I			Inforn			_	04													
1			valu	ation date	e:	IV.	/lor	nth <u>01</u> [Day0	1	Year <u>1</u>	2010									
2		ets:													Г	0-					72672
	a															2a					
	b															2b					72672
3		·	•			unt breakd						(1) N	lumbe	er of partic	cipan			(2) F	unding	Target	
	а							aries receiving pay			3a					0					0
	b					articipants	·				3b					0					0
	С	For		e particip							2 (1)										50400
(1) Non-vested benefits																	59423				
		(2)									3c(2)					4					39615
		(3)	Tota	al active.							3c(3)					1					99038
	d	Tota	l								3d					1					99038
4	If th	e plar	ı is a	t-risk, che	eck the	e box and	CO	emplete items (a) a	and (b)												
	а	Fund	ling t	arget dis	regard	ling presci	ribe	ed at-risk assumpt	ions							4a					
	b							mptions, but disre e years and disrec								4b					
5	Effe	ective	inter	est rate												5				6.	.65 %
6	Tar	get no	rmal	cost												6					34388
S	o the	best of ance with action, or	ny kno h appl	icable law a	informa and regula	ations. In my	opi	this schedule and accomnion, each other assumpence under the plan.									expecta		and such o		
- 11	!	_				Signat	ur	e of actuary					_				D:	ate			
BRU	CE A	MAR	OTT	A				•					_				30	3-0356			
ALI A	CTL	JARIA	L AN	D RETIR		ype or pri		name of actuary					_		1	Most rece		rollme -357-2		oer	
		LANE ER, NO	287	732		Fi	irm	n name		_				٦	Гeleр	hone nur	mber	(inclu	ding are	a code)	
						Addr	es	s of the firm					_								
If the	actu	arv ha	e no	t fully rofl	ected	any regula	atio	on or ruling promu	laated	nder	the statute	in comple	ating t	hie echec	- Jule	chack the	hov	and a		F	7
instru		•	3 110	. runy ren	COLEU	arry regula	aut	on or running profitiu	igaicu ui	iluci	ino sialule	comple	Jung t	1113 301160	auic,	OFFICER LIFE	, DOX	and S			_

Page	2-	1

Pa	rt II	Begin	ning of year	carryov	er and prefunding ba	lances						
				-			(a) (Carryover balance		(b) l	Prefundir	ng balance
7		_	•		cable adjustments (Item 13				0			0
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from pric	r year)			0			0
9	Amount	remainii	ng (Item 7 minus i	tem 8)					0			0
10	Interest	on item	9 using prior year	's actual re	eturn of%							
11					d to prefunding balance:							
	a Exce	ess contr	ributions (Item 38	from prior	year)							10802
	b Inter	est on (a	a) using prior year	's effective	e rate of6.65 %							718
					year to add to prefunding bala							11520
	_			•	palance							11520
12				_	eemed elections				0			11520
					+ item 10 + item 11d – item				0			0
	art III		ding percenta			,						
14			<u> </u>								14	73.37 %
15					ge						15	73.37 %
16	Prior yea	ar's fund	ling percentage fo	r purposes	of determining whether car	ryover/prefu	ınding balaı	nces may be used			16	76.01 %
17					is less than 70 percent of the						17	
					· · · · · · · · · · · · · · · · · · ·	e fulluling tai	get, enter s	such percentage			17	%
	art IV		tributions an	•								
18					rear by employer(s) and emp						\	
(N	(a) Date IM-DD-Y)		(b) Amount p employer		(c) Amount paid by employees	(a) [(MM-DD		(b) Amount pa employer(-	(0	Amour emplo	nt paid by byees
03	/04/2011			54700								
						Totals ▶	18(b)		54700	18(c)		0
19	Discoun	ted emp	loyer contributions	s – see ins	tructions for small plan with	a valuation	date after th	he beginning of the	year:	•	•	
					nimum required contribution			ſ	19a			0
	b Contributions made to avoid restrictions adjusted to valuation date											
	C Contributions allocated toward minimum required contribution for current year adjusted to valuation date											
20			outions and liquidit		·							
-		=	-	-	the prior year?							Yes X No
		•	•		stallments for the current year							Yes No
	C If 20a	is "Yes,	" see instructions	and comp	lete the following table as ap	plicable:						- -
					Liquidity shortfall as of e		er of this pla	an year				
		(1) 19	st		(2) 2nd		(3)	3rd			(4) 4th	
						1			1			

Pa	rt V Assumption	ns used to determine f	unding target and targ	jet no	ormal cost				
21	Discount rate:		1			ı			
	a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %		3rd segment: 6.76 %		N/A, full yie	ld curve ı	used
	b Applicable month	(enter code)				. 21b			0
22	Weighted average ret	irement age				. 22			62
23	Mortality table(s) (see	e instructions)	escribed - combined	Preso	cribed - separate	Substitut	te		
Pa	rt VI Miscellane	ous items							
24		nade in the non-prescribed act	uarial assumptions for the cur	rent pl	an year? If "Yes," see	instructions	regarding require	ed	
	attachment							Yes	X No
25	Has a method change	been made for the current pla	an year? If "Yes," see instruct	tions re	egarding required attac	hment		Yes	No
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see in:	structio	ons regarding required	attachment.		Yes	X No
27		or (and is using) alternative fur	•			27			
Pa	rt VII Reconcilia	ation of unpaid minimu	m required contribution	ons f	or prior years	<u> </u>			
		uired contribution for all prior ye	•		· · · ·	28			
29		contributions allocated toward							
	' '				' '	29			0
30	Remaining amount of	unpaid minimum required con	tributions (item 28 minus item	1 29)		. 30			0
Pa	rt VIII Minimum	required contribution f	or current year						
31	Target normal cost, ac	djusted, if applicable (see instr	ructions)			. 31			34388
32	Amortization installme	ents:			Outstanding Bala	ance	Instal	lment	
	a Net shortfall amorti	ization installment				26366			4406
	b Waiver amortizatio	n installment				0			0
33		approved for this plan year, en				33			
34		nent before reflecting carryove				34			38794
			Carryover balance		Prefunding bala	nce	Total b	alance	
35	Balances used to offs	et funding requirement		0		0			0
36	Additional cash requir	rement (item 34 minus item 35)			. 36			38794
37		d toward minimum required co	, ,			37			50731
38	Interest-adjusted exce	ess contributions for current ye	ear (see instructions)			38			11937
39	Unpaid minimum requ	uired contribution for current ye	ear (excess, if any, of item 36	over it	em 37)	. 39			0
40	Unpaid minimum requ	uired contribution for all years.		40			0		

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).

Internal Revenue Code (the Code).

• File as an attachment to Form 5500 or 5500-SF

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For	calendar plan year 2010 or fiscal plan year beginning 01/01		00 01 0000	and endin	ıg	12/31/2010
	Round off amounts to nearest dollar.				<u> </u>	
	Caution: A penalty of \$1,000 will be assessed for late filing of this report un	less reasonal	ble cause is	s established	d.	
	lame of plan		В	Three-digit plan numb	1	001
ΑL	TEK, INC. DEFINED BENEFIT PENSION PLAN					
C F	fan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D	Employer lo	lentification	on Number (EIN)
AL	TEK, INC.		2	26-47266	571	
Ет	ype of plan: X Single Multiple-A Multiple-B F Pri	ior year plan si	size: 🛛 100	or fewer	101-50	0 More than 500
	rt Basic Information					·········
1	Enter the valuation date: Month 1 Day 1	Year 20	010			
2	Assets:		······································			
	a Market value				2a	72,672
	b Actuarial value				2b	72,672
3	Funding target/participant count breakdown		(1) Numbe	er of participa	ants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a			0	0
	b For terminated vested participants	3b			0	0
	C For active participants:					
	(1) Non-vested benefits	3c(1)			. [59,423
	(2) Vested benefits	3c(2)				39,615
	(3) Total active	3c(3)			1	99,038
	d Total	3d			1	99,038
4	If the plan is at-risk, check the box and complete items (a) and (b)					in the state of th
	a Funding target disregarding prescribed at-risk assumptions				4a	
	b Funding target reflecting at-risk assumptions, but disregarding transiti at-risk for fewer than five consecutive years and disregarding loading				4b	
5	Effective interest rate				5	6.65 %
6	Target normal cost		***************************************		6	34,388
; (ement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, accordance with applicable law and regulations. In my opinion, each other assumption is reasonable combination, offer my best estimate of anticipated experience under the plan.	, statements and (taking into accou	attachments, if unt the experien	any, is complete	e and accura nd reasonab	ite. Each prescribed assumption was applied in the expectations) and such other assumptions, in
	ERE Bu a Ment					03/05/2011
	Signature of actuary					Date
BRU	CE A MAROTTA					08-03565
	Type or print name of actuary					cent enrollment number
ALI	ACTUARIAL AND RETIREMENT PLANS				(9	919)357-2267
23	Firm name KALY LANE			Tel	ephone n	umber (including area code)
FLE	TCHER NC 2873	32				
	Address of the firm					
	actuary has not fully reflected any regulation or ruling promulgated under the	ne statute in d	completing t	this schedul	e, check t	he box and see

Pe	art II Begir	ning of year o	arrvove	and prefunding bal	ances		,						
1.0	artii Dog	g 0. year s	,				(a) C	arryover balance		(b) F	refundir	ig balar	ice
7				able adjustments (Item 13 t		_			0				0
8	Portion used to	offset prior year's f	unding req	uirement (Item 35 from prio	r year)	_			0				0
9	Amount remaini	ng (Item 7 minus it	em 8)						0			,	0
10	Interest on item	9 using prior year'	s actual ret	urn of%								· · · · · · · · · · · · · · · · · · ·	21.1111
11	Prior year's exc	ess contributions to	be added	to prefunding balance:					-	-			
	a Excess cont	ributions (Item 38 f	rom prior y	ear)					L			1	0,802
	b Interest on (a) using prior year	s effective r	ate of <u>6.65</u> %							<u>.</u>		718
	c Total availab	le at beginning of cu	ırrent plan y	ear to add to prefunding bala	nœ				_				1,520
	d Portion of (c) to be added to pr	efunding ba	alance		_]	1,520
12	Reduction in ba	lances due to elec	ions or dec	med elections		<u> </u>			0				1,520
13	Balance at begi	nning of current ye	ar (item 9 +	item 10 + item 11d - item	12)				0				
Р	art III Fur	ding percenta	ges										
					***************************************						14	73	.37 %
				e							15	73	.37 %
	6 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reducurrent year's funding requirement									e	16	76	.01 %
17				less than 70 percent of the							17		%
		ntributions and			dougon								
18	(a) Date	(b) Amount p		ear by employer(s) and employer(s) Amount paid by		Date	• T	(b) Amount pai	d by	(4	c) Amou	nt paid	by
(N	MM-DD-YYYY)	employer(employees	(MM-É			employer(s))	<u> </u>	empl	oyees	
0:	3/04/2011		54,700							ļ			
	·												
													
		A.F.			Totals	>	18(b)	5	4,700	18(c)			0
19			s - see inst	ructions for small plan with	a valuatio	n dat	te after th	ne beginning of the	year:				
				mum required contribution					19a				(
				ljusted to valuation date					19b				(
				rired contribution for current					19c				50,731
20		butions and liquidit									-		
40	a Did the nion	have a "funding sh	ortfall" for t	· he prior year?						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes	X No
				allments for the current year							<u> </u>	Yes	∏ No
				ete the following table as a					['.			
	C IT 20a IS "Yes	s, see instructions	and compl	Liquidity shortfall as of e	nd of Qua	rter c	of this pla	n year	1				
	(1) 1	st		(2) 2nd			(3)				(4) 4t	n	
									1				

21 Discount rates: 2 Segment rates: 3 Segment rates: 4 . 6 0 % 6 . 6 5 % 6 . 7 6 % 21b 3 Applicable month (enter code). 2 Weighted average retirement age. 2 Mortality label(s) (see instructions) Prescribed - combined Prescribed - separate Substitute Part VI. Miscellaneous items 24 Has a change been made in the non-prescribed ectuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. 2 Has a change been made in the non-prescribed ectuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. 2 Has a change been made for the current plan year? If "Yes," see instructions regarding required attachment. 3 Has a change been made for the current plan year? If "Yes," see instructions regarding required attachment. 4 Has a change been made for the current plan year? If "Yes," see instructions regarding required attachment. 5 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. 6 Yes No. 2 No. 2 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions 2 regarding attachment. 2 Part VII Reconciliation of unpaid minimum required contributions for prior years 3 Discounted employer contributions of unpaid minimum required contributions for prior years. 2 Busing attachment. 2 Busing attachment required contributions (tem 28 minus item 29). 3 Remaining amount of unpaid minimum required contributions (tem 28 minus item 29). 3 Remaining amount of unpaid minimum required contributions (tem 28 minus item 29). 3 No Outstanding Balance 3 Amortization installment. 4 No Outstanding Balance 5 Outstanding Balance 6 Outstanding Balance 7 Outstanding Balance 7 Outstanding Balance 8 Outstanding Balance 8 Outstanding Balance 9 Outstanding Balance 1 Outstandi	Pa	rt V Assumptio	ns used to determine f	unding target and targ	get no	ormal cost		
A 560 % 6.55 % 6.76 % NA, full yield curve Used by Applicable month (onter code) 21b 0.0 22 Weighted average retirement age 22 6.2 33 Mortality totale(s) (see instructions) Prescribed - combined Prescribed - separate Substitute Part VI Miscellaneous items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see Instructions regarding required attachment.	<u> </u>	·						
A color A co		a Segment rates:	· · · · · · · · · · · · · · · · · · ·	1 "		•		N/A, full yield curve used
22 Weighted average retirement age 22 62		Ū	4.60 %	6.65 %	:	6.76 %		This is the desired about
Part VI Miscellaneous items Prescribed - combined Prescribed - separate Substitute		b Applicable month	(enter code)				 	0
Part VI. Miscellaneous items 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	22	Weighted average ref	tirement age				. 22	62
Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	23	Mortality table(s) (see	e instructions) 🗓 Pre	scribed - combined	Preso	ribed - separate	Substitut	8
Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	Pal	d VI Miscellane	ous items					
State plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		Has a change been n	nade in the non-prescribed act					
State plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	25	Has a method change	e been made for the current pla	an year? If "Yes," see instruc	tions r	egarding required attac	chment	Yes X No
Part VII Reconciliation of unpaid minimum required contributions for prior years 28								
Part VII Reconciliation of unpaid minimum required contributions for prior years 28		If the plan is eligible f	or (and is using) alternative fur	nding rules, enter applicable o	code ai	nd see instructions		<u> </u>
28 Unpaid minimum required contribution for all prior years (item 19a) 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) 30 CO	D ₀						<u>.</u>	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)							28	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29). 30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29). 31 Target normal cost, adjusted, if applicable (see instructions). 31 Target normal cost, adjusted, if applicable (see instructions). 31 Target normal cost, adjusted, if applicable (see instructions). 32 Amortization installments: 33 Net shortfall amortization installment. 34 Net shortfall amortization installment. 35 Waiver amortization installment. 36 Waiver amortization installment. 37 Outstanding Balance 38 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount waived amount with the same and the waived amount waived waived amount waived waived amount waived amount waived waived waived amount waived waived waived waived amount waived waive							 	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	29	(item 19a)	contributions allocated toward	unpaid minimum required of		ons nom phor years	29	0
Part VIII Minimum required contribution for current year 31 Target normal cost, adjusted, if applicable (see instructions)	30						. 30	0
31 Target normal cost, adjusted, if applicable (see instructions). 31 34,388 32 Amortization installments: a Net shortfall amortization installment	-	· · · · · · · · · · · · · · · · · · ·	······································					
Amortization installments: a Net shortfall amortization installment							31	34,388
a Net shortfall amortization installment			- 				ance	
b Waiver amortization installment	JZ				ŀ			4.406
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month					Г			
Carryover balance Prefunding balance Total balance							1 - 9	
Salances used to offset funding requirement	33	(Month	Day Year) and the waived amo	unt		33	
35 Balances used to offset funding requirement	34	Total funding required item 33)	ment before reflecting carryove	er/prefunding balances (item	31 + ite	em 32a + item 32b -	34	38,794
36 Additional cash requirement (item 34 minus item 35)				Carryover balance		Prefunding bala	ance	Total balance
36 Additional cash requirement (item 34 minus item 35)	35	Balances used to offs	set funding requirement		0		0	0
37Contributions allocated toward minimum required contribution for current year adjusted to valuation date3738Interest-adjusted excess contributions for current year (see instructions).3811,93739Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).39	36))			. 36	38,794
38 Interest-adjusted excess contributions for current year (see instructions)		Contributions allocate	ed toward minimum required co	ontribution for current year ac	tjusted	to valuation date	1 1	50,731
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	38		#- 				38	11,937
							39	C
	40							C

ALTEK, INC. DEFINED BENEFIT PENSION PLAN

Actuarial Valuation Calculations as of January 1, 2010

1. PPA Minimum Required Contribution:

Present Value of Accrued Benefits		103,165	Effective Interest Rate (EIR)	6.65%
Funding Target Percentage (FTP)		96%	Target Normal Cost (TNC)	34,388
Funding Target (FT)		99,038	Shortfall Amortization Charge (SAC)	4,406
Assets		72,672	Total	38,794
Carryover Balance (COB) -			Alt. Minimum (TNC + FT - Assets)	60,754
Prefunding Balance (PFB)			Min. Req. Contrib. (MRC) BOY	38,794
Funding Shortfall (FS)		26,366	Interest to Last Possible Due Date	4,510
Shortfall Amortization Base (SAB)		26,366	Min. Req. Contrib. (MRC)	43,304
7-Year Annuity at Segment Rates		5.98348		
Shortfall Amortization Install. (SAI) 4,406				
<u>Previous Shortfall Amortization Bases:</u> <u>Carryover Balance (COB):</u>				
Year	Installment	Balance - BOY	Balance at BOY	-
2009	-	-	Amount "Burned" For AFTAP	-
2008	-	-	Interest at EIR	-
2007	-	-	Balance at EOY	-
2006	-	-		
2005	-	-	Prefunding Balance (PFB):	
2004			Balance at BOY	10,802
Total	-	-	Amount "Burned" For AFTAP Interest at EIR	(10,802)
AFTAP		73.38%	Balance at EOY	-
2. PPA Maxim	um Deductible Con	tribution:		
a. Funding Target Plus 4%				103,000
b. Funding Target Cushion Factor				<u>150%</u>
c. Funding Target With Cushion (a * b)				154,500
d. Projected Unit Credit Act'l Liability				120,824
e. Amount in Excess of Funding Target (d - a, not less than zero)				17,824
f. Total Allowance With Cushion $(c + e)$				172,324
g. Target Normal Cost Plus 4%				35,764
h. Less Plan As				(72,672)
				135,416