Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ **Complete all entries in accordance with the instructions to the Form 5500.**	**2009** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MAGNODE CORPORATION PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 02/15/1958

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

400 EAST STATE STREET
TRENTON, OH 45067

2b Employer Identification Number (EIN) 31-0536201

2c Sponsor's telephone number 513-988-6351

2d Business code (see instructions) 332900

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.	04/14/2011	DOUGLAS J. HOWELL
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MAGNODE CORPORATION 400 EAST STATE STREET TRENTON, OH 45067	**3b** Administrator's EIN 31-0536201 **3c** Administrator's telephone number 513-988-6351

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

5	Total number of participants at the beginning of the plan year	**5**	150
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**	94
b	Retired or separated participants receiving benefits	**6b**	11
c	Other retired or separated participants entitled to future benefits	**6c**	37
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	142
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	142
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
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:
1A 1G 1I

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

9a Plan funding arrangement (check all that apply)			**9b** Plan benefit arrangement (check all that apply)		
(1)	☐	Insurance	**(1)**	☐	Insurance
(2)	☐	Code section 412(e)(3) insurance contracts	**(2)**	☐	Code section 412(e)(3) insurance contracts
(3)	☒	Trust	**(3)**	☒	Trust
(4)	☐	General assets of the sponsor	**(4)**	☐	General assets of the sponsor

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

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

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2009** **This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MAGNODE CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MAGNODE CORPORATION

D Employer Identification Number (EIN)
31-0536201

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 07 Day 01 Year 2009

2	Assets:			
a	Market value	2a		3974770
b	Actuarial value	2b		4372247
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	3a	10	613506
b	For terminated vested participants	3b	20	223952
c	For active participants:			
	(1) Non-vested benefits	3c(1)		20011
	(2) Vested benefits	3c(2)		3814121
	(3) Total active	3c(3)	120	3834132
d	Total	3d	150	4671590
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		7.55 %
6	Target normal cost	6		29400

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary — Date: 03/25/2011

DAVID R. STOCK — Type or print name of actuary

08-05286 — Most recent enrollment number

BUCK CONSULTANTS, LLC — Firm name

513-852-1680 — Telephone number (including area code)

720 E. PETE ROSE WAY, SUITE 300
CINCINNATI, OH 45202

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	531	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	531	0
10	Interest on item 9 using prior year's actual return of 4.60 %	24	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		612
b	Interest on (a) using prior year's effective rate of 6.72 %		41
c	Total available at beginning of current plan year to add to prefunding balance		653
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	555	0

Part III Funding percentages

14	Funding target attainment percentage	14	93.58 %
15	Adjusted funding target attainment percentage	15	93.58 %
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	88.19 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/14/2011	107063				
			Totals ► 18(b)	107063	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	91276

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) [X] 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. ..... [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	**31**	29400

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	216284	62370
b Waiver amortization installment.....	0	0

33 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	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	**34**	91770

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	521	0	521

36 Additional cash requirement (item 34 minus item 35).....	**36**	91249
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	**37**	91276
38 Interest-adjusted excess contributions for current year (see instructions).....	**38**	27
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

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

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
MAGNODE CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAGNODE CORPORATION

D Employer Identification Number (EIN)
31-0536201

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

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

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

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

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

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

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

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

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

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

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

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)

BUCK CONSULTANTS, LLC

13-3954297

(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?
11 17	NONE	26375	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
MAGNODE CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAGNODE CORPORATION

D Employer Identification Number (EIN)
31-0536201

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	430441	107063
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	271996	142205
(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)		
(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)	3291160	3681625
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3993597	3930893
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3993597	3930893

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	107063	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		107063
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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1822091	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1784003	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		38088

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	284211	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		284211
(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)		97680
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		527042

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	551926	
(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)		551926
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)	26375	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	11445	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		37820
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		589746

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		-62704
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CLARK, SCHAEFER, HACKETT & COMPANY **(2)** EIN: 31-0800053

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan
MAGNODE CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MAGNODE CORPORATION

D Employer Identification Number (EIN)
31-0536201

Part I Distributions

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

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

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

EIN(s): 31-0950367 _____

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** 6

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

a Name of contributing employer

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

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

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

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):

Magnode Corporation Pension Plan

Financial Statements
and Supplemental Schedules
June 30, 2010 and 2009
with Independent Auditors' Report

CLARK SCHAEFER HACKETT
STRENGTH IN NUMBERS

TABLE OF CONTENTS

Independent Auditors' Report 1

Financial Statements:

Statements of Net Assets Available for Benefits 2

Statements of Changes in Net Assets Available for Benefits 3

Statements of Accumulated Plan Benefits 4

Statement of Changes in Accumulated Plan Benefits 5

Notes to Financial Statements ..... 6 - 11

Supplemental Schedules:

Schedule H, Item 4i - Schedule of Assets (Held at End of Year) 12

Schedule H, Item 4j – Schedule of Reportable Transaction 13

CLARK SCHAEFER HACKETT
STRENGTH IN NUMBERS

INDEPENDENT AUDITORS' REPORT

To the Retirement Committee of
Magnode Corporation Pension Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Magnode Corporation Pension Plan as of June 30, 2010 and 2009, and the related statement of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of June 30, 2009 and 2008 and the related statement of changes in accumulated plan benefits for the year ended June 30, 2009 and the supplemental schedules for the year ended June 30, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by First Financial Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of June 30, 2010 and 2009, for the year ended June 30, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Clark, Schaefer, Hackett & Co.

Middletown, Ohio
April 12, 2011

160 north breiel blvd.
middletown, oh 45042

www.cshco.com
p. 513.424.5000
f. 513.422.7882

cincinnati | columbus | dayton | middletown | springfield

Magnode Corporation Pension Plan
Statements of Net Assets Available for Benefits
June 30, 2010 and 2009

		2010	2009
Investments, at fair value:			
Cash and cash equivalents	$	142,205	271,996
Mutual funds		3,681,625	3,291,160
		3,823,830	3,563,156
Receivables:			
Employer contributions		107,063	430,441
Net assets available for benefits	$	3,930,893	3,993,597

See accompanying notes to financial statements.

Magnode Corporation Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended June 30, 2010 and 2009

		2010	2009
Investment activity:			
Interest and dividends	$	97,680	124,097
Net appreciation (depreciation) in fair value of investments		322,299	(503,462)
		419,979	(379,365)
Employer contributions		107,063	430,441
		527,042	51,076
Benefits paid directly to participants		551,926	302,691
Administrative expenses		26,375	28,224
PBGC premium		11,445	-
		589,746	330,915
Net decrease		(62,704)	(279,839)
Net assets available for benefits:			
Beginning of year		3,993,597	4,273,436
End of year	$	3,930,893	3,993,597

See accompanying notes to financial statements.

Magnode Corporation Pension Plan
Statements of Accumulated Plan Benefits
Years Ended June 30, 2009 and 2008

		2009	2008
Actuarial present value of accumulated plan benefits:			
Vested benefits:			
Participants currently receiving payments	$	595,782	609,390
Other participants		3,686,820	3,470,050
		4,282,602	4,079,440
Non-vested benefits		18,403	47,672
Total actuarial present value of accumulated plan benefits	$	4,301,005	4,127,112

See accompanying notes to financial statements.

Magnode Corporation Pension Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended June 30, 2009

Actuarial present value of accumulated plan benefits at beginning of year	$	4,127,112
Increase (decrease) during the year attributable to:		
Benefits paid		(302,691)
Increase for interest due to the decrease in the discount period		318,294
Benefits accumulated		158,290
Net increase		173,893
Actuarial present value of accumulated plan benefits at end of year	$	4,301,005

See accompanying notes to financial statements.

1. DESCRIPTION OF PLAN:

The following brief description of the Magnode Corporation Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

General

The Plan is a defined benefit pension plan covering several classes of employees of Magnode Corporation (the Company) who met eligibility requirements prior to May 31, 2009. The Plan was frozen on May 31, 2009. As a result, the Plan is closed to new participants and no additional service is credited to employees after May 31, 2009 for purposes of determining accrued benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The future of the plan has yet to be determined.

Contributions

The Company's contributions to the Plan are determined by the Plan's actuary. The Plan does not permit employee contributions. Any forfeitures arising under the Plan are used to reduce Company contributions.

Pension benefits

Participating employees are entitled to monthly pension benefits beginning at normal retirement (age 65) equal to their monthly benefit formula amount, as defined by the Plan. Participants may elect to receive their pension benefits in the form of a life annuity, life and ten year certain annuity, joint and survivor annuity or lump sum payment. A participant is 100% vested after five years of service. If employees terminate before age 65, and before rendering five years of service, they forfeit the right to receive benefits they have accumulated. The Plan permits early retirement (at ages 55-64) providing the participant has completed five years of service. However, the pension benefit is reduced based upon the number of months the retirement date precedes the participant's normal retirement date.

Effective June 1, 2009, the plan was amended to treat any participant in the Plan as of May 31, 2009 as 100% vested.

Death and disability benefits

When an active, married employee dies with five years of service, the participant's spouse shall receive 50% of the accrued benefit reduced as if the participant had retired the day before his death and had elected his benefit to commence the later of immediately or the date he would first be eligible for early retirement in a joint and survivor annuity form.

A participant who is fully vested and is determined to have total and permanent disability is entitled to a monthly pension. The monthly pension is equal to the normal retirement benefit reduced based on the number of months the starting date of such pension precedes his normal retirement date.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The following are the significant accounting policies of the Plan:

Basis of accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of estimates
The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Valuation of investments
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 10 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Gains and losses on disposition of investments are recognized at the time of disposition with the amount of gain or loss determined on the specific identification basis using original costs.

The Plan presents in the statement of changes in net assets available for benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

The Plan's investments in mutual funds (including investments bought, sold and held during the year) appreciated in value by $322,299 during 2010 and depreciated by $503,462 during 2009.

Cash equivalents
Cash and cash equivalents consist of money market accounts.

Actuarial present value of accumulated plan benefits
Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' highest average gross monthly earnings during five consecutive calendar years. Benefits payable under all circumstances – retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered prior to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Buck Consultants and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of July 1, 2009 and 2008 were: (a) assumed rate of return on investments – 7.55% and 6.72% per year, respectively, compounded annually; (b) mortality basis – IRS 2009 Optional Small Plan Mortality Table for male and female lives and IRS 2008 Optional Small Plan Mortality Table for male and female lives, respectively; (c) retirement - at normal retirement age (65); (d) employee turnover - various rates depending upon employee age and gender; and (e) discount rate of 8%, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable to determining the actuarial present value of accumulated plan benefits.

Payments of benefits
Benefit payments to participants are recorded upon distribution.

Subsequent events
The Company evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through, April 12, 2011, the date on which the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE:
All financial data related to investments used in the preparation of the statements of net assets available for benefits and statement of changes in net assets available for benefits and the supplemental schedules have been certified as to accuracy and completeness by the plan's trustee, First Financial Bank.

4. FUNDING POLICY:
The Company's funding policy is to make contributions to the Plan as determined by the Plan's independent actuary. The Plan has met the ERISA minimum funding requirements.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

5. PLAN TERMINATION:
In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Annuity benefits that former employees or the their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
b. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
c. All other vested benefits (that is, vested benefits not insured by the PBGC).
d. All other benefits

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2010 and 2009 that ceiling is $4,500 per month, respectively. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

6. INVESTMENTS:

The Plan's investments are held by a bank-administered trust fund. Investments at market value that represent five percent or more of the Plan's net assets are separately identified as follows:

	2010	2009
First Fds Sterling Income Trust Fund	$ <5%	193,496
Dodge & Cox Income Fund	304,240	237,592
Vanguard Intermediate-Term Bond Index Fund	218,357	200,966
Dodge & Cox Stock Fund	274,373	240,728
Blackrock Intermediate Bond Instl Fund	<5%	329,836
Vanguard 500 Index Fund	<5%	347,571
Vanguard Short-Term Federal Fund	268,020	267,281
Pimco Total Return Instl	284,605	264,131
Fidelity Contrafund	261,197	225,453
Harbor International Fund	211,816	188,849
Goldman Sachs Short Duration Gov't Instl	241,671	190,780
Jensen Portfolio Fund	280,115	<5%
The Hartford Dividend Growth Fund	231,974	<5%
Pimco All Asset All Authority	253,299	<5%
Templeton Global Bond Fund	203,643	<5%

7. TAX STATUS:

The Internal Revenue Service has determined and informed the Company by a letter dated February 3, 2003, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

The Plan adopted the new accounting standard for *Accounting for Uncertainty in Income Taxes* on July 1, 2009. This standard clarifies the accounting and recognition for income tax positions taken or expected to be taken by the Plan. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and has no income subject to unrelated business income tax. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan's annual filings are subject to audit by various authorities. The Plan's open audit periods are for fiscal years 2007 – 2010. The plan believes its estimates are appropriate based on the current facts and circumstances.

8. RELATED PARTY TRANSACTION:

Certain plan investments are shares of mutual funds and money market accounts managed by First Financial Bank. First Financial Bank is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest.

The Company provides certain administrative services at no cost to the Plan.

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 risk. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that the changes in these estimates and assumptions in the near term would be material to the financial statements.

10. FAIR VALUE MEASUREMENTS:

Accounting principles generally accepted in the United States of America for *Fair Value Measurements and Disclosures* establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under accounting principles generally accepted in the United States of America are described as follows.

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the assets or liabilities;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If assets or liability has a specified term (contractual) term, the Level 2 inputs must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of observable inputs.

Mutual funds and money market accounts: Valued at the net asset value ("NAV") of shares held by the plan at year end as reported by the investment manager.

There have been no changes in the methodologies used during 2010 and 2009.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation 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 carrying amounts of financial instruments including contribution receivable approximated fair value as of June 30, 2010 and 2009, because of the relatively short maturity of these instruments.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2010.

Assets at fair values as of June 30, 2010

	Level 1	Level 2	Level 3	Total
Money market account	$ -	142,205	-	142,205
Mutual funds				
Short-term government fund	509,691	-	-	509,691
Intermediate-term bond fund	995,926	-	-	995,926
Blend fund	332,430	-	-	332,430
Growth fund	685,812	-	-	685,812
Value fund	700,827	-	-	700,827
Other	456,939	-	-	456,939
	3,681,625	-	-	3,681,625
Total	$ 3,681,625	142,205	-	3,823,830

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of June 30, 2009.

Assets at fair values as of June 30, 2009

	Level 1	Level 2	Level 3	Total
Money market account	$ -	271,996	-	271,996
Mutual funds	3,291,160	-	-	3,291,160
Total	$ 3,291,160	271,996	-	3,563,156

Magnode Corporation Pension Plan
#31-0536201 Plan #001
Schedule H, Item 4i - Schedule of Assets (Held at End of Year)
June 30, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Market
	Cash and cash equivalents:			
	Vanguard Prime Money Market Fund	Money Market	$ 142,205	142,205
	Mutual funds:			
	Jensen Portfolio Fund	Mutual Fund	300,000	280,115
	The Hartford Dividend and Growth Fund	Mutual Fund	250,000	231,974
	Goldman Sachs Short Duration Gov't Instl	Mutual Fund	227,465	241,671
	Vanguard Short-Term Federal Fund	Mutual Fund	254,981	268,020
	Dodge & Cox Income Fund	Mutual Fund	292,409	304,240
	Pimco Total Return Instl	Mutual Fund	275,000	284,605
	Pimco All Assets All Authority	Mutual Fund	250,000	253,299
	Blackrock Intermediate Bond Instl Fund	Mutual Fund	180,735	188,724
	Vanguard Intermediate-Term Bond Index Fund	Mutual Fund	200,000	218,357
	Dodge & Cox Stock Fund	Mutual Fund	360,832	274,373
	Fidelity Contrafund	Mutual Fund	300,000	261,197
	Harbor International Fund	Mutual Fund	238,000	211,816
	Neuberger & Berman Genesis Fund	Mutual Fund	150,000	144,500
	Templeton Global Bond Fund	Mutual Fund	200,000	203,643
	Fairholme Fund	Mutual Fund	150,000	194,480
	Invesco Mid Cap Core Equity I	Mutual Fund	100,000	120,611
			3,729,422	3,681,625
			$ 3,871,627	3,823,830

* Known to be party-in-interest

	(a) Identitiy of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*	First Sterling Income Trust	Mutual Fund	41,458	198,496	-	-	157,038
	Vanguard 500 Index Signal Fund	Mutual fund	470,844	426,103	-	-	(44,740)
	Sound Shore Fund	Mutual Fund	239,831	189,595	-	-	(50,235)
*	First Fds Elite Money Market Fund	Money Market Fund	297,906	297,906	-	-	-
	Vanguard Prime Money Market Fund	Money Market Fund	492,351	492,351	-	-	-
	The Hartford Dividend and Growth Fund	Mutual Fund	250,000	-	250,000	250,000	-
	Jensen Portfolio Fund	Mutual Fund	300,000	-	300,000	300,000	-
	Pimco All Asset All Authority Fund	Mutual Fund	250,000	-	250,000	250,000	-
	Vanguard Prime Money Market Fund	Money Market Fund	633,494	-	633,494	633,494	-
	Templeton Global Bond Fund	Mutual Fund	200,000	-	200,000	200,000	-

* Known to be party-in-interest

At Clark Schaefer Hackett, we are the sum of our individuals. Each team member's training and experience are well-suited for each client's purpose and goals. We are committed to providing insightful and customized service — from efficient compliance to sophisticated consulting — to help each client prosper today and plan for future success.

cincinnati | columbus | dayton | middletown | springfield

www.cshco.com

Magnode Corporation Pension Plan

EIN: 31-0536201 PN: 001

Schedule SB, Line 19 - Discounted Employer Contributions

Date	Amount	Plan Year	Days Discounted at Effective Rate of 7.55%	Days Discounted at Penalty Rate of 12.55%	Discounted Value
Line 19c - Contributions Allocated Toward Minimum Required Contribution for Current Year					
3/14/2011	20,021	2009	106	515	16,590
3/14/2011	20,648	2009	198	423	17,307
3/14/2011	20,648	2009	288	333	17,502
3/14/2011	20,648	2009	379	242	17,702
3/14/2011	25,098	2009	621	0	22,175
Total	107,063				91,276

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, LINE 22 — WEIGHTED AVERAGE RETIREMENT AGE

Participants are assumed to retire at their normal retirement age, which is defined as the later of the Participant's 65th birthday, or the 5th anniversary of plan participation.

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, PART V — STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Prescribed Funding Assumptions and Methods

Funding interest rates

Current Year:

March 2009 Yield Curve

Effective Interest Rate 7.55%

Sample Spot Rates:

Maturity	Yield
5	6.88%
10	7.53%
15	7.60%
20	7.69%

Mortality:

Annuitant	IRS 2009 Optional Small Plan Mortality Table
Non-annuitant	IRS 2009 Optional Small Plan Mortality Table

Salary Growth: N/A (accrued benefits are frozen)

Retirement rates:

100% Retirement at Age 65

Withdrawal rates:

Based on experience. Sample rates as follows:

	Sex	
Age	Male	Female
20	12.5%	15.0%
25	9.0%	11.0%
30	6.5%	8.0%
35	4.5%	5.5%
40	2.6%	3.5%
45	1.3%	1.7%
50	0.3%	0.7%
55	0.0%	0.0%

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, PART V — STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Form of Payment: All participants will receive a lump sum distribution at termination of employment based on the following assumptions:

Interest Rate: same as funding segment rates

Mortality Table: 2009 Applicable Mortality Table

Maximum Benefit: $195,000 per year at Normal Retirement Age.

Marital Status: 85% of participants are assumed to be married at benefit commencement. Husbands are assumed to be 3 years older than their wives.

Expenses: Expected plan administrative expenses of $29,400 were added to the Target Normal Cost.

Actuarial Cost Method

Unit Credit Method.

The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected expenses to be paid from plan assets during the year.

Asset Valuation Method

For minimum required and maximum contribution purposes: Asset Averaging

The Valuation Assets are determined using a method that spreads asset gains/(losses) over 2 years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. Accrued contributions, if any, are included in the Valuation Assets.

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, PART V — SUMMARY OF PLAN PROVISIONS

Effective Date: Latest Restatement: June 30, 2002.

Plan Year: The 12 month period ending June 30th.

Participation Requirements: An Employee shall become a Participant on the Entry Date nearest completion of one year of Continuous Service, measured from his date of hire, provided he has attained age 21. *No new participants after May 31, 2009.*

Entry Date: July 1st.

Normal Retirement Date: The later of a Participant's 65th birthday, or the 5th anniversary of plan participation.

Monthly Retirement Income:

(a) 0.7% of Monthly Plan Compensation multiplied by years of Credited Service (maximum 40) plus 0.65% of Monthly Plan Compensation in excess of Social Security Covered Compensation multiplied by years of Credited Service (maximum 35), plus

(b) For any non-highly compensated employee, 1% of Monthly Plan Compensation as of June 30, 1994 multiplied by years of service between July 1, 1989 and June 30, 1994.

Accrued benefits frozen May 31, 2009.

Normal Form of Benefit: Monthly income commencing on a Participant's retirement date and payable for life.

Automatic Form of Benefit (for married participants): Actuarially equivalent reduced Joint and 50% to Surviving Spouse if married at commencement of benefits, unless other election is made.

Monthly Plan Compensation: Highest average of Gross Monthly Earnings during five consecutive calendar years. Gross Earnings means compensation including bonuses, overtime payments, commissions and extra compensation paid during a calendar year.

Credited Service: The total period of time employed by the Employer measured from date of hire.

Accrued Benefit: The Monthly Retirement Income at Normal Retirement Date, based on Monthly Plan Compensation Credited Service at the date of computation. *Benefit accruals were frozen as of May 31, 2009.*

Vesting: A percentage of accrued benefits:

Years of Vesting Service	Vesting Percentage
Less than 5	0%
5 or more	100%

All active participants as of May 31, 2009 are 100% vested in their accrued benefits.

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, PART V — SUMMARY OF PLAN PROVISIONS

Deferred Retirement Benefit: Monthly income equal to the greater of the:

(a) Participant's Accrued Benefit at actual retirement, or

(b) Actuarial equivalent of the actuarial reserve of the Monthly Retirement Benefits to which he or she was entitled as of the later of his Normal Retirement Date or the close of the prior plan year plus interest compounded annually.

Eligibility for Early Retirement: Age 55 and 5 years vesting service.

Early Retirement Benefit: Accrued benefit payable at age 65, reduced actuarially for each month that payments begin early.

Eligibility for Preretirement Death Benefit: All vested participants.

Preretirement Death Benefit: A Participant's spouse shall receive 50% of the monthly benefit the deceased would have received under the Joint and 50% Survivor Annuity as of the date of his death, with this benefit commencing on the earliest date the deceased could have retired.

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, LINE 24 — CHANGE IN ACTUARIAL ASSUMPTIONS

An expense load was added to the Target Normal Cost as required under WRERA.

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, LINE 25 — CHANGE IN METHOD

- The asset valuation method was changed from the smoothing method that spreads asset gains/(losses) over 1 years of assets to the smoothing method that spreads asset gains/(losses) over 2 years.

- The interest rate basis for computing funding liabilities was changed from the full yield curve as of June 2008 to the full yield curve as of March 2009.

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, LINE 26 — SCHEDULE OF ACTIVE PARTICIPANT DATA

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25	3	1	0	0	0	0	0	0	0	4
25-29	3	5	0	0	0	0	0	0	0	8
30-34	5	12	1	0	0	0	0	0	0	18
35-39	5	6	5	2	0	0	0	0	0	18
40-44	3	9	2	0	1	0	0	0	0	15
45-49	1	11	3	0	1	1	0	0	0	17
50-54	1	3	5	0	4	1	3	0	0	17
55-59	0	4	1	0	3	2	1	1	0	12
60-64	0	0	2	1	1	2	1	0	4	11
65-69	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0
TOTAL	21	51	19	3	10	6	5	1	4	120

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, LINE 32 — SCHEDULE OF AMORTIZATION BASES

Date Established	Initial Amount	Type	Remaining Installments	Amortization Installment	Present Value of Remaining Installments as of July 1, 2009
July 1, 2008	$ 593,489	Shortfall	6	$ 99,292	$ 516,182
July 1, 2009	$ (299,898)	Shortfall	7	$ (36,922)	$ (299,898)
Total Charge	$ 293,591			$ 62,370	$ 216,284

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

Schedule SB, Line 21b — Explanation of Applicable Month for Discount Rate

The plan used the full yield curve with a three month look-back as allowed by IRS regulations. However, line 21b was left blank in order to avoid EFAST filing problems.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**2009** **This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan: Magnode Corporation Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Magnode Corporation

D Employer Identification Number (EIN): 31-0536201

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 7 Day 1 Year 2009

2 Assets:

a Market value	**2a**	3,974,770
b Actuarial value	**2b**	4,372,247

3 Funding target/participant count breakdown

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	10	613,506
b For terminated vested participants	**3b**	20	223,952
c For active participants:			
(1) Non-vested benefits	**3c(1)**		20,011
(2) Vested benefits	**3c(2)**		3,814,121
(3) Total active	**3c(3)**	120	3,834,132
d Total	**3d**	150	4,671,590

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	7.55 %
6 Target normal cost	**6**	29,400

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

David R. Stock — Signature of actuary

03/25/2011 — Date

David R. Stock — Type or print name of actuary

08-05286 — Most recent enrollment number

Buck Consultants, LLC — Firm name

(513)852-1680 — Telephone number (including area code)

720 E. Pete Rose Way, Suite 300

Cincinnati OH 45202 — Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	531	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	531	0
10	Interest on item 9 using prior year's actual return of 4.60 %	24	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		612
b	Interest on (a) using prior year's effective rate of 6.72 %		41
c	Total available at beginning of current plan year to add to prefunding balance		653
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	555	0

Part III Funding percentages

14	Funding target attainment percentage	14	93.58 %
15	Adjusted funding target attainment percentage	15	93.58 %
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	88.19 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
03/14/2011	107,063				
			Totals ► 18(b)	107,063	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	91,276

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [ ] Yes [X] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age **22** 65

23 Mortality table(s) (see instructions) [X] 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. ..... [X] Yes [ ] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**	29,400

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	216,284	62,370
b Waiver amortization installment	0	0

33 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 **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**	91,770

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	521	0	521

36 Additional cash requirement (item 34 minus item 35)	**36**	91,249
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	91,276
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	27
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Magnode Corporation Pension Plan

EIN: 31-0536201 PN: 001

Schedule SB, Line 19 - Discounted Employer Contributions

Date	Amount	Plan Year	Days Discounted at Effective Rate of 7.55%	Days Discounted at Penalty Rate of 12.55%	Discounted Value
Line 19c - Contributions Allocated Toward Minimum Required Contribution for Current Year					
3/14/2011	20,021	2009	106	515	16,590
3/14/2011	20,648	2009	198	423	17,307
3/14/2011	20,648	2009	288	333	17,502
3/14/2011	20,648	2009	379	242	17,702
3/14/2011	25,098	2009	621	0	22,175
Total	107,063				91,276

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, LINE 22 — WEIGHTED AVERAGE RETIREMENT AGE

Participants are assumed to retire at their normal retirement age, which is defined as the later of the Participant's 65th birthday, or the 5th anniversary of plan participation.

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, PART V — STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Prescribed Funding Assumptions and Methods

Funding interest rates

Current Year:

March 2009 Yield Curve

Effective Interest Rate 7.55%

Sample Spot Rates:

Maturity	Yield
5	6.88%
10	7.53%
15	7.60%
20	7.69%

Mortality:

Annuitant	IRS 2009 Optional Small Plan Mortality Table
Non-annuitant	IRS 2009 Optional Small Plan Mortality Table

Salary Growth: N/A (accrued benefits are frozen)

Retirement rates:

100% Retirement at Age 65

Withdrawal rates:

Based on experience. Sample rates as follows:

	Sex	
Age	Male	Female
20	12.5%	15.0%
25	9.0%	11.0%
30	6.5%	8.0%
35	4.5%	5.5%
40	2.6%	3.5%
45	1.3%	1.7%
50	0.3%	0.7%
55	0.0%	0.0%

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, PART V — STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Form of Payment: All participants will receive a lump sum distribution at termination of employment based on the following assumptions:

Interest Rate: same as funding segment rates

Mortality Table: 2009 Applicable Mortality Table

Maximum Benefit: $195,000 per year at Normal Retirement Age.

Marital Status: 85% of participants are assumed to be married at benefit commencement. Husbands are assumed to be 3 years older than their wives.

Expenses: Expected plan administrative expenses of $29,400 were added to the Target Normal Cost.

Actuarial Cost Method

Unit Credit Method.

The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected expenses to be paid from plan assets during the year.

Asset Valuation Method

For minimum required and maximum contribution purposes: Asset Averaging

The Valuation Assets are determined using a method that spreads asset gains/(losses) over 2 years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. Accrued contributions, if any, are included in the Valuation Assets.

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, PART V — SUMMARY OF PLAN PROVISIONS

Effective Date: Latest Restatement: June 30, 2002.

Plan Year: The 12 month period ending June 30th.

Participation Requirements: An Employee shall become a Participant on the Entry Date nearest completion of one year of Continuous Service, measured from his date of hire, provided he has attained age 21. *No new participants after May 31, 2009.*

Entry Date: July 1st.

Normal Retirement Date: The later of a Participant's 65th birthday, or the 5th anniversary of plan participation.

Monthly Retirement Income:

(a) 0.7% of Monthly Plan Compensation multiplied by years of Credited Service (maximum 40) plus 0.65% of Monthly Plan Compensation in excess of Social Security Covered Compensation multiplied by years of Credited Service (maximum 35), plus

(b) For any non-highly compensated employee, 1% of Monthly Plan Compensation as of June 30, 1994 multiplied by years of service between July 1, 1989 and June 30, 1994.

Accrued benefits frozen May 31, 2009.

Normal Form of Benefit: Monthly income commencing on a Participant's retirement date and payable for life.

Automatic Form of Benefit (for married participants): Actuarially equivalent reduced Joint and 50% to Surviving Spouse if married at commencement of benefits, unless other election is made.

Monthly Plan Compensation: Highest average of Gross Monthly Earnings during five consecutive calendar years. Gross Earnings means compensation including bonuses, overtime payments, commissions and extra compensation paid during a calendar year.

Credited Service: The total period of time employed by the Employer measured from date of hire.

Accrued Benefit: The Monthly Retirement Income at Normal Retirement Date, based on Monthly Plan Compensation Credited Service at the date of computation. *Benefit accruals were frozen as of May 31, 2009.*

Vesting: A percentage of accrued benefits:

Years of Vesting Service	Vesting Percentage
Less than 5	0%
5 or more	100%

All active participants as of May 31, 2009 are 100% vested in their accrued benefits.

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, PART V — SUMMARY OF PLAN PROVISIONS

Deferred Retirement Benefit: Monthly income equal to the greater of the:

(a) Participant's Accrued Benefit at actual retirement, or

(b) Actuarial equivalent of the actuarial reserve of the Monthly Retirement Benefits to which he or she was entitled as of the later of his Normal Retirement Date or the close of the prior plan year plus interest compounded annually.

Eligibility for Early Retirement: Age 55 and 5 years vesting service.

Early Retirement Benefit: Accrued benefit payable at age 65, reduced actuarially for each month that payments begin early.

Eligibility for Preretirement Death Benefit: All vested participants.

Preretirement Death Benefit: A Participant's spouse shall receive 50% of the monthly benefit the deceased would have received under the Joint and 50% Survivor Annuity as of the date of his death, with this benefit commencing on the earliest date the deceased could have retired.

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, LINE 24 — CHANGE IN ACTUARIAL ASSUMPTIONS

An expense load was added to the Target Normal Cost as required under WRERA.

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, LINE 25 — CHANGE IN METHOD

- The asset valuation method was changed from the smoothing method that spreads asset gains/(losses) over 1 years of assets to the smoothing method that spreads asset gains/(losses) over 2 years.

- The interest rate basis for computing funding liabilities was changed from the full yield curve as of June 2008 to the full yield curve as of March 2009.

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, LINE 26 — SCHEDULE OF ACTIVE PARTICIPANT DATA

Age	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25	3	1	0	0	0	0	0	0	0	4
25-29	3	5	0	0	0	0	0	0	0	8
30-34	5	12	1	0	0	0	0	0	0	18
35-39	5	6	5	2	0	0	0	0	0	18
40-44	3	9	2	0	1	0	0	0	0	15
45-49	1	11	3	0	1	1	0	0	0	17
50-54	1	3	5	0	4	1	3	0	0	17
55-59	0	4	1	0	3	2	1	1	0	12
60-64	0	0	2	1	1	2	1	0	4	11
65-69	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0
TOTAL	21	51	19	3	10	6	5	1	4	120

MAGNODE CORPORATION PENSION PLAN

EIN/PN: 31-0536201/001

PLAN YEAR: JULY 1, 2009 TO JUNE 30, 2010

SCHEDULE SB, LINE 32 — SCHEDULE OF AMORTIZATION BASES

Date Established	Initial Amount	Type	Remaining Installments	Amortization Installment	Present Value of Remaining Installments as of July 1, 2009
July 1, 2008	$ 593,489	Shortfall	6	$ 99,292	$ 516,182
July 1, 2009	$ (299,898)	Shortfall	7	$ (36,922)	$ (299,898)
Total Charge	$ 293,591			$ 62,370	$ 216,284

Magnode Corporation Pension Plan
#31-0536201 Plan #001
Schedule H, Item 4i - Schedule of Assets (Held at End of Year)
June 30, 2010

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Market
	Cash and cash equivalents:			
	Vanguard Prime Money Market Fund	Money Market	$ 142,205	142,205
	Mutual funds:			
	Jensen Portfolio Fund	Mutual Fund	300,000	280,115
	The Hartford Dividend and Growth Fund	Mutual Fund	250,000	231,974
	Goldman Sachs Short Duration Gov't Instl	Mutual Fund	227,465	241,671
	Vanguard Short-Term Federal Fund	Mutual Fund	254,981	268,020
	Dodge & Cox Income Fund	Mutual Fund	292,409	304,240
	Pimco Total Return Instl	Mutual Fund	275,000	284,605
	Pimco All Assets All Authority	Mutual Fund	250,000	253,299
	Blackrock Intermediate Bond Instl Fund	Mutual Fund	180,735	188,724
	Vanguard Intermediate-Term Bond Index Fund	Mutual Fund	200,000	218,357
	Dodge & Cox Stock Fund	Mutual Fund	360,832	274,373
	Fidelity Contrafund	Mutual Fund	300,000	261,197
	Harbor International Fund	Mutual Fund	238,000	211,816
	Neuberger & Berman Genesis Fund	Mutual Fund	150,000	144,500
	Templeton Global Bond Fund	Mutual Fund	200,000	203,643
	Fairholme Fund	Mutual Fund	150,000	194,480
	Invesco Mid Cap Core Equity I	Mutual Fund	100,000	120,611
			3,729,422	3,681,625
			$ 3,871,627	3,823,830

* Known to be party-in-interest

Magnode Corporation Pension Plan
#31-0536201 Plan #001
Schedule H, Item 4j - Schedule of Reportable Transactions
June 30, 2010

	(a) Identitiy of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
*	First Sterling Income Trust	Mutual Fund	41,458	198,496	-	-	157,038
	Vanguard 500 Index Signal Fund	Mutual fund	470,844	426,103	-	-	(44,740)
	Sound Shore Fund	Mutual Fund	239,831	189,595	-	-	(50,235)
*	First Fds Elite Money Market Fund	Money Market Fund	297,906	297,906	-	-	-
	Vanguard Prime Money Market Fund	Money Market Fund	492,351	492,351	-	-	-
	The Hartford Dividend and Growth Fund	Mutual Fund	250,000	-	250,000	250,000	-
	Jensen Portfolio Fund	Mutual Fund	300,000	-	300,000	300,000	-
	Pimco All Asset All Authority Fund	Mutual Fund	250,000	-	250,000	250,000	-
	Vanguard Prime Money Market Fund	Money Market Fund	633,494	-	633,494	633,494	-
	Templeton Global Bond Fund	Mutual Fund	200,000	-	200,000	200,000	-

* Known to be party-in-interest