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| <div>Form 5500-SF</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | <div>Short Form Annual Return/Report of Small Employee<br/>Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div> |                 | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2010</div> <div>This Form is Open to Public<br/>Inspection</div> |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| <div>Part IAnnual Report Identification Information</div> <div>For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010</div> <div><div>A This return/report is for:</div><div><input checked="" type="checkbox"/> single-employer plan<input type="checkbox"/> multiple-employer plan (not multiemployer)<input type="checkbox"/> one-participant plan</div><div><div>B This return/report is for:</div><div><input type="checkbox"/> first return/report<input type="checkbox"/> final return/report</div><div><input type="checkbox"/> an amended return/report<input type="checkbox"/> short plan year return/report (less than 12 months)</div><div><div>C Check box if filing under:</div><div><input checked="" type="checkbox"/> Form 5558<input type="checkbox"/> automatic extension<input type="checkbox"/> DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| <div>Part II Basic Plan Information—enter all requested information</div> <div><div><div>1a Name of plan</div><div>OBRON ATLANTIC CORP 401(K) RETIREMENT PLAN FOR OHIO UNION EMPLOYEES</div></div><div><div>1b Three-digit plan number (PN) ▶</div><div>002</div></div><div><div>1c Effective date of plan</div><div>01/01/1992</div></div></div> <div><div><div>2a Plan sponsor's name and address (employer, if for single-employer plan)</div><div>OBRON ATLANTIC CORPORATION</div><div>72 CORWIN DRIVE<br/>PAINESVILLE, OH 44077-1802</div></div><div><div>2b Employer Identification Number (EIN)</div><div>34-0845287</div></div><div><div>2c Plan sponsor's telephone number</div><div>440-354-0400</div></div><div><div>2d Business code (see instructions)</div><div>331400</div></div></div> <div><div><div>3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")</div><div>OBRON ATLANTIC CORPORATION</div><div>72 CORWIN DRIVE<br/>PAINESVILLE, OH 44077-1802</div></div><div><div>3b Administrator's EIN</div><div>34-0845287</div></div><div><div>3c Administrator's telephone number</div><div>440-354-0400</div></div></div> <div><div><div>4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name</div><div></div></div><div><div>4b EIN</div><div></div></div><div><div>4c PN</div><div></div></div></div> <div><div><div>5a Total number of participants at the beginning of the plan year</div><div>30</div></div><div><div>5b Total number of participants at the end of the plan year</div><div>29</div></div><div><div>5c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</div><div>28</div></div></div> <div><div><div>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</div><div><input checked="" type="checkbox"/> Yes<input type="checkbox"/> No</div></div><div><div>6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</div><div><input checked="" type="checkbox"/> Yes<input type="checkbox"/> No</div></div><div>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</div></div> |       |                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| <div>Part III Financial Information</div> <table><tr><td>7 Plan Assets and Liabilities</td><td></td><td>(a) Beginning of Year</td><td>(b) End of Year</td></tr><tr><td>a Total plan assets</td><td>7a</td><td>739635</td><td>790215</td></tr><tr><td>b Total plan liabilities</td><td>7b</td><td></td><td></td></tr><tr><td>c Net plan assets (subtract line 7b from line 7a)</td><td>7c</td><td>739635</td><td>790215</td></tr></table> <table><tr><td>8 Income, Expenses, and Transfers for this Plan Year</td><td></td><td>(a) Amount</td><td>(b) Total</td></tr><tr><td>a Contributions received or receivable from:</td><td></td><td></td><td></td></tr><tr><td>(1) Employers</td><td>8a(1)</td><td>28039</td><td></td></tr><tr><td>(2) Participants</td><td>8a(2)</td><td>41050</td><td></td></tr><tr><td>(3) Others (including rollovers)</td><td>8a(3)</td><td></td><td></td></tr><tr><td>b Other income (loss)</td><td>8b</td><td>55141</td><td></td></tr><tr><td>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</td><td>8c</td><td></td><td>124230</td></tr><tr><td>d Benefits paid (including direct rollovers and insurance premiums to provide benefits)</td><td>8d</td><td>72840</td><td></td></tr><tr><td>e Certain deemed and/or corrective distributions (see instructions)</td><td>8e</td><td></td><td></td></tr><tr><td>f Administrative service providers (salaries, fees, commissions)</td><td>8f</td><td>810</td><td></td></tr><tr><td>g Other expenses</td><td>8g</td><td></td><td></td></tr><tr><td>h Total expenses (add lines 8d, 8e, 8f, and 8g)</td><td>8h</td><td></td><td>73650</td></tr><tr><td>i Net income (loss) (subtract line 8h from line 8c)</td><td>8i</td><td></td><td>50580</td></tr><tr><td>j Transfers to (from) the plan (see instructions)</td><td>8j</td><td></td><td></td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                   |  | 7 Plan Assets and Liabilities |  | (a) Beginning of Year | (b) End of Year | a Total plan assets | 7a | 739635 | 790215 | b Total plan liabilities | 7b |  |  | c Net plan assets (subtract line 7b from line 7a) | 7c | 739635 | 790215 | 8 Income, Expenses, and Transfers for this Plan Year |  | (a) Amount | (b) Total | a Contributions received or receivable from: |  |  |  | (1) Employers | 8a(1) | 28039 |  | (2) Participants | 8a(2) | 41050 |  | (3) Others (including rollovers) | 8a(3) |  |  | b Other income (loss) | 8b | 55141 |  | c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c |  | 124230 | d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d | 72840 |  | e Certain deemed and/or corrective distributions (see instructions) | 8e |  |  | f Administrative service providers (salaries, fees, commissions) | 8f | 810 |  | g Other expenses | 8g |  |  | h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h |  | 73650 | i Net income (loss) (subtract line 8h from line 8c) | 8i |  | 50580 | j Transfers to (from) the plan (see instructions) | 8j |  |  |
| 7 Plan Assets and Liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |       | (a) Beginning of Year                                                                                                                                                                                                                                                                                                                                                          | (b) End of Year |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| a Total plan assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7a    | 739635                                                                                                                                                                                                                                                                                                                                                                         | 790215          |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| b Total plan liabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 7b    |                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| c Net plan assets (subtract line 7b from line 7a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 7c    | 739635                                                                                                                                                                                                                                                                                                                                                                         | 790215          |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| 8 Income, Expenses, and Transfers for this Plan Year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       | (a) Amount                                                                                                                                                                                                                                                                                                                                                                     | (b) Total       |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| a Contributions received or receivable from:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| (1) Employers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8a(1) | 28039                                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| (2) Participants                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8a(2) | 41050                                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| (3) Others (including rollovers)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8a(3) |                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| b Other income (loss)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 8b    | 55141                                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8c    |                                                                                                                                                                                                                                                                                                                                                                                | 124230          |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 8d    | 72840                                                                                                                                                                                                                                                                                                                                                                          |                 |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| e Certain deemed and/or corrective distributions (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8e    |                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| f Administrative service providers (salaries, fees, commissions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8f    | 810                                                                                                                                                                                                                                                                                                                                                                            |                 |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| g Other expenses                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 8g    |                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| h Total expenses (add lines 8d, 8e, 8f, and 8g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 8h    |                                                                                                                                                                                                                                                                                                                                                                                | 73650           |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| i Net income (loss) (subtract line 8h from line 8c)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 8i    |                                                                                                                                                                                                                                                                                                                                                                                | 50580           |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| j Transfers to (from) the plan (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8j    |                                                                                                                                                                                                                                                                                                                                                                                |                 |                                                                                                                   |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |       |                                                                                                                                                                                                                                                                                                                                                                                |                 | Form 5500-SF (2010)<br>v.092308.1                                                                                 |  |                               |  |                       |                 |                     |    |        |        |                          |    |  |  |                                                   |    |        |        |                                                      |  |            |           |                                              |  |  |  |               |       |       |  |                  |       |       |  |                                  |       |  |  |                       |    |       |  |                                                        |    |  |        |                                                                                         |    |       |  |                                                                     |    |  |  |                                                                  |    |     |  |                  |    |  |  |                                                 |    |  |       |                                                     |    |  |       |                                                   |    |  |  |

**Part IV Plan Characteristics****9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2G 2J 2K 2S 2T 3D 3H

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

| 10 During the plan year: |                                                                                                                                                                                                                                 | Yes | No | Amount |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b>                 | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....                      |     | X  |        |
| <b>b</b>                 | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                     |     | X  |        |
| <b>c</b>                 | Was the plan covered by a fidelity bond? .....                                                                                                                                                                                  | X   |    | 50000  |
| <b>d</b>                 | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                  |     | X  |        |
| <b>e</b>                 | Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... | X   |    | 1665   |
| <b>f</b>                 | Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                       |     | X  |        |
| <b>g</b>                 | Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....                                                                                                                                         | X   |    | 62740  |
| <b>h</b>                 | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                             |     | X  |        |
| <b>i</b>                 | If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....                                                      |     |    |        |

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☐ Yes ☒ No

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No  
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

**a** 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 letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

|                                                                                                                                                    |                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--|
| <b>b</b> Enter the minimum required contribution for this plan year.....                                                                           | <b>12b</b>                                                                                       |  |
| <b>c</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                          | <b>12c</b>                                                                                       |  |
| <b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... | <b>12d</b>                                                                                       |  |
| <b>e</b> Will the minimum funding amount reported on line 12d be met by the funding deadline? .....                                                | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A |  |

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted during the plan year or any prior year? ..... ☐ Yes ☒ No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** \_\_\_\_\_

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ..... ☐ Yes ☒ No

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

| <b>13c(1)</b> Name of plan(s): | <b>13c(2)</b> EIN(s) | <b>13c(3)</b> PN(s) |
|--------------------------------|----------------------|---------------------|
|                                |                      |                     |
|                                |                      |                     |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 08/09/2011 | MARK WALLACE                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 08/09/2011 | MARK WALLACE                                                 |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |