Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for:
- ☐ a multiemployer plan;
- ☐ a multiple-employer plan; or
- ☒ 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:
- ☐ Form 5558;
- ☐ automatic extension;
- ☐ the DFVC program;
- ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
UNIVERSAL SILENCER, LLC RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 11/01/2007

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
UNIVERSAL SILENCER, LLC RETIREMENT PLAN

1925 HIGHWAY 51 W
STOUGHTON, WI 53589

2b Employer Identification Number (EIN)
20-5737683

2c Sponsor's telephone number
608-873-4272

2d Business code (see instructions)
333610

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.	07/26/2011	PETER W COLLINS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
UNIVERSAL SILENCER, LLC RETIREMENT PLAN

1925 HIGHWAY 51 W
STOUGHTON, WI 53589

3b Administrator's EIN
20-5737683

3c Administrator's telephone number
608-873-4272

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	166
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**	172
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	19
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	191
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	191
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	171
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	8
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:
2E 2F 2G 2J 2K 2T 3D

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

9a Plan funding arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

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

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	1	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)	X		**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
UNIVERSAL SILENCER, LLC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
UNIVERSAL SILENCER, LLC RETIREMENT PLAN

D Employer Identification Number (EIN)
20-5737683

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
MINNESOTA LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
41-0417830	66168	066809	191	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
18680	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SECURIAN FINANCIAL SERVICES
400 ROBERT STREET NORTH
SAINT PAUL, MN 55101

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18680		CONSULTING INVESTMENT ADVISORY	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	1745387
5	Current value of plan's interest under this contract in separate accounts at year end	5	11733058

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GUARANTEED RETURN ACCOUNT

b	Balance at the end of the previous year			7b	1781344
c	Additions: (1) Contributions deposited during the year	7c(1)	146793		
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	66481		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	4353		
	▶ LOAN PAYMENT				
	(6) Total additions			7c(6)	217627
d	Total of balance and additions (add **b** and **c(6)**)			7d	1998971
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	32252		
	(2) Administration charge made by carrier	7e(2)	402		
	(3) Transferred to separate account	7e(3)	195635		
	(4) Other (specify below)	7e(4)	25295		
	▶ LOAN ISSUE				
	(5) Total deductions			7e(5)	253584
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	1745387

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE C (Form 5500)	Service Provider 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). ▶ **File as an attachment to Form 5500.**	**2010** **This Form is Open to Public Inspection.**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
UNIVERSAL SILENCER, LLC RETIREMENT PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
UNIVERSAL SILENCER, LLC RETIREMENT PLAN	20-5737683	

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

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(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)

MINNESOTA LIFE INSURANCE COMPANY

41-0417830

(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?
50 65 16 17 22 26 27 28	NONE	6117	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

SECURIAN FINANCIAL SERVICES

400 ROBERT STREET NORTH
SAINT PAUL, MN 55101

(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?
21	NONE	18680	Yes [X] No [ ]	Yes [X] No [ ]		Yes [X] 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 D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
UNIVERSAL SILENCER, LLC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
UNIVERSAL SILENCER, LLC RETIREMENT PLAN

D Employer Identification Number (EIN)
20-5737683

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE EQUITY INDEX I

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0417830-011	P	70630

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE GROWTH EQ IX

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0417830-015	P	1416828

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE EQUITY II

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0417830-016	P	750328

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL VALUE II

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0417830-102	P	1211272

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL/MID GRO EQ III

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0417830-126	P	695380

a Name of MTIA, CCT, PSA, or 103-12 IE: NATURAL RESOURCES I

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0417830-103	P	518334

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE EQ IV

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
41-0417830-122	P	348615

a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE GROWTH EQ X			
b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY			
c EIN-PN 41-0417830-121	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33068
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE VALUE EQ XIII			
b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY			
c EIN-PN 41-0417830-106	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1566402
a Name of MTIA, CCT, PSA, or 103-12 IE: INT'L GROWTH II			
b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY			
c EIN-PN 41-0417830-119	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	591117
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL VALUE EQ XII			
b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY			
c EIN-PN 41-0417830-125	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI SECTOR BOND I			
b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY			
c EIN-PN 41-0417830-123	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1101973
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTRATEGY I			
b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY			
c EIN-PN 41-0417830-026	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	220452
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTRATEGY II			
b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY			
c EIN-PN 41-0417830-027	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	49362
a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTRATEGY III			
b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY			
c EIN-PN 41-0417830-028	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	74801
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE VALUE EQ III			
b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY			
c EIN-PN 41-0417830-030	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	628770
a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP VALUE EQ I			
b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY			
c EIN-PN 41-0417830-043	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	245348

a Name of MTIA, CCT, PSA, or 103-12 IE: INTMD TRM BOND IND I

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN 41-0417830-046	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 393405

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL EQUITY III

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN 41-0417830-077	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 314001

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP GR EQUITY I

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN 41-0417830-059	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3763

a Name of MTIA, CCT, PSA, or 103-12 IE: SOCIAL EQUITY II

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN 41-0417830-135	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4393

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS II

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN 41-0417830-128	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6569

a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL BOND I

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN 41-0417830-136	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101199

a Name of MTIA, CCT, PSA, or 103-12 IE: AGGREGATE BOND II

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN 41-0417830-140	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 837876

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL VALUE EQUITY XIV

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN 41-0417830-152	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 541587

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL ESTATE

b Name of sponsor of entity listed in (a): MINNESOTA LIFE INSURANCE COMPANY

c EIN-PN 41-0417830-036	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7586

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

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b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
UNIVERSAL SILENCER, LLC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVERSAL SILENCER, LLC RETIREMENT PLAN

D Employer Identification Number (EIN)
20-5737683

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)	472874	
(2) Participant contributions	1b(2)	26713	
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	130844	155635
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	9359374	11733058
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1781344	1745387
(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	11771149	13634080
	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	11771149	13634080

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)	320150	
	(B) Participants	2a(1)(B)	606009	
	(C) Others (including rollovers)	2a(1)(C)	54229	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		980388
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)	6174	
	(F) Other	2b(1)(F)	66488	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		72662
	(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)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1344885
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2397935
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	525840	
(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)		525840
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		3047
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	6117	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		6117
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		535004
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1862931
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: KOLB & CO. S.C. (2) EIN: 39-1214345

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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
UNIVERSAL SILENCER, LLC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
UNIVERSAL SILENCER, LLC RETIREMENT PLAN

D Employer Identification Number (EIN)
20-5737683

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): 41-0417830

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 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):

---

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):

UNIVERSAL SILENCER, LLC
RETIREMENT PLAN

Financial Statements
December 31, 2010 and 2009

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Business Advisers / CPAs

INDEPENDENT AUDITOR'S REPORT

July 18, 2011

To the Trustees and Plan Administrator
Universal Silencer, LLC Retirement Plan

We were engaged to audit the accompanying Statements of Net Assets Available for Benefits of the Universal Silencer, LLC Retirement Plan (the "Plan") as of December 31, 2010 and 2009, and the related Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2010, and the accompanying supplemental schedule as of December 31, 2010, as listed in the table of contents. 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 Notes #3, #4, and #8, which was certified by Minnesota Life Insurance Company, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the custodian holds the Plan's assets and executes transactions. The Plan administrator has obtained certifications from the custodian regarding the completeness and accuracy of the information summarized in Notes #3, #4, and #8 which were provided to the Plan administrator by the custodian as of and for the year ended December 31, 2010 and as of December 31, 2009.

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 schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified or provided by the custodian, have been audited by us in accordance with United States generally accepted auditing standards and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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UNIVERSAL SILENCER, LLC RETIREMENT PLAN
Statements of Net Assets Available for Benefits
As of December 31,

ASSETS

	2010	2009
Investments, at fair value	$ 13,478,445	$ 11,140,718
Receivables:		
Participant contributions	-	26,713
Employer contributions	-	472,874
Notes receivable from participants	155,635	130,844
Total Receivables	155,635	630,431
Net Assets Available for Benefits	$ 13,634,080	$ 11,771,149

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE STATEMENTS.

UNIVERSAL SILENCER, LLC RETIREMENT PLAN
Statement of Changes in Net Assets Available for Benefits
For the year ended December 31, 2010

Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	$ 1,344,885
Interest	66,488
Total Investment Income	1,411,373
Interest on notes receivable from participants	6,174
Contributions:	
Participant	606,009
Participant rollovers	54,229
Employer	320,150
Total Contributions	980,388
Total Additions	2,397,935
Deductions from net assets attributed to:	
Benefits paid to participants	528,887
Administrative expenses	6,117
Total Deductions	535,004
Net Increase	1,862,931
Net assets available for benefits:	
Beginning of Year	11,771,149
End of Year	$ 13,634,080

THE ACCOMPANYING NOTES ARE AN INTEGRAL PART OF THESE STATEMENTS.

UNIVERSAL SILENCER, LLC RETIREMENT PLAN
Notes to Financial Statements
As of the years ended December 31, 2010 and 2009

Note #1 Description of Plan

The following summary description of the Universal Silencer, LLC Retirement Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all eligible employees of Universal Silencer, LLC (the "Company"). Employees become eligible to participate in the Plan immediately upon being hired. Employees who have completed a year of eligible service (1,000 hours or more of service), and are employed as of the last day of the year are eligible to receive employer profit sharing contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Contributions

The Plan currently offers various pooled separate accounts ("PSA"), and an insurance investment contract as investment options for participants. Participants may elect to defer up to 100% of their annual compensation, up to the Internal Revenue Code limit. The Plan allows for the Company to make matching contributions and a discretionary profit sharing contribution, determined annually. The Company utilizes a matching contribution formula which calculates the matching contribution at 100% of the employees' deferrals up to 3% of the participant's eligible compensation, plus 50% of the employees' deferrals on the next 2% of the participant's eligible compensation. During 2010, the Company elected not to make a profit sharing contribution.

Participant Accounts

Individual accounts are maintained for each Plan participant. Each participant's account is credited with the participant's contribution, the Company's matching and profit sharing contributions, Plan earnings, asset appreciation/(depreciation), and administrative expenses. Allocations of Plan earnings and asset appreciation/(depreciation) are based on specific investment options selected by participants. Allocation of profit sharing contributions are based on a percentage of the participant's eligible compensation. The maximum benefit to which a participant is entitled from the Plan is the benefit that can be provided from that participant's vested portion of their account.

Vesting

Participants are immediately vested in their deferral and matching contributions plus actual earnings thereon. Vesting in the Company profit sharing contributions is based on years of continuous service on a graduated basis so that a participant is 100% vested after five years of credited service. Participants who leave the Plan because of death, normal retirement, or disability, as defined in the Plan, are considered 100% vested in the Company's profit sharing contributions.

Payment of Benefits

On termination of service due to death, disability, retirement or termination of employment, a Plan participant may elect to receive a lump-sum distribution or partial payments up to the vested interest in their account. Participants may request an inservice withdrawal of the vested balance of their account upon normal retirement age.

Forfeitures

Forfeitures are calculated on the earlier of the last day of the Plan year in which the former participant incurs five consecutive one year breaks in service, or the distribution of the entire vested portion of the participant's account. Forfeitures of Company profit sharing contributions from nonvested participant accounts during the Plan year were $7,600. The forfeitures are first used to pay for Plan administrative expenses and then used to offset future employer contributions. As of December 31, 2010 the forfeited nonvested accounts totaled $5,955.

Note #1 Description of Plan *(Cont'd)*

Notes Receivable from Participants

Participants may borrow from their accounts a minimum of $1,000 up to a maximum equal to the lesser of 50% of their vested account balance or $50,000. The maximum number of loans outstanding at any one time is limited to one. Loan transactions are treated as a transfer to (from) the investment fund from (to) the participant loan fund. The loans are secured by the balance in the participant's account and bear interest at a rate commensurate with local prevailing rates as determined quarterly by the Plan administrator. Interest rates presently range from 4.25% to 5.00%. Principal and interest are paid ratably, at least monthly, over a period not to exceed five years, unless the loan is used to acquire a principal residence in which the term of the loan may be extended over a reasonable period of time longer than five years.

Note #2 Summary of Significant Accounting Policies

Method of Accounting

The financial statements of the Plan are prepared using the accrual method of accounting.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The Statements of Net Assets Available for Benefits presents the fair value of investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Subsequent Events

The Company has evaluated subsequent events through July 18, 2011, the date on which the financial statements were available to be issued.

Subsequent to year end the name of the Plan was changed from Universal Silencer, LLC Retirement Plan to Universal Acoustic & Emission Technologies, Inc. Retirement Plan. The effective date of this name change was January 1, 2011.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated 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. The fair value of the pooled separate accounts are determined using the market approach, which uses observable inputs of the underlying assets. The pooled separate accounts fair value is based on a net asset value ("NAV") equivalent which is determined by the insurance company sponsoring such pooled separate accounts, by dividing the pooled separate account's net assets at fair value minus contract asset charges, by its units outstanding at the valuation dates. The underlying assets in the pooled separate account consists of shares of mutual funds and exchange traded securities, which are valued at the net assets values determined by quoted market prices as of the valuation date, and short term securities, which are unobservable and are priced at amortized cost. The group annuity contract offers a general account which has been determined to be fully benefit-responsive. The fair value has been determined by the activity in the investment contract, which approximates fair value as the contract is not a fund and is backed by Minnesota Life Insurance Company's ("Minnesota Life") general assets (see Note #4).

Note #2 Summary of Significant Accounting Policies *(Cont'd)*

Investment Valuation and Income Recognition *(Cont'd)*

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. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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 methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Notes Receivable from Participants

Notes receivable from participants are recorded at their unpaid principal balances plus any accrued but unpaid interest. Delinquent loans are treated as distributions based upon the terms of the plan document.

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses paid for by the Plan consist of custodial fees, compliance expenses, investment administrative fees and loan fees, all other expenses are paid by the Company. Certain administrative functions are performed by employees of the Company. No such employee, nor the Company receives compensation from the Plan.

New Pronouncements

The Financial Accounting Standards Board ("FASB") issued in 2010 an Accounting Standards Update (“ASU”) No. 2010-06 Fair Value Measurements and Disclosures (Topic 820) – *Improving Disclosures about Fair Value Measurements*, that provides for expanded disclosures as follows:

- Requires separate disclosures of the amount of significant transfers between Levels 1 and 2 fair value measurements and the reasons for the transfers.
- Requires activity in the Level 3 fair value measurements to present separately information about purchases, sales, issuances, and settlements on a gross basis rather than net.
- Amends and clarifies the level of disaggregation of the assets and liabilities that require fair value measurements by disclosing assets and liabilities by class on the basis of the nature and risk of the assets and liabilities rather than broad categories.
- Requires disclosures about the inputs and valuation techniques used to estimate fair value for both recurring and non-recurring fair value measurements that fall in Level 2 or Level 3.

This ASU is effective for periods beginning after December 15, 2009, except for Level 3 activity, which is effective for periods beginning after December 15, 2010.

Note #2 Summary of Significant Accounting Policies *(Cont'd)*

New Pronouncements *(Cont'd)*

The adoption of the above provisions, except for the level three activity which will be adopted for the period ended December 31, 2011, have been retrospectively applied which resulted in presenting assets by class in the fair value measurements disclosures for both 2010 and 2009 and additional disclosures regarding the inputs and valuation techniques used to estimate fair value for assets that fall in Level 2 and 3.

Additionally, during 2010 the FASB issued ASU No. 2010-25 Plan Accounting - *Defined Contribution Pension Plans (Topic 962): Reporting Loans to Participants by Defined Contribution Plan*. The amendments in this update is required to be applied retrospectively to all prior periods presented, and is effective for fiscal years ending after December 15, 2010, with early adoption permitted. The update requires that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. Additionally, fair value measurement disclosures for notes receivable from participants would not be required.

This update was adopted for the year ended December 31, 2010, and retrospectively applied to December 31, 2009. Prior year amounts and disclosures have been revised to reflect the retrospective application of adopting this new update. The adoption resulted in a reclassification of participant loans totaling $155,635 and $130,844 from investments to notes receivable as of December 31, 2010 and 2009, respectively. There was no impact to the net assets as of December 31, 2010 or 2009 as a result of this adoption.

Note #3 Investments (Unaudited)

The fair value of investments which exceed 5% of the Plan's net assets available for benefits are as follows:

	2010	2009
Aggregate Bond II	$ 837,876	$ -
International Growth II	-	656,598
International Value II	1,211,272	1,041,179
Large Equity II	750,328	620,577
Large Growth Equity IX	1,416,828	1,239,329
Large Value Equity XIII	1,566,402	1,380,766
Minnesota Life Insurance Company's General Account	1,745,387	1,781,344
Multisector Bond I	1,101,973	910,005
Small/Mid Cap Growth Equity III	695,380	652,379

During 2010 the Plan's investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year), appreciated in value by $1,344,885.

Note #4 Benefit-Responsive Investment Contract (Unaudited)

The Plan has entered into a benefit-responsive investment contract with Minnesota Life. Minnesota Life maintains the contributions in a general account. The account is credited with earnings based on the interest crediting rates and charged for participant withdrawals and administrative expenses. The unallocated annuity contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan.

As described in Note #2, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the unallocated annuity contract because the unallocated annuity contract is fully benefit-responsive. Contract value, as reported to the Plan by Minnesota Life, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. The custodian has certified that the benefit-responsive investment contract is valued at the contract value, which approximates fair value and as such, does not require adjustment to the net assets available for benefits.

Note #4 Benefit-Responsive Investment Contract (Unaudited) *(Cont'd)*

There are no reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but it may not be less than 1.5%. Such interest rates are reviewed on a quarterly basis for resetting.

A plan sponsor initiated termination of the contract as an event that could limit the ability of the Plan to transact at contract value paid within 90 days. There are no events that allow the issuer to terminate the contract or allow settlement as an amount different from contract value.

The following are the respective average yields:

	2010	2009
Average Yields:		
Based on actual earnings	3.81%	4.35%
Based on interest rate credited to participants	3.63%	4.22%

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the plan documents (including complete or partial termination or merger with another plan), (2) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Note #5 Fair Value Measurements

FASB Accounting Standards Codification ("ASC") 820-10 establishes a framework for measuring fair value. The 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 are described below:

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 asset or liability; and
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input 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 unobservable inputs.

Note #5 Fair Value Measurements *(Cont'd)*

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value (see Note #8) as of December 31:

	2010			
	Level 1	Level 2	Level 3	Total
Fixed income general account	$ -	$ -	$ 1,745,387	$ 1,745,387
Pooled separate accounts:				
Retirement target balanced funds	-	344,615	-	344,615
Bond funds	-	2,434,453	-	2,434,453
International funds	-	1,808,958	-	1,808,958
Large-cap equity funds	-	4,466,026	-	4,466,026
Mid-cap equity funds	-	597,726	-	597,726
Natural resource funds	-	518,334	-	518,334
Small-cap equity funds	-	1,555,361	-	1,555,361
Real estate	-	7,585	-	7,585
Total Assets at Fair Value	$ -	$ 11,733,058	$ 1,745,387	$ 13,478,445

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value (see Note #8) as of December 31, 2009:

	2009			
	Level 1	Level 2	Level 3	Total
Fixed income general account	$ -	$ -	$ 1,781,344	$ 1,781,344
Pooled separate accounts:				
Retirement target balanced funds	-	-	346,071	346,071
Bond funds	-	-	1,207,713	1,207,713
International funds	-	-	1,697,777	1,697,777
Large-cap equity funds	-	-	3,879,251	3,879,251
Mid-cap equity funds	-	-	459,188	459,188
Natural resource funds	-	-	474,925	474,925
Small-cap equity funds	-	-	1,294,449	1,294,449
Total Assets at Fair Value	$ -	$ -	$ 11,140,718	$ 11,140,718

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended December 31, 2010:

	General Account	Pooled Separate Accounts	Total
Balance, beginning of year	$ 1,781,344	$ 9,359,374	$ 11,140,718
Transfers out of Level 3 (a)	-	(9,359,374)	(9,359,374)
Total unrealized gains recognized within earnings	66,481	-	66,481
Purchases, sales, issuances, and settlements, net	(102,438)	-	(102,438)
Balance, end of year	$ 1,745,387	$ -	$ 1,745,387
The amount of total gains or losses for the period attributable to the change in unrealized gains or losses relating to assets still held at the reporting date	$ 66,481	$ -	$ 66,481

(a) Transfers from Level 3 to Level 2 as a result of the pooled separate accounts disclosing additional information regarding using the net asset value equivalent at the beginning of the year.

Note #5 Fair Value Measurements *(Cont'd)*

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per unit as of December 31, 2010:

Investment	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts:				
Aggregate Bond II (a)	$ 837,876	$ -	Daily	Daily
Emerging Markets II (b)	6,569	-	Daily	Daily
Global Bond I (c)	101,199	-	Daily	Daily
International Growth II (d)	591,117	-	Daily	Daily
Intermediate Term Bond Index I (e)	393,405	-	Daily	Daily
International Value II (f)	1,211,272	-	Daily	Daily
Large Equity II (g)	750,328	-	Daily	Daily
Large Equity Index I (h)	70,630	-	Daily	Daily
Large Growth Equity IX (i)	1,416,828	-	Daily	Daily
Large Growth Equity X (j)	33,068	-	Daily	Daily
Large Value Equity III (k)	628,770	-	Daily	Daily
Large Value Equity XIII (l)	1,566,402	-	Daily	Daily
LifeStrategy I (m)	220,452	-	Daily	Daily
LifeStrategy II (m)	49,362	-	Daily	Daily
LifeStrategy III (m)	74,801	-	Daily	Daily
Mid-Cap Growth Equity I (n)	3,763	-	Daily	Daily
Mid-Cap Value Equity IV (o)	348,615	-	Daily	Daily
Mid-Cap Value Equity I (p)	245,348	-	Daily	Daily
Multisector Bond I (q)	1,101,973	-	Daily	Daily
Natural Resources I (r)	518,334	-	Daily	Daily
Real Estate (s)	7,585	-	Daily	Daily
Small Equity III (t)	314,001	-	Daily	Daily
Small/Mid-Cap Growth Equity III (u)	695,380	-	Daily	Daily
Small Value Equity XIV (v)	541,587	-	Daily	Daily
Social Equity II (w)	4,393	-	Daily	Daily

(a) The PSA invests 100% in the Dodge & Cox Income Fund. The investment strategy seeks total return by investing in fixed income bonds and may invest in lower-quality bonds and foreign securities.

(b) The PSA invests 100% in the DFA Emerging Markets Value Portfolio. The investment strategy seeks long-term capital appreciation by investing in stocks of emerging market companies that have a high book value in relation to the market value.

(c) The PSA invests 100% in the Templeton Global Bond Fund, Class A. The investment strategy seeks current income with capital appreciation and growth of income by investing in bonds of any maturity by issuers located in at least three countries including the U.S.

(d) The PSA invests 100% in the Invesco Van Kampen International Growth Fund, Class Y. The investment strategy seeks long-term capital appreciation and income by investing in stocks of foreign companies.

Note #5 Fair Value Measurements *(Cont'd)*

(e) The PSA invests 100% in the Vanguard Intermediate Term Bond Index Fund, Signal Shares. The investment strategy seeks to provide income by investing primarily in bonds with an average maturity of 5-10 years.

(f) The PSA invests 100% in the Dodge & Cox International Stock Fund. The investment strategy seeks long-term growth of principle and income by investing in well established foreign companies in stable economic and political systems.

(g) The PSA invests 100% in the Fidelity VIP Contrafund Portfolio. The investment strategy seeks long-term capital appreciation primarily in common stocks whose value the advisor believes is not fully recognized by the public of domestic and foreign issuers.

(h) The PSA invests 100% in the Advantus S&P 500® Index. The investment strategy seeks capital appreciation by investing in stocks of companies contained in the S&P 500 stock index.

(i) The PSA invests 100% in the Janus Capital Management LLC Large Growth. The investment strategy seeks long-term growth of capital by investing in common stocks of large growth companies.

(j) The PSA invests 100% in the Turner Large Cap Growth. The investment strategy seeks long-term capital appreciation by investing in common stocks of U.S. companies considered to have strong earnings potential.

(k) The PSA invests 100% in the T. Rowe Price Large Cap Value. The investment strategy seeks long-term capital appreciation by investing in common stocks the manager believes are undervalued. Income is a secondary objective.

(l) The PSA invests 100% in the Allianz NFJ Large Cap Value Fund, Institutional. The investment strategy seeks long-term growth of capital and income by investing in stocks of the largest 250 publicly traded companies in the U.S.

(m) The LifeStrategy I,II and III invests 100% in the Vanguard LifeStrategy; Growth Fund, Moderate Growth Fund and Conservative Growth Fund, respectively. The investment strategy seeks capital appreciation by investing 80%, 60% and 40% for LifeStrategy I,II and III, respectively, in stocks with the balance in bonds using the Vanguard Total Stock Market Index Fund and the Vanguard Total International Stock Market Index Fund, the Vanguard Total Bond Market Index Fund and the Vanguard Asset Allocation Fund.

(n) The PSA invests 100% in the Disciplined Growth Investors Mid-Cap Growth. The investment strategy seeks capital appreciation by investing in stocks of mid-sized companies the advisor believes will grow revenues, earnings or cash flows faster than the market and that are favorable priced.

(o) The PSA invests 100% in the Columbia Mid-Cap Value Opportunity Fund, Class Z. The investment strategy seeks long-term growth of capital by investing in medium-sized companies who are undervalued and have growth potential.

(p) The PSA invests 100% in the Perkins Mid-Cap Value Fund, Class I. The investment strategy seeks capital appreciation by investing in stocks of mid-sized companies perceived by the advisor to be undervalued.

(q) The PSA invests 100% in the Loomis Sayles Bond Fund, Institutional Class. The investment strategy seeks current income and capital appreciation by investing primarily in investment-grade bonds, preferred stock and foreign securities.

(r) The PSA invests 100% in the Ivy Global Natural Resources Fund, Class Y. The investment strategy seeks long-term growth by investing in stocks of companies that own, explore or develop natural resources and other basic commodities or supply such companies.

Note #5 Fair Value Measurements *(Cont'd)*

(s) The PSA invests 100% in the Ivy Real Estate Securities Fund, Class Y. The investment strategy seeks total return through a combination of capital appreciation and current income by investing in stocks of companies that manage, finance or own real estate of various types.

(t) The PSA invests 100% in the DFA U.S. Small Cap Portfolio. Investment strategy seeks capital appreciation by investing in stocks of U.S companies whose market capitalization are in the lowest 8% of the total U.S. market capitalization.

(u) The PSA invests 100% in the Alger SMid Cap Growth Portfolio, Class I -2. The investment strategy seeks long-term capital appreciation by investing in stocks of small and mid-sized companies that the advisor believes demonstrates growth potential.

(v) The PSA invests 100% in the Perkins Small Cap Value Fund, Class T. The investment strategy seeks long-term capital appreciation by investing in stocks of small capitalization value companies with high quality, undervalued stocks with favorable reward to risk characteristics.

(w) The PSA invests 100% in the Neuberger Berman Socially Responsive Fund, Institutional Class. The investment strategy seeks capital appreciation by investing in stocks of environmentally sustainable companies.

Note #6 Plan Termination

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

Note #7 Party-in-Interest Transactions

Transactions involving funds administered by Minnesota Life Insurance Company, the custodian of the Plan, are considered party-in-interest transactions. These transactions are not, however, considered prohibited transactions under CFR 408(b) of the ERISA regulations. Administrative fees paid to the trustee amounted to $6,117 for 2010. Administrative fees paid to the recordkeeper, Securian Financial Services, totaled $18,680 for 2010 and is included in net appreciation of investments.

Note #8 Information Certified by the Trustee (Unaudited)

The Plan sponsor has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under this election, the Plan sponsor instructed the Plan's independent auditors not to perform any auditing procedures with respect to the following information certified by Minnesota Life Insurance Company, custodian, as complete and accurate, except for comparing such information to the Plan's financial statements and supplemental schedule:

	2010	2009
Investments, at fair value	$ 13,478,445	$ 11,140,718
Notes receivable from participants	155,635	130,844

Additionally, the Plan's independent auditors did not perform any auditing procedures with respect to the following changes in net assets available for benefits in 2010, except for comparing such information to the Plan's financial statements:

Net appreciation in fair value of investments	$ 1,344,885
Interest income	66,488
Interest income on notes receivable from participants	6,174
Administrative expenses	6,117

Note #9 Income Tax Status

The Plan uses a non-standardized prototype plan document sponsored by Minnesota Life Insurance Company and adopted by the Plan. The prototype plan has received a favorable tax determination letter dated March 31, 2008, stating that the Plan, as designated, is in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Company and Plan administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

United States generally accepted accounting principles require Plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by U.S. federal, state, or local tax authorities for years before 2007.

Note #10 Risks and Uncertainties

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

SUPPLEMENTAL SCHEDULE

UNIVERSAL SILENCER, LLC RETIREMENT PLAN
Schedule H, line 4i - Schedule of Assets (Held at End of Year)
As of December 31, 2010

EIN: 20-5737683
Plan No: 001

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(e) Current Value
	General Account:		
*	Minnesota Life Insurance Company	Guaranteed Investment Contract	$ 1,745,387
	Pooled Separate Accounts:		
*	Minnesota Life Insurance Company	Aggregate Bond II	837,876
*	Minnesota Life Insurance Company	Emerging Markets II	6,569
*	Minnesota Life Insurance Company	Global Bond I	101,199
*	Minnesota Life Insurance Company	International Growth II	591,117
*	Minnesota Life Insurance Company	Intermediate Term Bond Index I	393,405
*	Minnesota Life Insurance Company	International Value II	1,211,272
*	Minnesota Life Insurance Company	Large Equity II	750,328
*	Minnesota Life Insurance Company	Large Equity Index I	70,630
*	Minnesota Life Insurance Company	Large Growth Equity IX	1,416,828
*	Minnesota Life Insurance Company	Large Growth Equity X	33,068
*	Minnesota Life Insurance Company	Large Value Equity III	628,770
*	Minnesota Life Insurance Company	Large Value Equity XIII	1,566,402
*	Minnesota Life Insurance Company	Lifestrategy I	220,452
*	Minnesota Life Insurance Company	Lifestrategy II	49,362
*	Minnesota Life Insurance Company	Lifestrategy III	74,801
*	Minnesota Life Insurance Company	Mid-Cap Growth Equity I	3,763
*	Minnesota Life Insurance Company	Mid-Cap Value Equity IV	348,615
*	Minnesota Life Insurance Company	Mid-Cap Value Equity I	245,348
*	Minnesota Life Insurance Company	Mulitsector Bond I	1,101,973
*	Minnesota Life Insurance Company	Natural Resources I	518,334
*	Minnesota Life Insurance Company	Real Estate	7,585
*	Minnesota Life Insurance Company	Small Equity III	314,001
*	Minnesota Life Insurance Company	Small/Mid Cap Growth Equity III	695,380
*	Minnesota Life Insurance Company	Small Value Equity XIV	541,587
*	Minnesota Life Insurance Company	Social Equity II	4,393
	Total in Pooled Separate Accounts		11,733,058
	Notes Receivable from Participants:		
*	Notes Receivable from Participants	4.25% - 5.00%, due by September 25, 2015	155,635
	Total		$ 13,634,080

* Party-in-Interest

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Universal Silencer, LLC Retirement Plan **EIN:** 20-5737683
Plan Sponsor's Name Universal Silencer, LLC **PN:** 001

(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) Current value
*	MN Life Insurance Co.	Mid-Cap Growth Equity I Pooled Separate Account		3,763
*	MN Life Insurance Co.	Social Equity II Pooled Separate Account		4,393
*	MN Life Insurance Co.	Emerging Markets II Pooled Separate Account		6,569
*	MN Life Insurance Co.	Real Estate Pooled Separate Account		7,586
*	MN Life Insurance Co.	Large Growth Equity X Pooled Separate Account		33,068
*	MN Life Insurance Co.	LifeStrategy II Pooled Separate Account		49,362
*	MN Life Insurance Co.	Large Equity Index I Pooled Separate Account		70,630

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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) Current value
*	MN Life Insurance Co.	LifeStrategy III Pooled Separate Account		74,801
*	MN Life Insurance Co.	Global Bond I Pooled Separate Account		101,199
*	MN Life Insurance Co.	LifeStrategy I Pooled Separate Account		220,452
*	MN Life Insurance Co.	Mid-Cap Value Equity I Pooled Separate Account		245,348
*	MN Life Insurance Co.	Small Equity III Pooled Separate Account		314,001
*	MN Life Insurance Co.	Mid-Cap Value Equity IV Pooled Separate Account		348,615
*	MN Life Insurance Co.	Intermediate Term Bond Index I Pooled Separate Account		393,405

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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) Current value
*	MN Life Insurance Co.	Natural Resources I Pooled Separate Account		518,334
*	MN Life Insurance Co.	Small Growth Equity XIV Pooled Separate Account		541,587
*	MN Life Insurance Co.	International Growth II Pooled Separate Account		591,117
*	MN Life Insurance Co.	Large Value Equity III Pooled Separate Account		628,770
*	MN Life Insurance Co.	Small/Mid Growth Equity III Pooled Separate Account		695,380
*	MN Life Insurance Co.	Large Equity II Pooled Separate Account		750,328
*	MN Life Insurance Co.	Aggregate Bond II Pooled Separate Account		837,876

Attachment to 2010 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name _____ **EIN:** _____
Plan Sponsor's Name _____ **PN:** _____

(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) Current value
*	MN Life Insurance Co.	Multisector Bond I Pooled Separate Account		1,101,973
*	MN Life Insurance Co.	International Value II Pooled Separate Account		1,211,272
*	MN Life Insurance Co.	Large Growth Equity IX Pooled Separate Account		1,416,828
*	MN Life Insurance Co.	Large Value Equity XIII Pooled Separate Account		1,566,402
*	MN Life Insurance Co.	Guaranteed Return Account Insurance Company General Acco		1,745,387
*	Participant Loans	4.25%--5.00%		155,635