	Form 5500-SF Short Form Annual Return/Report of Small Employee					OMB Nos. 1210-0110 1210-0089					
	Department of the Treasury Internal Revenue Service	Benefit Plan				2009					
Er	Department of Labor         This form is required to be filed under sections 104 and 4065 of the Employee           Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).					This Form is Open to Public					
	ension Benefit Guaranty Corporation	Inspection									
Pa	art I Annual Report Id	entification Information		n the instructions to the Form 550	0-01.						
	calendar plan year 2009 or fisca		9	and ending	12/31/2	2009					
Α	This return/report is for:	single-employer plan	multiple-e	mployer plan (not multiemployer)		one-participant plan					
В	This return/report is for:	first return/report	final retur	n/report							
Image: Statistic control of the statisti											
С	Check box if filing under:		DFVC program								
special extension (enter description)											
Pa	Part II Basic Plan Information—enter all requested information										
1a	Name of plan	·			1b	Three-digit					
403(I	B) THRIFT PLAN OF CHALLEN	GE INDUSTRIES, INC.				plan number (PN) ▶ 002					
					10	Effective date of plan					
						07/01/1989					
	Plan sponsor's name and addre	ess (employer, if for single-employer	plan)		2b	Employer Identification Number (EIN) 16-0956917					
	DANBY ROAD, SUITE 179				2c	Plan sponsor's telephone number 607-272-8990					
	CA, NY 14850				2d	Business code (see instructions) 624310					
		address (if same as Plan sponsor, e		,	3b	Administrator's EIN					
CHALLENGE INDUSTRIES, INC. 950 DANBY ROAD, SUITE 179 ITHACA, NY 14850						16-0956917 Administrator's telephone number					
4	f the name and/or FIN of the pla	4h	607-272-8990								
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. Sponsor's name       4b EIN											
		-	PN								
-	Total number of participants at	Uu	70								
b	Total number of participants at	5b	68								
С		th account balances as of the end of		5c	46						
6a	Were all of the plan's assets d	uring the plan year invested in eligib	(See instructions.)		X Yes No						
b		e annual examination and report of a See instructions on waiver eligibility a				X Yes No					
	•	er 6a or 6b, the plan cannot use F		,							
Pa	rt III Financial Informa										
7	Plan Assets and Liabilities			(a) Beginning of Year		(b) End of Year					
а	Total plan assets		. 7a	96930	6	1365224					
b	Total plan liabilities		. 7b		0						
C	Net plan assets (subtract line 7	et plan assets (subtract line 7b from line 7a)									
8	Income, Expenses, and Transf			(a) Amount		(b) Total					
а	Contributions received or rece	vable from:	. 8a(1)	6664	3						
	() ()	8a(2) 6661			_						
		s)				o					
b											
С	Total income (add lines 8a(1),	(add lines 8a(1), 8a(2), 8a(3), and 8b)									
d	Benefits paid (including direct r	efits paid (including direct rollovers and insurance premiums									
-	· ,			3300							
e		ive distributions (see instructions)			0						
T	•	s (salaries, fees, commissions)			0 2						
g b	•	20 of and $9a$			33007						
h i		3e, 8f, and 8g) 9 8h from line 8c)									
i		e instructions)			0	395918					
,		,	1 01		<b>U</b>						

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## Part IV Plan Characteristics

- **9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2L 2M
- **b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part	V Compliance Questions								
10	During the plan year:		Yes	No		Ame	ount		
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)								
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)								
С	Was the plan covered by a fidelity bond?	10c	Х				2	200000	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		Х						
e	<ul> <li>Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)</li> </ul>								
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х					
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	Х					32714	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х					
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i							
Part	VI Pension Funding Compliance								
11									
lf	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code (If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instru- granting the waiver	ctions, hth of a	and e	enter th	ne date o	of the le			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	1	No X	N/A	
Part	VII Plan Terminations and Transfers of Assets								
13a	Has a resolution to terminate the plan been adopted during the plan year or any prior year?					Yes	X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year								
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?									
C 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.)									
13c(1) Name of plan(s):					N(s)		13c(3)	PN(s)	
Caut	ion: A panalty for the late or incomplete filing of this return/report will be assessed unless reasonab		ieo ie	ostabl	ichod				

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, if applicable, a Schedule

SB or Schedule MB completed and signed by an enrolled actuary, 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	Filed with authorized/valid electronic signature.	07/14/2011	KATHLEEN LARSON					
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator					
SIGN								
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor					

	· · · · · · · · · · · · · · · · · · ·		/PN-C	02 /CHALND RF9							
	Form 5500-SF	Short Form Annual Return/Report of Small Employee									
	Department of the Treasury Internal Revenue Service	This form is required to be filed under sections 104 and 4065 of the Employe				2009					
	Department of Labor Employee Benefits Security Administration	Retirement Income Security Internal	This Form is Open to Publi								
	Pension Benefit Guaranty Corporation Inspection										
Part Annual Report Identification Information											
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009											
Α	This return/report is for:	single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan					
В	This return/report is for:	] first return/report									
an amended return/report 🛛 short plan year return/report (less than 12 months)											
С	Check box if filing under:	k box if filing under: X Form 5558 I automatic extension									
		er: X Form 5558 L automatic extension DFVC program									
Part II Basic Plan Information—enter all requested information											
Accession 1	Name of plan				1b	Three-digit					
	403(b) THRIFT PLAN	OF CHALLENGE INDUSTR	IES, IN	IC.		plan number					
						(PN) 002					
					10	Effective date of plan 07/01/1989					
2a	Plan sponsor's name and addre	ess (employer, if for single-employe	r plan)		2b	Employer Identification Number					
	CUMBRAR INDOLVIE	D, INC.				(EIN) 16-0956917					
		та <b>17</b> 0			2C	Plan sponsor's telephone number (607)272-8990					
	950 DANBY ROAD, SUI	TE 179			2d	Business code (see instructions)					
	ITHACA			NY 14850		624310					
3a	Plan administrator's name and a SAME	address (if same as Plan sponsor, e	enter "Sam	e")	3b	Administrator's EIN					
	Administrator's telephone number										
4	If the name and/or EIN of the play	n sponsor has changed since the la	ust return/re	eport filed for this plan, enter the	4b	FIN					
	name, EIN, and the plan number										
		· · · · · · · · · · · · · · · · · · ·				PN					
				5a	70						
	Total number of participants at I	5b	68								
с 	Total number of participants wit complete this item)	year (defined benefit plans do not	5c	46							
6a	Were all of the plan's assets du	uring the plan year invested in eligit	ole assets?	(See instructions.)		X Yes No					
b	Are you claiming a waiver of the	ndent qualified public accountant (IQ	PA)								
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)											
Pa	rt III Financial Informa		01111 0000								
7	Plan Assets and Liabilities	· · · · · · · · · · · · · · · · · · ·		(a) Beginning of Year		(b) End of Year					
а	Total plan assets		. 7a	969,30	6	1,365,224					
b	Total plan liabilities	s				0 (					
c	Net plan assets (subtract line 7t	o from line 7a)									
8	Income, Expenses, and Transfe	rs for this Plan Year		(a) Amount		1,365,224 (b) Total					
а	Contributions received or receiv			· · · · · · · ·							
	(1) Employers		. 8a(1)	66,64	3						
	(2) Participants										
			8a(3)		2						
b			. 8a(3) . 8b	295,66	2						
C	Other income (loss) Total income (add lines 8a(1), 8	a(2), 8a(3), and 8b)		295,66	2	428,925					
_	Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct ro	a(2), 8a(3), and 8b) llovers and insurance premiums	8b 8c		2	428,925					
c d	Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct ro to provide benefits)	a(2), 8a(3), and 8b) llovers and insurance premiums	8b 8c 8d	295,66. 33,00	2	428,925					
c d e	Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct ro to provide benefits) Certain deemed and/or corrective	a(2), 8a(3), and 8b) flovers and insurance premiums re distributions (see instructions)	8b 8c 8d 8e		2	428,925					
c d e f	Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct ro to provide benefits) Certain deemed and/or corrective Administrative service providers	a(2), 8a(3), and 8b) illovers and insurance premiums re distributions (see instructions) (salaries, fees, commissions)	8b 8c 8d 8e 8f		2	428,925					
c d e f g	Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct ro to provide benefits) Certain deemed and/or correctiv Administrative service providers Other expenses	a(2), 8a(3), and 8b) illovers and insurance premiums re distributions (see instructions) (salaries, fees, commissions)	8b 8c 8d 8e 8f 8g		2						
c d e f	Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct ro to provide benefits) Certain deemed and/or correctiv Administrative service providers Other expenses Total expenses (add lines 8d, 8e	a(2), 8a(3), and 8b) Ilovers and insurance premiums re distributions (see instructions) (salaries, fees, commissions) e, 8f, and 8g)	8b 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c 8c		2	33,007					
c d e f g	Other income (loss) Total income (add lines 8a(1), 8 Benefits paid (including direct ro to provide benefits) Certain deemed and/or correctiv Administrative service providers Other expenses Total expenses (add lines 8d, 8e Net income (loss) (subtract line 1	a(2), 8a(3), and 8b) illovers and insurance premiums re distributions (see instructions) (salaries, fees, commissions)	8b 8c 8d 8e 8f 8g 8h 8i	33,00	2						

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## Part IV **Plan Characteristics**

- 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2L2M

f

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

Par	t V Compliance Questions									
10	During the plan year:		······································		Yes	No		Amour	nt	
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)					Х	<u> </u>			
b		o not include tran	sactions reported	10b		х				
с	Was the plan covered by a fidelity bond?						<u> </u>		200,00	
d		ity bond, that was	caused by fraud	10d	X	X			200,00	
e	Were any fees or commissions paid to any brokers, agents, or other per insurance service or other organization that provides some or all of the instructions.)	ersons by an insu benefits under t	rance carrier,	10e		X				
f	Has the plan failed to provide any benefit when due under the plan?		F	10f		Х				
g										
h	•	instructions and	29 CFR	10g 10h	<u></u>	x			32,714	
i	If 10h was answered "Yes," check the box if you either provided the rec exceptions to providing the notice applied under 29 CFR 2520.101-3	quired notice or o	ne of the	101	·····	23				
Part	VI Pension Funding Compliance				A		<u> </u>			
11	Is this a defined benefit plan subject to minimum funding requirements? 5500))	? (If "Yes," see in:	structions and comp	lete S	Sched	ule SE	(Form	Yę	es 🕅 No	
12	Is this a defined contribution plan subject to the minimum funding requi								s X No	
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.								<u></u>	
а	If a waiver of the minimum funding standard for a prior year is being am granting the waiver.	nortized in this pla	in year, see instructi Month	ions,	and er	nter th Dav	e date of t	the letter Year	ruling	
lf y	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB	(Form 5500), an	d skip to line 13.			_~,	n	. cui		
b	Enter the minimum required contribution for this plan year									
С	Enter the amount contributed by the employer to the plan for this plan year									
d										
e	Will the minimum funding amount reported on line 12d be met by the fur	nding deadline?				[	Yes	No	X N/A	
Part '	VII Plan Terminations and Transfers of Assets									
13a	Has a resolution to terminate the plan been adopted during the plan year	ar or any prior yea	ar?					Ye	s 🛛 No	
	If "Yes," enter the amount of any plan assets that reverted to the employ	yer this year			Γ	13a		······		
b	Were all the plan assets distributed to participants or beneficiaries, trans of the PBGC?	sferred to anothe	r plan, or brought un	nder t	he cor	itrol		Ye	s X No	
C	If during this plan year, any assets or liabilities were transferred from thi which assets or liabilities were transferred. (See instructions.)	is plan to another	plan(s), identify the	plan	(s) to					
13	3c(1) Name of plan(s):				13c	( <b>2)</b> EIM	√(s)	13c(	3) PN(s)	
								-		
Cautio	on: A penalty for the late or incomplete filing of this return/report w	ill be assessed	uniess reasonable	caus	e is e	stabli	shed.			
Under SB or	penalties of perjury and other penalties set forth in the instructions, I de Schedule MB completed and signed by an enrolled actuary, as well as t it is type, correct, and complete.	clare that I have	examined this return	/repo	ort. inc	ludina	if applica	ble, a Sc knowledg	hedule e and	
SIGN	Chilin Unison	7/13/11	Kathleen Lar	csor	 ז		·····			
HERE						00.95	as nian administrator			
CIO+		7.13.2011	JOHN	<u>Δ</u>	~	OM/	-	moudiul		
SIGN HERE		ate	Enter name of indiv	<u> ] ·</u>			· · · · · · · · · · · · · · · · · · ·			
and the second second		CIIG 1	сыва наше оглом	11111	പടണ്ണ	1N1 2C	employer	or 0120 cr	IOBEOF !	

IGN / / VVV V SUMPC	1.13 201	VUN A. CUMPA
ERE Signature of employemplan sponsor		Enter name of individual signing as employer or plan sponsor